“I am afraid I am not cut out for this work,” explained Mary to her supervisor on the second morning of her job at the Miami Rape Crisis Connection (MRCC), in Dade County, Florida. She had received her master’s degree in social work just a week earlier, and she had completed an internship with the MRCC the previous year. She felt well prepared for the work, which involved providing crisis counseling to rape victims by traveling whenever—and wherever—a victim called for help. Mary had responded to a call at noon the previous day from a thirteen-year-old girl. The police had called the number for the girl after she had given them a description of the suspected rapist, her twenty-two-year-old former “boyfriend.”

Mary went on: “I’ve had similar cases when I interned here, but this one was different. The kid was so scared, and the perp is so scary. I had nightmares all night!”

Mary had found her training as a crisis counselor useful. She loved her job and knew what to do and say. She was familiar with her locality’s criminal justice system and law enforcement procedures. She knew the traumatology of rape victims and assessment and treatment strategies. But being an intern under the direction of a staff counselor was very different from being a staff counselor herself. Also, something about this girl had struck a chord in Mary deep enough not only to
affect her sleep but also to shake her faith in her choice of career.

This book is about you and your work with animals, with their owners, and with those who care for—or hurt—animals. Just as Mary found her job to be both rewarding and stressful, so may you.

In this book we tell you about compassion fatigue. We talk about the costs of caring for others and how those of us who work in the animal-care field, in turn, may find ourselves doing so at the cost of our own care. We discuss how empathy is important in the helping process but that by being empathic we can put ourselves at risk. We provide a road map for understanding the territory of helping others, including the most important concepts and their definitions. We hope to show you that the people who are best at helping others are often most vulnerable to compassion fatigue; that compassion fatigue and other unwanted consequences of helping can be prevented; and that, by knowing about compassion fatigue’s causes, consequences, and cures, you can help others, as well as yourself, avoid it. We provide a scholarly review of the subject of compassion fatigue for those of you who want a thorough understanding of the costs of caring through a review of what has been learned about compassion fatigue in fields unrelated to animal protection. We also discuss established methods for assessing and treating compassion fatigue.

We now turn to the critical component in helping others—be they animals or human animals.

The Empathy Requirement in Caring

In the example that opens the book, Mary had learned in school how connecting with clients is vitally important in the helping process. Her professors had guided her studies of journal articles and books that review research on the most effective ways to interview, assess, counsel, and otherwise help clients. All of these activities start with establishing and maintaining a “therapeutic alliance,” which enables the client to feel comfortable enough with the helper for the helper to gather critical information before any services can be designed and implemented. Comfort involves trust, and both emerge from the initial interactions between client and

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helper. The vital ingredient to enable the helper to establish trust and comfort is the helper's ability to empathize with the client so that the helper can really know and understand what the client is going through. By doing so, the helper is able, almost without effort, to say and do the right things in the process of helping.

The Merriam-Webster Medical Desk Dictionary (2002) defines empathy as

[I]maginative projection of a subjective state into an object so that the object appears to be infused with it. It is the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experiences of another of either the past or present without having the feelings, thoughts, and experiences fully communicated in an objectively explicit manner.

Thus, empathy is a response. Saying and doing the right thing nearly effortlessly requires “imaginative projection” and to “be infused with” the person being helped, thereby becoming a fellow traveler with this person in his or her quest to secure help.

At the same time, however, empathy is a process.

Empathy, according to most dictionaries, is the identification with and understanding of another's situation, feelings, and motives. Empathizing is impossible if one does not have the ability to empathize. Intelligence is important but not necessary to this process. Many smart people are unable to guess the thoughts, feelings, and experiences of another after spending some time with that person. Those of us who have empathic ability know it and should feel very fortunate to have this gift.

The Compassion Requirement for Effective Caregiving

Closely associated with empathy is compassion, which is defined as a deep awareness of the suffering of another, coupled with the wish to relieve that suffering. Compassion is a kind of focused empathy, one that is action oriented.

Compassion in animal caregiving requires, in addition to empathy, an interest in the animals and their owners. Those working in animal care, however, may have little compassion for those who abuse animals, since to be compassionate is to be interested in such individuals’ welfare. This typically is not the case.
Compassionate caregiving requires the act of attending. We may have considerable empathic ability and be compassionate and interested in our clients, but we must also be well trained and attentive to what is happening to them. This requires putting our own feelings and needs aside. Attending in a skilled way enables us to generate trust and forge a connection with our clients. In doing so we are better able to acquire the necessary information to make an appropriate diagnosis and deliver the right kind of services at the right time in the right manner.

Therefore, to establish and maintain a good working relationship with our clients requires a therapeutic alliance that cannot be established without empathy and compassion. Such an alliance enables us to understand what our clients need and want and to be able to help them as much as we can and should. It requires empathy, both as a by-product of our work and in the process of our work. To be empathic requires a basic empathic ability, interest, and attention. But empathy comes with risks and costs.

The Emotional Costs of Caring

Mary quickly discovered that empathy is a double-edged sword. While it was a powerful tool in enabling her to bond with her young rape victim client, it also required her to enter the victim’s world—not just to understand but also to experience the fear, shame, conflicts, and other symptoms caused by the traumatic event in the victim’s life. The process of fully understanding and embracing the victim’s world enabled Mary as a practitioner to help the victim, to bond with her, to gain her trust, and to help her more completely than had she not empathized. Throughout her life, Mary had been well aware of her special gift for empathizing with others—for being able to use the knowledge acquired from her connections with others to say and do things that, although just right at the time, were not part of any particular plan. Mary would describe it as “winging it.”

Being a professional caregiver enabled Mary to be paid for doing something she loved and for which she had a gift—helping others. Mary soon discovered, however, that when she entered the victim’s world, not as a friend, not as an acquaintance, not as someone she was helping voluntarily, but as a stranger, it was harder. She had to work harder at empathizing, and she had to work harder at letting
go of the aftermath. She was discovering the emotional cost of caring as a professional caregiver.

Based on an entire career and a decade of research, one of the authors (C.R.F.) (1995, 2002) suggests the following emotional reactions directly caused by our work with the suffering:

- A sense of powerlessness, helplessness, or ineffectualness as helpers
- Anxiety or fear when thinking about the clients' collective plight. This is associated with a sense of apprehension, uncertainty, and even terror that can be traced to anticipation of a realistic or fantasized threatening event or situation facing clients. These events or situations can impair physical and/or psychological functioning.
- Guilt such as that a helper who felt incompetent or responsible for the plight of a client would feel
- Anger or rage either toward those who are responsible for the client's misfortune or toward the client for seeking help
- Survivor guilt—a special sense of guilt associated with those who have survived some catastrophe that took the lives of many others. It is a sense that more could have been done to prevent death or suffering or both.
- Shutdown or numbness—not being able to empathize after a certain point due to exhaustion
- Sadness—affected or characterized by sorrow or unhappiness either directly or indirectly due to the plight of one's clients
- Depression, ranging from clinical depression, characterized by an inability to concentrate; insomnia; loss of appetite; feelings of extreme sadness, guilt, helplessness, and hopelessness; and thoughts of death, to a general and often temporary and distractible state of sadness
- Hypersensitivity, for example, reacting emotionally with little provocation, such as crying easily
- An emotional roller coaster: feeling hypersensitive and sad one minute and angry and hyperactive the next
- Overwhelmed—reaching one's limits in time, patience, and sensitivity expended on others, especially one's clients
- Depleted as a helper—severely weakened by the work of helping others due either to the quality (e.g., intensity or difficulty of the clientele) or quantity (e.g., the amount of time delivering services and/or a high caseload of difficult clients).
The “Competency Costs” of Compassion Fatigue

Mary is not suffering from compassion fatigue yet. The acute compassion stress she feels now could lead to compassion fatigue if something isn’t done about it. She is experiencing the initial, emotional costs—the “stings” of caring. Of equal concern are the costs to her competence as a social worker and rape crisis counselor. When we helpers are upset or preoccupied, it limits our judgment and reduces our reaction time. It is impossible to think of two things simultaneously. When we are preoccupied emotionally, our decision making is hampered, due to how the human brain functions.