

Compassion Fatigue

by David L. Ragsdale LPC

Recovering from the costs of caring

The ministry of “Pastor Burns” has been one marked by the true calling of a shepherd leader. A pastoral caregiver in every way, Burns has touched the lives of many people in his church and community on a very personal basis. Innumerable hospital visits, countless funerals and untold hours in pastoral counseling have established him as a leader in ministry. In his growing congregation the need for his up-close-and-personal style of ministry has grown as quickly as his soon-to-become-mega church.

Some of the funerals he has conducted were for young children, for teenage suicides, for losses from natural disasters that affected the entire community. And, not unlike society at large, his church members have been victims of sexual abuse, domestic violence and other tragedies. In other words, Burns has just about seen it all.

While he continues to rise to these challenges, Pastor Burns has been noticing in himself an increasing sense of fatigue, irritability and anxiety. Contrary to his usual empathetic nature, he has grown weary of listening to traumatic stories; he finds he is unable to leave ministry at work. Replaying events in his mind, he grows restless and weary, even indifferent and emotionally numb. This pastor doesn't realize it yet but he is on the road to developing a full-blown case of CF, or Compassion Fatigue. Pastor Burns is on the verge (please forgive the pun) of flaming out.

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While a fictitious character, Burns is an example of many of the clients who come to QuietWaters overwhelmed, depressed, even doubting their calling, all due to this type of fatigue. Throughout the world Christian leaders are generally overworked and overextended. While burnout gets a lot of general attention these days, CF is frequently not understood and its conditions under-diagnosed.

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Stretched to the breaking point by their own heroic over-functioning, and lacking a theology of self-care, many caregivers lose their resiliency trying to serve God while running on empty. For some, they just do not realize they are suffering from CF until it's too late. The costs of caring have added up unchecked, leaving them worn out, cynical and disillusioned.

Burning out can also lead to forms of acting out. Many leaders we see at QuietWaters are facing the consequences of addictive behavior as they have been self-medicating the pain often associated with CF. The longer the symptoms go unnoticed and untreated, the more arduous the road to recovery.

Over the past decade the concept of CF has emerged more frequently in the literature. Webster's Dictionary defines compassion as “a sympathetic consciousness of others' distress with a desire to alleviate it.” Pastors, missionaries and mental-health professionals are frequently in close proximity to emotional suffering and trauma. Those who seek to intervene come face-to-face with the ravages of personal, national and global trauma, putting themselves at risk of secondary or *vicarious trauma*, the after affects that come with prolonged exposure. The work of compassion taxes our mental, emotional and spiritual resources. Even the most emotionally resilient caring professional can end up experiencing a “caregiver crisis.”

Finishing well in the caring professions requires a prevention/intervention plan. While by no means a comprehensive approach, **I believe every leader who will utilize the seven self-protective strategies discussed below will guard him or herself against the depletion of Compassion Fatigue.** This begins with a working awareness of CF's risks and symptoms.

Understand the symptoms

It is now more commonly understood that providing medical, psychological or spiritual help to victims of traumatic events can be exceedingly stressful. Nurses, for example, face the emotional demands associated with exposure to death and dying. Rescue and disaster workers who respond to emergency situations may be distressed by suffering, death and body recovery. Christian leaders, pastors, missionaries and chaplains also serve in the midst of lives ravaged by death and dying.

First, we must recognize the early warning signs and accept the reality that CF may be taking a significant toll on our emotional and spiritual well-being. We must also recognize the symptoms of Post-Traumatic Stress Disorder (PTSD), as they will affect the caregiver as well. We are not immune to nightmares, hyper-vigilance, avoidance or a preoccupation with traumas we have witnessed. We listen to peoples' stories of incest, rape, domestic violence and childhood abuse; we validate their feelings and their experiences and we share in



their burden; we bear witness to their victimization. As witnesses and healers, we can't help but take on some of their emotional pain. We may even have pictures in our mind, flashbacks or intense feelings running throughout our bodies. While sympathizing and relating can be energizing, the draining effects are inescapable. Like inhaling hazardous fumes without a mask, the emotionally laden toxic material to which we are exposed will compound over time. Repeated exposures can actually work lasting alterations on our mental functions, leaving a significant impact on a caregiver's feelings, relationships and life.

Consider the following questions; the more of them answered "yes," the more likely CF is an existing or emerging problem.

- I am preoccupied with more than one person I help.
- I find it difficult to separate my private life from my life as a helper.
- I am losing sleep over a person I am trying to help with traumatic experiences.
- I think that I might have been "infected" by another's traumatic stress.

- I feel trapped by my work as a helper.
- Because of my helping, I have felt "on edge" about various things.
- I am increasingly agitated and angry.
- I sometimes feel I just don't care anymore.
- I feel overwhelmed by the amount of work or the size of my caseload.
- As a result of my helping, I have unwanted anxious thoughts.

Fellow caregivers, we must also consider the damage done from dysfunctional organizational conflicts, embattled boards and church splits. These events can batter clergy couples, family systems and entire congregations, leaving them with symptoms of distrust in leaders and cynicism about the Christian life itself.

We must learn to cope with the effects of CF in our personal and professional lives. Knowing the warning signs and symptoms is an essential strategy and, whenever possible, we must take care to avoid the repeated invasion of trauma into our lives.

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Limit your exposure

Early in my counseling career I was a young and naïve practitioner of my new ministry. I would see clients from nine to six and throw in a group-therapy meeting to finish the night. I bounced back the next day with no problem, so I thought.

In a given day, I might see four or five people suffering from major depression, along with several clients experiencing PTSD from childhood abuse or sexual trauma. Little did I know this kind of client load could take such an emotional toll. But, because I was young and fairly resilient, I survived a couple of near burnout experiences. Last year, however—my 30-year mark in ministry—I hit an emotional wall that worried not only myself but others close enough to read the symptoms. With the progressive wear and tear of caregiving as both a counselor and a pastor, I developed a severe case of CF coupled with adrenal fatigue syndrome. With the help of my Board (see “Expand your support,” below), I made some significant attitude changes and schedule adjustments. While I pray my workaholic days are really over, I know that limiting my exposure to trauma is a real key in staying healthy.

Along with adjustments in your work style and becoming more realistic with your expectations, there are also some effective “techniques” good caregivers can learn to protect themselves from over-exposure. You have probably learned the skill of “empathic mirroring,” but try un-mirroring for a change. If you are working with a traumatized person or confronting an emotionally charged situation, end the session well

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before the meeting time is over by purposefully disengaging. Use some “non-attending” body language when you are getting tired as a way of saying “shop’s closed” for now.

And reschedule! There is only so much empathy in your caring tank for any given day. If you keep giving and giving as if there’s no limit, you send the wrong message to yourself and everyone else. This is just good common sense. You can’t keep letting your mind write checks your body will not cash. Since unconscious and unchecked somatic empathy is such a significant factor in producing CF, disengagement cues must be consciously sent to those we are trying to help or we put ourselves at risk. We do not want to send the message that we are limitless; this only enables over-dependency.

Respect your limits

A number of years ago I got a serious speeding ticket and elected to attend driver’s school to reduce my penalty and points. An important lesson I learned in driver’s school—along with the one about not speeding—is that a good driver will recognize danger and act appropriately, in time. The thinking behind this reminds me of the Proverb: “The prudent see the danger and hide themselves, the naïve plunge in and are harmed.” There is far too much naivety among caregivers. Christian leaders would do well to discover a mantra that reminds them of the risks of caring and the limits of their own capacity. There’s only so much emotional energy in the tank.

Being surrounded by needy, traumatized people all day affected Jesus too. While our Lord was the Son of God he was also the Son of man. He got tired, needed rest, and took time away from the masses to commune with his Father. We see him “withdraw” frequently. Yes, even Jesus had to practice self-care to sustain Himself amid the stress of ministry. He became sad, angry, bewildered and weary like the rest of us. One scene in the gospels that stands out is the healing of the woman with incurable hemorrhaging. After she touched His cloak, the account says Jesus perceived “in Himself that the power proceeding from Him had gone forth.” (Mark 5:30 NASB.) In other words, the omnipotent Son of God was *aware* of a depletion of power because He had been touched by this needy woman who, for many years, had been beyond medical help.



Caregivers who know their limits will practice good self-awareness. Do you even know when your power is tapped, your batteries drained? Do you take appropriate action to withdraw and recharge? Are you having an out-of-body experience while you minister? Being dissociative will hurt you. Denial will sneak up on you. We need to become increasingly self-aware of the power and influence we are both using and losing amid those who are hemorrhaging around us. Failing to respect your limits *can* result from an ego-driven ministry.

Check your ego

I worked with a burned-out leader once who told me he simply had a hard time resting. I looked into the history of his so called times of R&R and quickly saw the red flags. He had never taken a sabbatical. He described his vacations in terms of just more ministry, making a difference wherever he went.

“I’m going to burn out for Jesus,” would be his legacy. How noble! While “helping victims of Katrina” and “rebuilding lives in Haiti” gave him a needed break from the pulpit, this was *no* vacation. The man’s appetite to make a difference just set him up for more CF.

Christian caregivers love to live in the place where they “walk and don’t grow weary, run and do not faint,” and this is a great promise of scripture. But *while* serving Christ victoriously in the strength of the Spirit, there are times when the best ministry is the caregiver’s paradox: “His strength is perfected in my weakness.” A fully empowered ministry is certainly an

If we respect the warning lights on the dashboard of our psyche we will secure the timely service our soul needs most; that’s why the blinking light tells us to “service engine soon.” Men, it just doesn’t work to ignore the warning and hope the signal turns off. Ladies, don’t go looking for duct tape to cover it up. If you do you’ll need an overhaul instead of a tune-up. So pull over to the nearest shop and look under your hood. And when you seek help make sure you find a trusted resource for treating CF.

ideal but we must watch out for those idealized ways of looking at ourselves. Being in demand can be intoxicating. “Looking good” to ourselves and others can be a form of idolatry, the worship of our own grandiose self-image. We get enough hero projections from those who need us to come through for them in their crisis.

I realize there are seasons of sacrifice when we serve those traumatized and suffering with no apparent downside to our soul. But, if the stress that goes with that just becomes your new normal, you are setting yourself up for ministry failure. Let me be your therapist for a moment and give you permission to be *tired*, and know that He is God! Embrace your fatigue and ramp up your self-care plan. Steward your weariness by appraising the state of your soul. If not, I’ll give you my phone number; go ahead and schedule your first CF-recovery session.

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Manage your anger

As we work with those who suffer injustice or experience tragedy, other symptoms of CF may include our disillusionment and anger; the other side of feeling sad is feeling mad. Often stuck in their PTSD, true victims may have trouble healing, or may even *settle* into an identity of victimhood.

If you have ever said (or felt like saying) “get over it” or “grow up” to someone with a chronic problem, it was likely due to your having become flooded with your *own* frustrations in the caregiving role. When those who are suffering seem stuck in their victimization or relish in their martyrdom, a caregiver may find his or her anger welling up. Anger, coupled with psychic numbing, can produce an array of reactions ranging from exasperation to indifference and intolerance, with passive or aggressive forms of resignation or retaliation. When a caregiver finally hits a wall, you can almost hear him or her singing along with Don Henley’s personal-outrage song—*Get over it!*—about victims and their victimhood.

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Out of their own anger, caregiver preachers may be tempted to offer little sermonettes, complete with band-aid bible verses to those with gaping holes in their lives. This can add justifiable anger to the screaming emotions of those who are already suffering. Now you've compounded their problems with a lack of empathy.

To see how ministering to those who perpetually act like victims can trigger a leader's own sense of victimization, let's look at Moses as an example of the classic over-functioning caregiver who finally reaches his own boiling point with both God and his people. Consider my paraphrased interaction between God and Moses (as taken from Numbers 11:11-15), with Moses speaking out of his CF: "Why have You been so hard on me, God? You have laid this impossible burden on me! They are demanding meat, Lord, so *where's the beef?* They are a bunch of babies, God. You expect me to nurse them along, but I would rather *die* first. If You are going to deal with me this way after all I have done for You and them, do me a favor, God, *just kill me!*"

"Just kill me" sounds like rage, doesn't it? In Moses's leadership journey, the hero finally feels like a zero, and the Savior becomes the scapegoat. The caring shepherd finally just doesn't care anymore. While at the end of his ministry career Moses was considered by God to be one of the most humble men on the planet, Moses did not finish as well as he could have because his anger issues kept welling up. Due to that angry incident in the desert, he displeases God and disqualifies himself from the Promised Land in one fateful moment of arrogance. As a tired and bewildered leader, sick of the Israelites' bellyaching, he takes matters into his

But if you need to vent, you should do a *lament*. Take your raw emotions to the Lord Himself by writing your own psalm of grief and protest.

A third of the beloved Psalms are emotionally honest laments, with the authors pouring out their broken, bewildered hearts to God.

Share your lament with your spouse or close friends, let them bear witness to your struggles, let that be solace to the raw edges of your CF. This will also protect against the inappropriate effects of anger being released on your people through poor boundaries.

own hands and, with white-hot fury, twice strikes the rock instead of just speaking to it as God had commanded (Numbers 20:9-13).

This is a picture of a leader acting out his aggression, displeasing the Lord; a caregiver who has hit his own rock wall spiritually and emotionally. What a sad legacy for such a great leader, a servant who has sacrificed so much for his suffering people, only to finish poorly. As CF wears us down in its "sacrifice syndrome," our own anger can get the best of us. In order to manage our anger well we need to be aware of what therapists call *countertransference*. An accepted psychoanalytic term, "countertransference" basically refers to the convoluted relationship of how a counselor feels about a counselee's feelings *toward* him or her.

Our own anger issues are often triggered because we cannot fulfill others' expectations of us to be the "perfect object"—that is, solving all their problems, addressing all their woes. Those who suffer attach themselves to us by an imaginary emotional umbilical cord, so it's no wonder Moses complained to God about feeling like a bad mother. And it's not only anger, but we must become aware of and appropriately manage *all* our feelings in the complex role of caregiver.

Consider guilt. How much of your ministry is guilt- and shame-motivated because you feel you cannot please your people? That may give you further clues to where your anger comes from and how to prevent it. Stop feeling guilty when there is no real guilt. There will be no fuel for your anger then.

Without emotional awareness and discipline, our reactions will put ourselves and others in jeopardy, compromising our ministries and damaging our credibility. But we need safe places and safe people to whom we can express our emotions. The final section on expanding your support systems will help in this regard.

But if you need to vent, you should do a *lament*. Take your raw emotions to the Lord Himself by writing your own psalm of grief and protest. A third of the beloved Psalms are emotionally honest laments, with the authors pouring out their broken, bewildered hearts to God. The authentic and cathartic nature of this form of writing can be a way of laying your soul bare before God and finding refuge in Him for your most difficult emotions. Share your lament with your spouse or close friends, let them bear witness to your

struggles, let that be solace to the raw edges of your CF. This will also protect against the inappropriate effects of anger being released on your people through poor boundaries.

Create your self-care plan

So instead of letting your emotions get the best of you or being too ego driven in your ministry, leverage your CF into an accountable self-care plan. Make it a life-giving work in progress. Taking good care of yourself can vary a lot with circumstance, season and current stressors. Come up with a good list of “best practices” in your own *soul-care*.

Schedule those visits to your Spiritual Director, and *keep* them. Do an intensive with a psychotherapist. Plan that overdue sabbatical. Hire

a good leadership coach. Treat yourself to a massage and unpack some of that grief you’re carrying in your shoulders. Along with your physician, you might consider adding a personal trainer, chiropractor or other specialists in body-oriented self-care to foster relaxation, fitness and stress reduction. Spend more time with friends that help you laugh. You may be walking around endorphin-deprived under the weight of all that serious ministry.


There are countless ways to recharge your batteries. Plan that soul work and work that plan with diligence, for as go your heart and passion so goes your ministry. This season of fatigue may

be God’s divinely designed crucible, so seize the opportunity to trust God for that renewal and start taking intentional steps in self-care. One of the key components of all intensives at QuietWaters is helping leaders write their Growth Plan. Remember that a good plan is only as good as the accountable people with whom we surround ourselves—all the more reason to foster your prevention and recovery with healthy support systems.

Expand your support

As you write your plan, consider which relationships are needed most for your support. Good personal support systems range from one-on-one accountable relationships to specialized small groups and Care Teams. The bandwidth of support should also include the type of organizational caregiving structures a leader designs to create a span of care within the entire church. There are many such equipping models that enable you to decentralize yourself.

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A photograph of a man and a child sitting on a wooden pier, looking out at the ocean. The man is on the left, wearing a brown hoodie and blue jeans. The child is on the right, wearing a dark hoodie and a light-colored cap. The pier is made of dark wood and extends into the water. The background is a bright, hazy sky over the ocean.

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Forming same-gender leadership-support groups can be an effective way to surround your life with men or women who will help you balance caring for others and caring for yourself. Any group that will help you focus on maintaining boundaries and sustaining your resiliency can be life giving. Just make sure it is not a heavy handed legalistic accountability group where you don't feel safe. Spiritual Care Teams comprised of key couples who focus on keeping marriage and family lives healthy are proven models. In our ministry we are big believers in Care Teams. You may contact the QuietWaters office for further information to help your leaders form these types of teams.

The other day a pastor called asking for my perspective about a complicated family situation in his church. As I listened I could tell he was trying hard to not become personally overwhelmed with all the grief and trauma the family was experiencing, which left them with complicated bereavement issues. During the call it became clear he was planning to refer the family to a good grief counselor in their area. For his sake and that of the needy family, I was relieved to hear they would be in good hands.

This leader's wisdom stands in sharp contrast to pastors who try to rise to such challenges themselves, getting in over their heads only to eventually create a sense of abandonment with those they seek to help. Wise and self-protective leaders are proactive about creating systems and networks

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of referral to appropriately delegate care-giving beyond their expertise or capacity.

Perhaps you simply perform too *many* funerals, too *many* hospital visits. You may need to consider your options for reducing these types of exposures. If you have a growing church consider adding an associate qualified to share the caregiving load.

And don't forget, you often need to be your own advocate because most boards are neither well acquainted with CF, nor willing to budget the funds to prevent it. Train your deacons and elders to provide this form of ministry. Develop a Caregiving Team or launch a Stephens Ministry. I realize this may be easier said than done for solo pastors in settings that have fewer resources or serve an aging congregation, but nevertheless look for new ways to mobilize others in the task of caregiving. Again, there are proven models working in many churches.

But first you just need to have a Jethro in your life to tell you how to get organized. As we return to the life of Moses we see a leader on the verge of burnout. From sun up to sun down, long lines of needy people wait for wise man Moses to rule on complicated cases. Can you imagine the stories of trauma and injustice?

He's burning the candle at both ends when Jethro confronts him, "What you are doing is not good. You and these people who come to you will only wear yourselves out." (Exodus 18:17.) You know the rest of the story: Jethro, the leadership-team designer, builds a caregiving infrastructure that meets the needs of an entire nation. Moses became decentralized. His ministry shelf-life grew. His life was saved through the sage advice of a good father-in-law. He recognized the danger and acted appropriately in time.

Systems are a beautiful thing! Go forth, find your own Jethro and implement a model. You will not only protect yourself from CF but you will set the stage for finishing well. Plus you will be teaching your church to really care for itself, instead of you having to over-function in the role of sole provider.

When dealing with CF, understand the symptoms, limit your exposures, respect your limits, check your ego, manage your anger, create a plan and expand your support. If you utilize these seven protective strategies you will be able to sustain an empowered ministry, the ongoing work of compassion that will bless your people for years to come. ■



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