
HOPE IN THE WILDERNESS: ADDRESSING COMPASSION FATIGUE IN PROFESSIONALS WHO WORK WITH INDIVIDUALS IN CRISIS

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Abstract

Compassion fatigue is an occupational hazard for professionals who work with individuals who are in crisis. The stories heard by those professionals can yield significant distress. The affective consequences of compassion fatigue include demoralization, depression, and despair. Building on research by the author and others, this paper will discuss strategies by which religious leaders can promote individual and organizational resilience, with particular attention to facilitating meaning making. The paper will explore the Triduum, in particular Holy Saturday, as a context and resource for reflecting theologically on the experience of bearing witness to the suffering of others.

The Wilderness of Trauma

“Sometimes floral delivery sounds like a good job to me,” said a social worker who works with victims of child physical and sexual abuse. “People will always be happy to see you. Even if someone has died, they still love to see the flowers.”¹ Trauma takes a toll not only on victims but also on the professionals who work with them. Whether from a single traumatic incident or the cumulative stress of crisis work, professionals who work with individuals in crisis inevitably experience some form of compassion fatigue, which can debilitate them physically and emotionally or diminish their spirit to the point of despair. Ironically, compassion fatigue can do serious damage to the very individuals and organizations that exist to help bring healing and hope to those whose lives have been torn apart by neglect, abuse, crime,

¹ Face-to-face interview, Akron, Ohio, April 12, 2013. Used with permission.

illness, or poverty. Those who accompany people through the wilderness of trauma and crisis may find themselves in the wilderness of compassion fatigue, a phenomenon whose primary elements include burnout, vicarious traumatization, and secondary traumatic stress.

My research explored the effects of crisis work on eighty-four social workers, clergy, victim advocates, and nurses in Summit County, Ohio. These individuals all work with populations that have been traumatized or are otherwise in crisis, including in situations of generational poverty; child and adult illness, death, and dying; child abuse and neglect; and domestic violence, elder abuse, and other violent crime against adults. While my quantitative research² found that professionals in Summit County generally have higher compassion satisfaction and lower compassion fatigue than their counterparts elsewhere in the United States, interviews indicated that many of those professionals had experienced negative impacts as a result of their work. One individual who worked intake at a child welfare agency for seven years said, “My husband woke me up because I was sobbing in my sleep. I had had several cases involving sexual abuse of children under four, and I couldn’t take it anymore.” She left her job and has been with the court system for nearly twenty years, working with the adult population in elder abuse and other crisis situations. After all these years, “nothing fazes me,” she said.³ Another individual spoke of the toll that her work with crime victims has taken on her relationships.

The last couple of years have been a little weird for me. Relationships have changed...When I say that, it comes across like I’ve given up. I feel like

² The quantitative research instrument was Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL), available at www.proqol.org. ProQOL measures compassion satisfaction, burnout, and secondary traumatic stress (STS). While no measure of vicarious traumatization (VT) is calculated, survey questions that relate to VT are included in the measures of compassion satisfaction, burnout, and STS.

³ Face-to-face interview, Akron, Ohio, May 31, 2013. Used with permission.

it's because I don't know where I am going. I'm restless. I'm in the middle someplace...

When I said, "The wilderness..." she replied, "That's a good term. People say, 'What's happened to you?' I want to be alone, but when I am alone I get anxiety. Saying one thing but feeling another. Very much in between."⁴ In the wilderness.

Virtually everyone I interviewed had at least one story that had stayed with them for many years, in some cases causing occasional flashbacks. A chaplain said:

There are absolutely particular stories that stay with me. There are several that I will never forget. One was a non-accidental trauma, the worst I have ever seen, a six-year old boy. His mother's boyfriend was watching him, and the boy was beaten to death to the point that there was not a single place on his body that was not bruised, including the bottoms of his feet. I have seen all kinds of trauma but there was never anything like that. It was the end of the day, too, so I went home with it...The most painful part was that this six-year old boy probably cried out for his life and said, "Stop! Stop!" but this man would not stop, so that was the part that was extremely traumatic, and it was just deep pain and so much anger behind that, because...How could anybody do anything like that?⁵

Whether as chaplains, therapists, social workers, attorneys, journalists, victim advocates, health care workers, safety forces, or congregational clergy, those who work on the front lines bear witness to human suffering. Their work with victims of trauma and with people in crisis places them at risk for compassion fatigue, which is defined as "the negative aspect of helping those who experience traumatic stress and

⁴ Face-to-face interview, Akron, Ohio, March 18, 2013. Used with permission.

⁵ Face-to-face interview, Akron, Ohio, February 22, 2013. Used with permission.

suffering.”⁶ *Crisis* is defined as “an internal response to an external hazardous event [that] involves a temporary loss of coping abilities.”⁷ An event is said to be *traumatic* when it “overwhelm(s) the ordinary systems of care that give people a sense of control, connection, and meaning.”⁸ Although psychological trauma is always the result of crisis, not all crisis results in trauma.

Laura Pearlman and Kayla Saakvitne, who have been leaders in the field of trauma studies for more than twenty years, see trauma as a process that results in five characteristic responses that are experienced by the client and the professional who works with the client. These responses involve changes to the individual’s:

- (1) frame of reference, or usual way of understanding self and the world, including spirituality, (2) capacity to modulate affect and maintain benevolent inner connection with self and others, (3) ability to meet his psychological needs in mature ways, (4) central psychological needs, which are reflected in disrupted cognitive schemas, and (5) memory system, including sensory experience.⁹

Those responses, when experienced by the crisis worker, are called secondary traumatic stress, vicarious traumatization, or burnout.

Unlike the other signs of compassion fatigue, burnout has to do with the workplace itself rather than the content of the work. Psychologist Robert Wicks, who specializes in resilience studies, states that “underlying all of the causes of burnout is a perception of something

⁶ Beth Hudnall Stamm, “ProQOL Concise Manual, 2nd ed., November 2010,” www.proqol.org/ProQOL_Test_Manuals.html, accessed July 31, 2013.

⁷ Howard Stone, *Crisis Counseling*, 3rd ed. (Minneapolis: Fortress Press, 2009), 10.

⁸ Judith Herman, *Trauma and Recovery* (New York: Basic Books, 1992), 33.

⁹ Laura Pearlman and Kayla Saakvitne, *Trauma and the Therapist* (New York: W. W. Norton & Co., 1995), 60–61.

lacking, which produces frustration and hinders us from taking action.”¹⁰ Burnout is a cumulative phenomenon whose signs include cynicism, workaholism, isolation, boredom, depletion, conflict, arrogance, and helplessness.¹¹

Secondary traumatic stress (STS) “is the direct result of hearing emotionally shocking material from clients.”¹² Therapists and others who engage with the traumatic material of their clients may themselves begin to take on the same psychological and physiological reactions they see in their clients, including feelings of helplessness, anger, and fear. Difficulties in modulating affect and disruptions of sensory systems may be experienced. The child welfare worker who was sobbing in her sleep demonstrated affective issues as a result of her work.

Whereas STS is characterized by psychological symptoms that mimic those of the traumatized client, vicarious traumatization (VT) is a cognitive phenomenon that involves “harmful changes that occur in professionals’ view of themselves, others, and the world, as a result of exposure to the graphic and/or traumatic material of their clients.”¹³ Saakvitne states, “The most devastating impact of VT is in the realms of hope and meaning, specifically in cynicism and pessimism.”¹⁴ The impact that VT has on the crisis worker’s spirituality and sense of meaning and hope can result in significant stress. A victim advocate told me:

My work has definitely changed my faith. I struggle. I was really active in my faith, but now it makes me question a lot of things, especially

¹⁰ Wicks, Robert, *Bounce: Living the Resilient Life* (New York: Oxford University Press, 2010), 28. Italicized emphasis in the original.

¹¹ Wicks, 30–31.

¹² Julie Canfield, “Secondary Traumatization, Burnout, and Vicarious Traumatization,” *Smith College Studies in Social Work* 75 (2005): 2, 84.

¹³ Katie Baird and Amanda Kracen, “Vicarious Traumatization and Secondary Traumatic Stress: A Research Synthesis,” *Counseling Psychology Quarterly* 19(2) (June 2006): 181.

¹⁴ Kayla Saakvitne, “Shared Trauma: The Therapist’s Increased Vulnerability,” *Psychoanalytic Dialogues* 12(3) (2002), 447.

anything that has to do with kids. How could this happen? How did God let this happen? [There were] specific cases I worked when a person had done some inappropriate things to children and they were prominent members of the church. I mean, how do you go back from that?¹⁵

That individual's comments are an example of a form of spiritual struggle called "spiritual discontent," which involves anger with God, questioning God's love, or wondering whether one has been abandoned by God. Such struggle can be manifested in symptoms of posttraumatic stress disorder (PTSD).¹⁶ Indeed, in my research, this individual's STS and burnout scores were significantly higher than the research population as a whole.

Trauma social worker Laura Lipsky describes the "trauma exposure response" that occurs "when external trauma becomes internal reality."¹⁷ This trauma exposure response, which corresponds to the phenomena of STS, VT, and burnout, has the following warning signs: feeling helpless and hopeless, a sense that one can never do enough, hypervigilance, diminished creativity, inability to embrace complexity, minimizing, chronic exhaustion/physical ailments, inability to listen/deliberate avoidance, dissociative moments, sense of persecution, guilt, fear, anger and cynicism, inability to empathize/numbing, addictions, and grandiosity.

In short, crisis work can be devastating to individuals physically, emotionally, and spiritually and, in the process, can compromise the effectiveness of those organizations whose missions place them at the front lines of human

¹⁵ Face-to-face interview, Akron, Ohio, March 15, 2013. Used with permission.

¹⁶ Jennifer Wortmann et al., "Trauma and PTSD Symptoms: Does Spiritual Struggle Mediate the Link?" *Psychological Trauma: Theory, Research, Practice, and Policy* 3(4) (2011): 443.

¹⁷ Laura Lipsky, *Trauma Stewardship: An Everyday Guide for Caring for Self While Caring for Others* (San Francisco: Berrett-Koehler Publishers, 2009), 42.

suffering. Religious leaders can play a meaningful role in promoting affective, cognitive, and systems competence in individuals and organizations who are engaged in crisis work. One important means of doing that is to build resources for resilience.

Compassion Fatigue, Resilience, and Meaning Making

Resilience is widely recognized as an essential resource for addressing the challenges of crisis work and mitigating the risk of compassion fatigue in its various forms. Froma Walsh, co-director of the Chicago Center for Family Health and Professor Emerita at University of Chicago, defines *resilience* as “the ability to withstand and rebound from crisis and prolonged adversity, strengthened and more resourceful.”¹⁸ Core elements of resilience include self-knowledge and insight, healthy coping, strong relationships, personal perspective and meaning, and a sense of hope.

Wicks views developing resilience as a process that includes “interrelated objectives—personal resilience through self-knowledge and self-care on the one hand, and an ability to reach out to embrace experience from a place of inner strength on the other.”¹⁹ One’s “inner life...includes those psychological factors, belief systems or attitudes, and spiritual or philosophical outlook that provide us with the sources of resilience, a sense of honesty or transparency in our dealings with others.”²⁰ Attending to the inner life of the spirit is seen as an essential element of developing the inner strength necessary for resilience. In that regard, Walsh calls belief systems “the heart and soul of resilience.” The belief systems that are important to resilience include meaning making, hope, and transcendence and spirituality.

¹⁸ Froma Walsh, “Strengthening Resilience in Response to Crisis & Adversity” (presented at Metro Health System conference, “Resilience: Overcoming Adversity—Implications for the Helping Professions,” Cleveland, Ohio, May 13–14, 2010).

¹⁹ Wicks, 13–14.

²⁰ Wicks, 8.

Resilience is relationship-based, built on lifelines of solidarity and community rather than on the American ideal of the rugged individual.²¹

Theologian Shelly Rambo describes trauma as “a crisis of the human spirit. This crisis refers to a complete loss of meaning and trust in the world. In religious terms, this crisis goes to the heart of the relationship between human and divine.”²² As Pearlman, Saakvitne, and others have observed, the “crisis of spirit” can extend to therapists, social workers, attorneys, clergy, and others whose work brings them into contact with those who have been traumatized, for they too can experience profound disruptions of their “frame of reference, that is, [their] basic sense of identity, world view, and spirituality.”²³ The most devastating impact of VT is on the therapist’s spirituality and sense of meaning and hope. Ironically, “this change in world view defeats the therapist’s greatest therapeutic gift, his belief in the process and hope for healing.”²⁴

In a 2010 integrative review of research on the relationship between meaning making and stress, Crystal Park described the proliferation of research on meaning in several fields of psychology. Her article presents an integrative model of meaning making that is useful in addressing the issues faced by individuals in crisis and those who work with them. Park summarizes the meaning-making process as follows:

- (a) People possess orienting systems, referred to here as global meaning, that provide them with cognitive frameworks with which to interpret their experiences and with motivation;
- (b) When encountering situations that have the potential to challenge or stress their global meaning, individuals appraise the situations and assign

²¹ Walsh, “Strengthening Resilience.”

²² Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Louisville, Ken.: Westminster John Knox Press, 2010), 169.

²³ Pearlman and Saakvitne, *Trauma*, 280.

²⁴ Pearlman and Saakvitne, *Trauma*, 285.

meaning to them; (c) The extent to which that appraised meaning is discrepant with their global meaning determines the extent to which they experience distress; (d) The distress caused by discrepancy initiates a process of meaning making; (e) Through meaning-making efforts, individuals attempt to reduce the discrepancy between appraised and global meaning and restore a sense of the world as meaningful and their own lives as worthwhile; and (f) This process, when successful, leads to better adjustment to the stressful event.²⁵

The product of the meaning-making process is meanings made, “end results or changes derived from attempts to reduce discrepancies or violations between appraised and global meaning.” Such meanings made can include having made sense of one’s experience, acceptance, perceptions of growth and positive life change, and, in some cases, a change in one’s global beliefs or global goals. When the discrepancy between global meaning and situational meaning cannot be resolved, an individual experiences distress.²⁶ As Pearlman and Saakvitne’s work on VT suggests, issues with meaning making can have a significant effect on the well-being of crisis workers. Building resilience among crisis workers by facilitating meaning making is essential to mitigating the risk of compassion fatigue. Addressing issues of meaning is one of the central functions of religion.

Religion, Coping, and Spiritual Struggle

For more than thirty years, psychologist Kenneth Pargament has been studying the relationship between religion and coping. Pargament defines *coping* as “a search for significance in times of stress...the search for

²⁵Crystal Park, “Making Sense of the Meaning Literature: An Integrative Review of Meaning Making and Its Effects on Adjustment to Stressful Life Events,” *Psychological Bulletin* 136(2) (2010): 257–258.

²⁶ Park, “Making Sense,” 260.

significance is the overarching guiding force in life.”²⁷ Coping is a process whose hallmarks are possibility and choice.²⁸ Religion, too, is a process. “It too,” writes Pargament in a chapter coauthored with Crystal Park, “is a search for significance, but a search of a special kind. What gives religion its unique character is the involvement of the sacred, however it may be defined.”²⁹

An assumption that Pargament makes about the coping process is that all people have an orienting system, a frame of reference consisting of beliefs, values, relationships, and personality that together represent one’s perspective on and way of dealing with the world. It’s the reservoir upon which we draw during difficult times, although that reservoir can consist of resources that may be either helpful or harmful in addressing life’s difficulties.³⁰ In the process of coping, people bring certain aspects of their orienting system to bear in addressing the specific situation with which they are confronted. For some, religion is part of that orienting system; if it’s an important part of that system, it will be one of the resources that is accessed for coping. Citing a number of studies, Pargament states:

It appears that those who invest more in their religion gain more from it in coping...In short, the groups that profit most from religion in the coping process seem to be the groups that involve religion most deeply in their lives. We suspect that the religious orienting system for these groups is better equipped to respond to crisis. Drawing on a more deeply established system of religious beliefs, practices, feelings, and relationships, the individual may be in a better position to find compelling

²⁷ Kenneth Pargament, *The Psychology of Religion and Coping* (New York: The Guildford Press, 1997), 90–91.

²⁸ Pargament, 86.

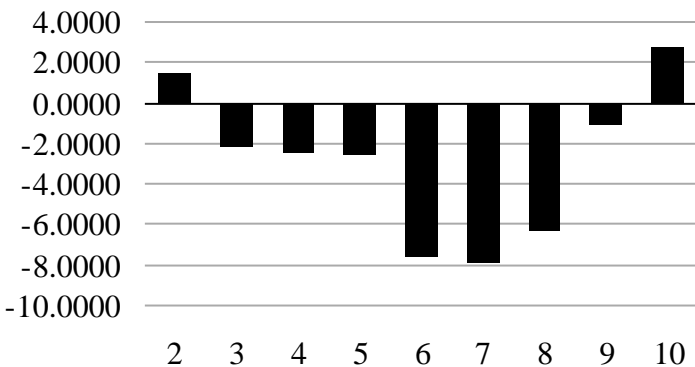
²⁹ Kenneth Pargament and Crystal Park, “In Times of Stress: The Religion-Coping Connection,” in *The Psychology of Religion: Theoretical Approaches*, eds. Bernard Spilka and Daniel N. McIntosh (Boulder, Colo.: Westview Press, 1997), 44–45.

³⁰ Pargament, 99–100.

religious solutions (e.g., spiritual and congregational support, benevolent religious reframing) to fundamentally disturbing problems.³¹

My research on crisis workers investigated the relationship between religiosity and compassion fatigue. Survey participants were asked to rate their religiosity on a five-point Likert scale (5 = high, 1 = low) according to two measures: how active they are in a faith community and the frequency with which they meditate or pray. A composite measure of religiosity was calculated by combining the scores of activity in a faith community and frequency of prayer and meditation to arrive at a ten-point religiosity scale. Based on the ProQOL measures of compassion satisfaction, burnout, and secondary traumatic stress, a composite compassion satisfaction/fatigue score (CS/CF) was calculated for each participant. Those with the highest (10) and lowest (2) religiosity have the best composite CS/CF scores, as indicated in Exhibit 1.

Exhibit 1 - Composite CS/CF Score by Level of Religiosity (10 = Highest)



The composite scores reflect the pattern of individual results for compassion satisfaction and burnout, with those in the middle range showing significantly lower

³¹ Pargament, 301–2.

compassion satisfaction and higher burnout than those at the low and high extremes of religiosity. STS does not have a discernible relationship with religiosity.

The variability in results among individuals at the highest, lowest, and mid-range of religiosity is a function of the dynamics of coping, the phenomenon of spiritual struggle, and the measurement of religiosity in the research population at a point in time on a spiritual journey. Pargament states that religion and coping tend to converge because religion “is a relatively available part of the orienting system, and because it is a relatively compelling way of coping.”³² As an element of an individual’s orienting system, religion’s presence precedes crisis; when it is a significant part of an orienting system, it will be available to that individual as a resource. “It also seems the case,” Pargament writes, “that as religion becomes a larger part of the orienting system, religious coping can become increasingly compelling.”³³ Said differently, it will make sense and feel right.³⁴ Pargament notes that in a range of studies on coping with adverse situations, between 50 percent and 85 percent of those studied found religion to be helpful in coping.³⁵

Although we may know that religious faith is an important part of an individual’s orienting system, we do not know how that person’s faith will come into play as a resource in specific situations. Writes Pargament:

...the outcomes of coping have more to do with what the person does in the specific situation to maximize significance than with his or her general orienting system. To put it another way, situation-specific coping activities serve as bridges or mediators between the orienting system and the outcomes of negative situations. If this way of thinking is correct, then we would expect measures of religious coping to predict the

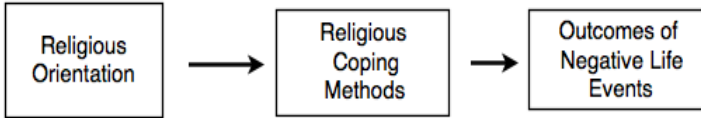
³² Pargament, 144.

³³ Pargament, 157.

³⁴ Pargament, 149.

³⁵ Pargament, 277.

outcomes of coping more consistently than measures of general religious orientation.³⁶ This relationship can be presented schematically:³⁷



Pargament's religious coping methods include personal and organizational religious expressions such as frequency of prayer and participation in congregational worship and other activities, two aspects of religiosity that are measured in my research. Other religious coping strategies listed by Park include "benevolent religious reappraisals, 'punishing God' reappraisals, religious forgiveness, seeking of religious support, and religious discontent."³⁸

My research identified the healthiest individuals in terms of the composite CS/CF score as those who are at either end of the scale of religiosity: those for whom religion is of great significance and those for whom it has little significance. Those who are very religious and those who are not at all religious have found specific coping methods to bridge their orienting systems and serve as a resource in the face of negative events.³⁹ What of those in between? It appears that those in the middle cohorts struggle with their work and the workplace in ways that those on the extremes of the religiosity scale do not. As described above, the lack of religious coping methods that mediate religious orientation in specific situations is one explanation. An individual might have religious

³⁶ Pargament, 283–4.

³⁷ Pargament, Figure 10.1, 284.

³⁸ Crystal Park, "Religion as a Meaning-Making Framework in Coping with Life Stress," *Journal of Social Issues* 61(4) (2005): 712.

³⁹ Interviews with individuals with low religiosity indicated that having strong connections with colleagues and a robust support system of family and friends were important coping mechanisms.

beliefs, but lack of participation in a supportive faith community can hinder that individual's ability to access those beliefs as coping resources in times of trial. Likewise, an individual might believe in a transcendent Being or value that is a potential source of meaning, but that individual might lack specific practices or methods that would reinforce a sense that the transcendent Being is also immanent and can be a mediating resource for coping with a negative event. Strong orienting systems that are well integrated with an individual's daily life can be accessed more readily to mediate life's difficulties. Pargament offers this:

The orienting system of general beliefs, practices, relationships, and emotions can anchor people through stormy times. But, as noted earlier, not all orienting systems are alike. Some are characterized by greater resources and fewer burdens than others. By virtue of its ability to generate well-integrated solutions, the stronger orienting system can withstand considerable pain, loss, and deprivation. Weaker, 'disoriented' systems are more likely to generate poorly integrated solutions and, in this sense, prove vulnerable to even the slight change. It is these differences in the strength of the orienting system that help to explain why some of us are able to withstand major life stressors, while others seem to crumble at the first sign of trouble.⁴⁰

Another factor that can contribute to compassion fatigue among crisis workers is the phenomenon of spiritual struggle. Wortmann et al. describe how the centrality of religion within a person's global meaning system can lead to spiritual struggle in the face of trauma:

Religious and spiritual cognitions should be considered in the context of trauma, because religious beliefs comprise a substantial part of many people's global meaning system and

⁴⁰ Pargament, 341.

therefore inform their coping responses, and because they address issues of existential meaning, which may be called into question by trauma...The construct of *spiritual struggle* [emphasis theirs] represents negative religious cognitions about the self, God, and the world, and may thereby lead to PTSD symptoms. Spiritual struggle consists of maladaptive religious cognitions about the cause of, responsibility for, and future implications of stressful events, paralleling secular cognitions known to be factors in the development and maintenance of PTSD symptoms.⁴¹

Wortmann et al. theorize that for those who exhibit positive religious coping, such “positive religious coping in the presence of struggle may moderate the impact of struggle on PTSD symptoms.”⁴² The strong CS/CF scores of those in my research population with high religiosity (9 or 10) bear that out.

Those whose spiritual struggles are not as well resolved include those with a “narrow, undifferentiated spiritual orientation that does not adequately consider the darker side of life, such as evil and human suffering.”⁴³ By not engaging in reflection on the darker side of life, such individuals miss the opportunity to open themselves to deeper truths and the posttraumatic growth (PTG) that can accompany that engagement. Writes Kelli Triplette et al.:

Those who categorize themselves as having been able to make sense of the traumatic experience report more PTG, a higher level of meaning in life, and greater life satisfaction. Individuals who either did not feel a need to find meaning, or who

⁴¹ Wortmann et al., 443.

⁴² Wortmann et al., 449.

⁴³ Pargament et al., “Spiritual Struggle: A Phenomenon of Interest to Psychology and Religion,” in *Judeo-Christian Perspectives on Psychology: Human Nature, Motivation, and Change*, eds. William Miller and Harold Delaney (Washington, D.C.: American Psychological Association, 2005), 252.

gave up trying to find meaning, reported lower levels of perceived threat to their core beliefs, and correspondingly, lower levels of PTG. Present results suggest that it is through the process of trying to make sense of a traumatic experience, and achieving some understanding, that people may come to recognize the positive impact that wrestling with the experience has had on them. For those who did experience a serious threat to their core beliefs, but who continue to struggle to try to make sense of their experience, distress remains high, yet they still report more PTG than individuals who gave up or never tried to make sense.⁴⁴

Numerous studies “show that unmistakable signs of distress often accompany spiritual struggles.”⁴⁵ Pargament et al. write:

At this point, the overall pattern of findings suggests that spiritual struggles are a double-edged sword. They have a destructive, even deadly potential. At the same time, they may have the potential to bring people closer to wisdom, maturity, and a sense of connectedness with the transcendent.⁴⁶

It is important to bear in mind that signs of potential spiritual struggle shown in Exhibit 1 among those in the mid-range of religiosity are from a cross-sectional study at a point in time. In describing the complexity of the relationship between religion and adjustment to stressful events, Park discusses how the relationship between coping and stress can change over time during the adjustment process to a significant negative event:

On the one hand...religion might be initially related to higher levels of distress due to greater

⁴⁴ Kelli Triplette et al., “Posttraumatic Growth, Meaning in Life, and Life Satisfaction in Response to Trauma,” *Psychological Trauma: Theory, Research, Practice, and Policy* (4) (2012): 408.

⁴⁵ Pargament et al., “Spiritual Struggle,” 256.

⁴⁶ Pargament et al., “Spiritual Struggle,” 257.

disturbances of global religious-based beliefs. On the other hand...religion may facilitate positive reappraisals, which might decrease long-term distress. Taken together, these predictions suggest that the impact of religion on adjustment may be contingent on the time since the event. Religion may have some negative consequences at the initial stages of coping, when individuals are struggling to understand negative events that seem to contradict their religiously oriented beliefs about how good people should not suffer. Yet, religion may have long-term positive impact since many religious systems encourage making meaning of negative events in benign ways.⁴⁷

Spiritual struggle is a process. It could well be that some of the individuals in the mid-scale of religiosity in Exhibit 1 are showing signs of struggle at a point in time along a longer-term journey of transformation. In their study of vicarious posttraumatic growth (VPTG), Cohen and Collens noted that experience and time are important factors that moderate negative emotional impact.⁴⁸ Extended experience over time with trauma work can reduce a crisis worker's shock at hearing certain stories ("I've heard this before").⁴⁹ Further, spending more time with individual trauma survivors can be beneficial in providing an opportunity for the crisis worker to witness the survivor's PTG and experience VPTG.

⁴⁷ Park, "Religion as a Meaning-Making Framework," 714.

⁴⁸ The potential positive impact of experience and time is borne out in my research, as composite CS/CF scores were highest for those individuals age 50 and older.

⁴⁹ Keren Cohen and Paula Collens, "The Impact of Trauma Work on Trauma Workers: A Metasynthesis on Vicarious Trauma and Vicarious Posttraumatic Growth," *Psychological Trauma: Theory, Research, Practice, and Policy* 5(6) (2013): 576.

“Transforming the Pain”: Self-Care, Meaning Making, and Community-Building

In their book *Transforming the Pain: A Workbook on Vicarious Traumatization*, Saakvitne and Pearlman describe two fundamental approaches to dealing with vicarious traumatization (VT): addressing the stress of VT and transforming the demoralization and negative beliefs that can lead to despair.⁵⁰ They outline several specific strategies for addressing these approaches. Strategies for addressing the stress of VT include self-care, nurturing activities, and escape. Crisis workers who were interviewed in my research named guided meditation, being around nature, exercise, interacting with pets, arts and crafts, and life-giving relationships as important avenues of self-care and nurture. Humor was mentioned by several individuals as a form of escape. Among crisis workers, humor is commonly used to address powerful negative affective responses to workplace stress. Summarizing Carmen Moran’s chapter on “Humor as a Moderator of Compassion Fatigue,” editor Charles Figley, a pioneer in research on compassion fatigue, notes:

Gallows humor is common throughout the world among groups dealing with stressful work. As noted [earlier by Carmen Moran], humor plays a major role in reducing stress because it causes a release of endorphins in the brain. These hormones are associated with the class pleasure response and frequently override fear, depression, and inaction. In sufficient dosages, they even enhance the immune system, thus keeping us healthier. Work groups should recognize those activities that result in a reduction of stress and laugh more frequently.⁵¹

⁵⁰ Kayla Saakvitne and Laurie Anne Pearlman, *Transforming the Pain: A Workbook on Vicarious Traumatization* (New York: W. W. Norton & Company, 1996), 71–72.

⁵¹ Charles Figley, “Epilogue,” in Figley, *Treating Compassion Fatigue*, ed. Charles Figley (New York: Brunner-Routledge, 2002), 216.

Saakvitne and Pearlman name meaning making and community-building as essential strategies for addressing and transforming the demoralization and despair that can attend crisis work. As part of my research, I met for half-day retreats with professionals from three different agencies who work with people who live in generation poverty, who have been child victims of abuse and neglect, and who have been adult victims of violent crime. Due to the isolating nature of crisis work, the retreats emphasized group activities.⁵² The content of the group exercise was based on the strong linkage between spirituality, meaning making, and resilience, as I sought to provide resources through which participants could “reach out to embrace experience from a place of inner strength.”⁵³

Pargament and others understand spirituality as an inherent longing to connect to something deeper than and beyond oneself, manifested in beliefs about meaning of the self in relation to the world and an orientation to the future that arises from those beliefs. The group sessions incorporated exercises engaging four different aspects of spirituality: Something or Someone beyond ourselves (transcendence) that is also within and around ourselves (presence/immanence), connects us to all creation (connection), and gives us an orientation to the future (hope). Beauty is an essential resource for engendering spirituality. The group sessions included three exercises around hope, meaning, and connection that included media such as art, music, guided meditation, journaling, and conversation. Those individuals who participated in the group retreats showed improvement in ProQOL scores of compassion satisfaction and compassion fatigue compared with their pre-retreat survey scores. In contrast, those who did not participate

⁵² An issue mentioned by several crisis workers during interviews is that they are unable to share their workplace experience with significant others because the significant others are unwilling or unable to hear and understand their stories.

⁵³ Wicks, 14.

in groups showed degradation in compassion satisfaction and burnout, while the STS score improved at approximately the same rate of change as those who had participated in a group. Group participants with moderate religiosity showed the strongest improvement in composite compassion satisfaction/fatigue.

My research demonstrated that meeting with a group of colleagues in a structured way to explore meaning making related to crisis work has a positive impact on increasing compassion satisfaction and reducing compassion fatigue among crisis workers. The groups help provide activities and concepts that can serve as situation-specific mediators bridging work-related experience to a person's orienting system or assist in identifying weaknesses within the orienting system that need attention. Individual interviews with group participants affirmed the value of participating in the retreats with colleagues. One victim advocate said, "I believe that it was a good thing to see how your feelings related to others in the group, and that was so interesting." Another said:

I think this group session made me realize just how different we all are as advocates and people. It was very meaningful for me to hear how one advocate feels after leaving a [crime] scene compared to another and how they deal with the aftermath of a situation. It's common sense that we are all different but once you are in the swing of things, I had lost sight of the fact that we process all of these situations in our own way.⁵⁴

Participants in a different group described how meaningful it was to them to hear their colleagues tell their stories of how they came to do the difficult work that their job entails.

The literature around compassion fatigue and self-care is often focused on individual, personal practices

⁵⁴Face-to-face interview, Akron, Ohio, March 7, 2013. Used with permission.

that build resilience. My research confirmed the importance of working in community to address the issues of depression, demoralization, and despair that can be debilitating to crisis workers. That this group work was most effective with those in the middle range of religiosity suggests that religious leaders can assist those experiencing spiritual struggle by providing resources for meaning making and community-building. In some cases, attention will need to be given to addressing weak aspects of individuals' religious orienting systems. In others, individuals with strong religious orienting systems might benefit from learning and nurturing specific practices and methods that would assist in bringing their religious beliefs to bear during times of trouble.

At the organizational level, strategies for addressing the issue of compassion fatigue include ensuring appropriate supervision, providing a safe place to address compassion fatigue, offering support such as debriefings following traumatic events, managing caseloads, and structuring employee benefits to include services that promote self-care.⁵⁵ To the extent possible, crisis workers should also be provided with opportunities to witness posttraumatic growth in those they have served.

Lilius et al. studied *compassion capability*, which they define as “the reliable capacity of members of a collective to notice and respond to suffering.”⁵⁶ They found that:

Compassion capability is grounded in practices and relationships that help individuals manage the tensions between expanding their hearts to those who are suffering, maintaining their focus on the work that must be done and respecting their own capacities and limitations. In the same way that there can be non-monotonic effects or a “tipping

⁵⁵ Cynthia Vrabel, “Helping the Helpers: The Journey from Compassion Fatigue to Resilience,” presentation at Making a Difference Health & Human Services Forum, Akron, Ohio, November 11, 2010.

⁵⁶ Jacoba Lilius et al., “Understanding Compassion Capability,” *Human Relations* 64(7) (2011): 874.

point,” whereby positive processes become less so, compassion without limits would not be sustainable.⁵⁷

Helping to strike that balance of encouraging high-quality connections within organizations while maintaining appropriate interpersonal boundaries is an important task for leaders.

Bearing Witness

Religious leaders can assist crisis workers in addressing the challenges of their work by providing scriptural and other resources from the faith tradition that can inform and transform workplace experience. Within the Christian tradition, the events remembered in the Triduum relate to one of the most essential and difficult aspects of crisis work: bearing witness to the suffering of others.

An essential part of constructing the trauma narrative is to have the story heard. The person who hears that trauma story accompanies the survivor through the wilderness, bearing witness to the dislocation, alienation, and disorientation of traumatic experience whether it arises from a natural cause or from the human agency of abuse, crime, or neglect. To bear witness is to accompany the person in crisis on his or her journey and to evidence and validate what has happened or is happening to him or her. Those who choose to work with individuals in crisis enter into a process that will affect the person in crisis and the individual who is working with him or her. Pearlman and Saakvitne observe:

In choosing to become trauma therapists,⁵⁸ we have made a commitment to bear witness to human suffering. The trauma therapist’s hope is

⁵⁷ Lilius et al., 891–2.

⁵⁸ While Pearlman and Saakvitne write from the perspective of trauma therapists, they acknowledge that others (e.g., social workers, victim advocates, attorneys, emergency and safety forces personnel, and clergy) who work with traumatized populations are exposed to similar risks and rewards in their work.

that, by lending his self in empathic connection to his client, he can help transform the client's experience into one in which both can find meaning. Yet, he must acknowledge the painful process of that journey and the toll it takes on the therapist in order to have a hope of managing it in a way that benefits both therapist and client.⁵⁹

A chaplain in a neonatal intensive care unit (NICU) describes her experience:

For me, the meaning of being present is enough for me. That people don't have to do this alone is adequate for me. Because I can't fix it. I'm OK if we stand here together because you don't have to do this alone. That fills me up. I'm doing what I was sent here to do. My calling is one of bearing witness and accompanying. That's how I do it. Just get yourself in the room. Then you learn how to keep yourself in the room...It takes a lot of personal, emotional energy.⁶⁰

Witness is important, says Serene Jones, because "it's actually in the act of telling the story and its retelling that a presence and a transformation begins to happen."⁶¹ The Christian narrative is emblematic of the work of witnessing in the presence of trauma. Jones says this about the way the Christian narrative resembles traumatic experience:

In both, it is crucial that the events of traumatic violence are testified to and then witnessed and believed by others in order for healing to take place. This healing involves, at least partially, the creation of a jointly authored story exposing the event of violence, which had been previously silenced, and then integrating this event into a broader life story. In both dramas, then,

⁵⁹ Pearlman and Saakvitne, *Trauma*, 301.

⁶⁰ Face-to-face interview, Akron, Ohio, February 22, 2013. Used with permission.

⁶¹ Shelly Rambo, "'Theologians Engaging in Trauma' Transcript," *Theology Today* 68(3) (2001): 232.

redemptive community emerges in the space of proclamation. In an event of speaking, hearing, and believing, a new future unfolds.⁶²

The Christian narrative has its own story of bearing witness in the valley of the shadow, the experience of Mary Magdalene and the disciples on Holy Saturday. As trauma survivors, they live in what Rambo calls the middle space between the death on Good Friday of one way of being and the emergence of a new way of being whose form and shape they cannot yet imagine. What remains for them amidst the pain, loss, and uncertainty of Holy Saturday is the Spirit that is expressed in Jesus' command that they abide (remain) with him in love. This "presence in absence" is, says theologian Alan Lewis, the axis on which the Christian story pivots, for that boundary space between cross and empty tomb "reveals the even greater presence of God in the midst of a great absence: the plenitude of divine love's resurrecting power manifest only in and through emptiness, negation, and godforsakenness."⁶³

Connecting to the Christian narrative of Good Friday and Easter presents particular challenges for victims of trauma and those who work with them, especially when the story of crucifixion and resurrection is presented as a death/new life opposition with no middle ground. Such a linear movement from crucifixion to resurrection does not match the reality of traumatic suffering, which is characterized by fragmented, disjointed reliving of the experience of trauma well after the precipitating event. Traumatic suffering is an experience of profound loss whose dimensions only begin to be understood in the early stages of healing. Hence, the road to healing for an individual who has been traumatized does not resonate with a triumphal account of resurrection that leaves death

⁶² Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Louisville, Ken.: Westminster John Knox Press, 2009), 79.

⁶³ Alan Lewis, *Between Cross and Resurrection: A Theology of Holy Saturday* (Grand Rapids, Mich.: Eerdmans Publishing, 2001), 163.

fully behind and places what Rambo calls a “redemptive gloss...over experiences of suffering.”⁶⁴

Kayla, a pediatric palliative care chaplain, speaks of accompanying and bearing witness to the “middle space” of the terminal illness of a child:

It’s all very sacred, and it’s all very holy. And I think I do this work well. I don’t know where this comes from, this is just the way I am created. I have a great capacity to be able to sit in the midst of the crisis and to make room within my being, and that helps me to create space for the mystery of it all. For me that is sacred. So that’s what gives me the strength to keep doing it. Because while it’s a great toll on my psyche and spiritual being, at the same time it is somehow feeding that spiritual being for me. What I delight in is that so many people cannot be there, so many people don’t want to see the mystery, so many people are afraid of the mystery, so they shy away from the mystery; so many people back away from it, but I just go on holding the mystery.⁶⁵

When I asked if the Christian narrative of Holy Week spoke to her experience in the mystery between the life that has been, the death that is occurring or is soon to come, and the hope for new life, Kayla said, “It’s Holy Saturday. That’s precisely where I stay with people, in that space between life and death and new life.” As was the case on Holy Saturday, the meaning of the trauma is interpreted by the Spirit that remains. Kayla says:

The essence of what I do is meaning making. Because none of what I see makes sense. It makes no sense for children to die. It makes no sense for children to be abused. It makes no sense for disease to happen, for embryos or fetuses to come too soon, so all that is left is for it to have

⁶⁴ Rambo, *Spirit and Trauma*, 8.

⁶⁵ Face-to-face interview, Akron, Ohio, February 22, 2013. Used with permission.

meaning. There are no answers, there is no scientific reason that would ‘make sense.’ You can make sense of the rationality, but that doesn’t mean anything. I mean, why this child? Why not the next one? All that’s left is to find the meaning in the Spirit of what is happening.⁶⁶

Because bearing witness to the suffering of another can itself be traumatizing, those who “bear witness to the witness” of trauma survivors may themselves experience the death of a way of being, taking on the physical, emotional, and psychological symptoms of those they are helping. Their world view may be shattered through the process of vicarious traumatization. They may find themselves in a Holy Saturday existence in which something within them has died and only a “death breath” remains in the middle space between the traumatic death of a former way of being and an uncertain future that can only be hoped for.

To Flora Keshgegian, the experience of trauma and remembrance has an

...epistemology of ambiguity. The church’s witness is about providing sanctuary, a place of safety, for these voices to be heard, honored, and responded to. It means standing with and holding in its heart the pain and the suffering in order to begin to create spaces for new life to emerge. This witness requires humility—a willingness to be open and vulnerable on the part of the church and its members.⁶⁷

The church is the Body of Christ that incarnates the One who was risen with his wounds. Religious leaders play a critical role in shaping the church as a community that bears witness to hope for those who have been traumatized and those who work with them. They can do so by fostering a community of hospitality, memory, and

⁶⁶ Face-to-face interview, Akron, Ohio, February 22, 2013. Used with permission.

⁶⁷ Flora Keshgegian, *Redeeming Memories: A Theology of Healing and Transformation* (Nashville, Tenn.: Abingdon Press, 2000), 231.

hope that encourages learning and nurture, thus strengthening the religious orienting systems and practices through which individuals try to cope with life's adversity.

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