

COMPASSION FATIGUE: AN AGENT OF CHANGE, AND A CHANGED AGENT

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The narrative that follows chronicles the interplay between the author's professional and personal experiences. The journey as a clinician and researcher investigating compassion fatigue in non-human animal care providers has exposed the author's vulnerabilities, but has been a potent catalyst for the evolution of her professional skills and personal maturation. The relationships among human animals and non-human animals are not always favorable and sacred; there is a dark side. Observations and insights into the uninvited, macabre work of non-human animal care providers are shared. Ultimately, the author shares how during the course of being an agent of change, she has also become a changed agent.

I am the sum of my experiences. This maxim, of course, includes my professional practices. I am not the same person I was when I accepted the call to social work. For better and for worse, I view myself, people, and the world differently as the result of my professional caregiving work. Compassion fatigue, the cost of caring (Figley, 1995), is an inherent occupational hazard for me and many caregivers. Compassion fatigue, paradoxically, has been a potent catalyst for the evolution of my professional skills and my personal maturation. The accrual of pain I experience provides me with the energy and empathy that are essential in providing effective services. My suffering suggests that I evaluate and re-evaluate my own self-care regimen, my purpose, and the factors that inhibit my resiliency. What follows is my journey...thus far.

An Agent of Change

In 1999, I filled the newly established position of human health care professional at the Center for the Study of Human Animal Interdependent Relationships, within the School of Veterinary Medicine at Tuskegee University. I agreed to pick up a speaker at the Montgomery airport on Thursday, April 13, 2000. I did not know my passenger, Kathy Mitchener, D.V.M. She was to facilitate a presentation on cancer care in the nonhuman-animal care population to the veterinary medical students – not a lecture I planned to attend. Dr. Mitchener is an expert in veterinary oncology. She has dedicated many years of

her professional experience to this important area, in both direct clinical practice and through facilitating professional and academic instruction. From the moment I met her at the airport, rapport was immediate, engendering a lasting bond. The conversation flowed effortlessly and made for a quick 45-minute drive. Like most social workers, one of my first questions was, "How you doing?" Her enigmatic answer to this question confirmed my fears, crystallized my hunches, and provided me with my "moment of clarity."

My Experience

With over a decade of experience as a social worker in a variety of settings (i.e., inpatient, outpatient, intensive outpatient, acute care, and long-term care facilities), I was intimately familiar with the occupational hazards of caregiving. By this time I had served a continuum of age groups, from adolescents to elders. I had witnessed first hand the multitude of ways people are traumatized; irrespective of the generation, equal exposures to pain and suffering were present. I was vulnerable as I listened intently to the disclosures of children about their exploitations and to the elders' regrets for irreparable decisions made long ago. In those early years, I did not know that what I saw and heard from my colleagues and felt myself were the deleterious effects of caregiving, now known as compassion fatigue.

What I knew instinctively, but was unable to put into language, was that the effects of the work had a direct impact on my ability to

be fully present, to be undividedly therapeutic with my clients. What I have since learned is that I, and others like me, can be both consciously and unconsciously threatened by certain aspects of our professional helping. It is because of these perceived threats that many of the symptoms of compassion fatigue manifest themselves. Would I intentionally “silence” (Baranowsky, 2002) my clients, thus preventing them from creating the narrative component necessary to heal from their traumatic stress? Would I consciously ignore, allow my attention to drift, or minimize the suffering of my clients? Would I, with good conscience, author interventions designed to lessen my own anxiety instead of selecting the “best” treatment? The answer is an emphatic “NO.” However, I was guilty of each of these transgressions before I learned effective skills for recognizing, managing, and resolving the effects of compassion fatigue. Listening to the horrors of ritualistic abuse; neglect; incest; violence; end of life regrets; and the devastation of grief, disasters, and a person’s shattered worldview can take a toll. Yet traumas are not the only psychological peril with clients. These threats often manifest in the choices people make. These choices may include investing in destructive relationships, chemical abuse/dependency, and other forms of self-destruction.

Years before my move to Alabama, I decided to pursue work in the anthrozoological field. I personally knew the restorative power of interacting with my dogs, Ripley and Rachet, after a day’s work. I suspected that my clients would also find such interactions pleasurable, calming, and remedial. As I investigated “animal-assisted interventions” (Kruger & Serpell, 2006), I was surprised to learn that social workers could not receive reimbursement from third-party payors for these co-facilitators. I began to prepare myself so that I might contribute toward changing this speciesist policy. At this time my human health care knowledge outmatched that of my nonhuman-animal health care. Obviously, I needed additional experiences to appreciate the other half of the human-animal and nonhuman-animal dyad. For over a year and half, I worked as a part-time veterinary

assistant in a small nonhuman-animal hospital in Charlotte, NC. As expected, my veterinary experience was both educational and informative, but also devastating. Not only did I learn about health care concerns and the relationships among human-animals and nonhuman-animals, but this was also the beginning of my bearing witness to the painful effects of this work.

Kathy’s Experience

Kathy began to share the week’s events – seven deaths within the span of three days. When compared to a general veterinary medical hospital, she admitted that oncology brings an inordinate number of deaths versus survivals and that witnessing the loss and ensuing bereavement never gets easier. These seven non-human animals were treated by her and her staff for the past year and a half, or more. Relationships among the human-animals and non-human animals over this period of time had naturally developed well beyond the customary clinical interactions. The tipping point for her in these three days occurred when a fateful decision had to be made for a wonderful golden retriever named Scarlett. She spoke fondly and wistfully of the gorgeous Scarlett. The inoperable breast tumor did not respond to previous drug treatments. Dr. Mitchener offered a last resort in treatment options: a dangerous and costly drug (\$11,000 per dose). The weight of trying to save Scarlett’s life doubled when the family’s son, grasping to all threads of hope, said to her, “I trust you with her life and I know you love her.” Sadly, even administering this drug did not delay Scarlett’s journey over the rainbow bridge.

She discussed the exhaustion she experienced from providing support to her clients before, during, and especially now, after the death of their beloved nonhuman-animal companion. Her energy drain was accelerated by the current medical care she provided her other patients (in veterinary medicine *patients* are the non-human animals, while *clients* are the human animals). She described the demands of having to attend to her veterinary team’s pain, suffering, and melancholy. She also mentioned, as a side note, that during this

tumultuous time of death, grief, and continued care of others, she felt incredible distress herself. With uncommon candor she acquiesced to her accompanying thoughts of self-doubt. She recognized that her symptoms of intrusive thoughts, exhaustion, irritation, anxiety, and rumination did not stay within the neat confines of her work environment. They followed her home.

As I listened to her story, feeling both overwhelmed and validated, I began checking off a mental list of compassion fatigue criteria. I tried to be empathetic and pondered aloud if she were experiencing compassion fatigue. Her response of "no kidding" was nuanced with satire and irony. I quickly began to describe what I knew about compassion fatigue. I watched her countenance brighten, her posture relax, and her self-confidence flourish – she got it! She understood that her competency and compassion were not in question; instead, it was her self-care.

Subsequently, she has since shared with me that this fortuitous meeting was an important learning experience for her. It was a catalyst for her learning and growth. Perhaps more importantly, it restored her desire to provide compassionate care within her practice setting. It also helped her to realize that the fatigue she experienced could be conquered and that she could use this newly found appreciation to improve her clinical skills. Dr. Mitchener has since brought attention to the critical topic of compassion fatigue to veterinary audiences nationwide in the form of lectures and publications (Mitchener & Ogilvie, 2002; Mitchener & Zapanick, 2001).

Compassion Fatigue in the NonHuman-Animal Care Provider

In addition to being a clinician, I am also a researcher. I have co-lead two compassion fatigue projects within the non-human animal care provider (NACP) environments (Rank, Zapanick, & Gentry, in press). The hypothesis in our initial investigative project was supported: compassion fatigue did exist in this environment. The subsequent goal was to identify the unique characteristics of compassion fatigue among NACPs. The second research grant took our first project a

step further and investigated the impact of a manualized Nonhuman-Animal Care Compassion Fatigue training module on compassion fatigue symptoms (Zapanick, Gentry, & Baranowski, 2002). We proposed that the criteria for compassion fatigue within the nonhuman-animal care environment consisted of the synergistic effects of primary and secondary traumatic stress, burnout, and unresolved grief. A distinctive characteristic of compassion fatigue for NACPs was captured in the last criterion, unresolved grief (Rank, Zapanick, & Gentry, in press).

Incidentally, the phrase "non-human animal care provider" (NACP) refers to human-animals who work in non-human animal related environments, such as veterinary medicine, lab animal medicine, animal control, animal rescue, and humane society/shelter as employees or volunteers. I use this phrase to assert inclusive language designed to honor and elevate non-human animal care professionals/providers and the sentient beings with whom they work.

When given a choice and all things being equal, most of us elect to work with populations that we care about. Imagine now for a moment that the job required you, directly or indirectly, to stop the beating heart of individuals of that population you value. Envision euthanizing over 160 sentient beings in a week or 640 within a month's time. These staggering figures were derived from data collected in June 1999 at a metropolitan nonhuman-animal shelter in Alabama where 1,329 euthanasias took place (J. Meyer, personal communication, July 5, 2002). The euthanasia rates for the two full-time technicians were conservative estimates, since part-time euthanasia technicians also worked. The reason for death is not because the cat's/dog's condition is deemed incurable and/or the quality of life has dissipated or even that the cat/dog has chosen to die. Rather, death is a mandate by a community because of the actions, or inactions, of an amorphous and apathetic society. You or I do not have to pick those who die. That dubious responsibility is left to those who care deeply and who profoundly value the life of those they euthanize.

During the course of our initial exploratory study, we were abruptly, but appropriately, confronted with the heinous reality of non-human animal shelter work when a participant said, "You don't have to kill your patients!" Can you imagine if we did have to kill those we serve? How would you be affected? Would you be able to be present with others...with yourself? I also learned that the veterinary medical environment is rife with its own treacherous stressors. Veterinarians take an oath to use their "scientific knowledge and skills for the benefit of society through the protection of animal health, the relief of animal suffering..." (AVMA, 2002). People who present their four-legged family members for medical care have consistently reported themselves as having strong attachment to their nonhuman-animals. However, the financial resources necessary to provide medical care for them are not always available. So rather than deciding which course of treatment to pursue, the gut wrenching discussion of palliative care or, worse yet, end of life decisions becomes necessary. The venomous dissonance between a veterinary medical team's ability to heal and an individual's inability/unwillingness to fund this healing can have a devastating effect on the nonhuman-animals, their human companions, the NACPs, and the community at large.

A Changed Agent

Appreciating this work reality of NACPs has made an indelible mark on my professional and personal perspectives. I can still vividly remember the shock of learning the rates at which euthanasia occurred. Staring outside the window of my office, I cried as I tried to articulate this experience on the phone and found that words inadequately expressed my disbelief, horror, grief, anger, and the tidal wave of hopelessness. What kind of a person, who loves non-human animals, will voluntarily place themselves in a situation where they are asked to euthanize the very beings they are the stewards of, while keeping their integrity intact? Visualize the skill and level of maturity necessary to work with a non-anxious presence and with equal doses of compassion for self and others. These caregivers have

practiced, matured, and mastered resiliency skills of self-regulation, intentionality, self-validation, connection, and self-care (Gentry, 2002).

Learning Not To Be Reduced

A few years after receiving my Master of Science in Social Work, a proliferation of publishing efforts began to document the impact of compassion fatigue, burnout, secondary traumatic stress, counter-transference, and vicarious traumatization. Like many graduate programs, mine emphasized proficiencies in techniques and interventions while eclipsing an equally critical professional skill, development of self-regulation or a non-anxious presence. Non-anxious presence in this context refers to the extent to which a person is able to remain parasympathetic dominant (relaxed) when presented with a real or imagined perceived threat (resisting sympathetic dominance). In other words, perceived threats, which fuel anxiety, are disarmed and give way to a state of relaxation. Lacking adequate attention to the latter, I was launched ill-prepared for what lie ahead.

What follows is what I have since learned. A prerequisite to a non-anxious presence is a commitment to self-care. Self-care usually conjures up a list of things like restful and adequate sleep, consuming nutritious meals, participating in regular aerobic exercise, enjoyable activities, prayer/meditation, maintaining consistent contact with a trusted professional mentor, and meaningful time with friends/family. While these areas are important and without a doubt contribute to a positive well-being, a non-anxious presence is what will make the difference between being fully present with a client or not. When I relinquish control of the outcomes of my work, not only is my mind free of fear, but my physical body is also relaxed. Physiologically speaking, a non-anxious presence allows me full access to my prefrontal cortex where my analytical, planning, and speech functions occur. With recent research illustrating the importance of the relational aspects of therapy (Hubble, Duncan, & Miller, 1999), along with the necessary mental agility to support and assist

others, it is easy to see how a non-anxious presence is a precious commodity.

Pain is a natural result of life experiences, growth, and the innate result of compassionate caregiving. Suffering, on the other hand, is the outgrowth of stifled and unresolved pain. Caregiving can bring with it this uninvited consequence. The phenomenon of musical sympathetic resonance helps to illustrate theoretically the sequential impact on the caregiver and the one being cared for. Sympathetic resonance occurs when a musical instrument emits sounds which then vibrate a formerly passive and solid resonating instrument that has similar harmonic frequencies, without the benefit of any physical contact. Our clients communicate the pain, the verbal and nonverbal vibration, which is received by us – the empathetic caregivers. A non-anxious presence empowers the receiver to tolerate these vibrations for an appropriate empathetic connection and then dissipates the residual vibrations after the interaction.

Maya Angelo (2001) succinctly captures at once the impact of our work and the resiliency required of the matured caregiver. *“I can be changed by what happens to me, but I refuse to be reduced by it.”* Managing anxiety requires intentional and vigilant efforts to minimize its diminishing effects of our work.

I have not always been successful in managing my anxiety. My efforts are not always met with immediate results. I consider the development and maintenance of a non-anxious presence not as an event, but rather a process. While I don't always feel like I volunteered to be a caregiver, in truth I have. My responsibility is to take care of myself so that I, in turn, can effectively assist others. Habitual overextending of myself, the *“more is better”* dogma, often results in less accomplished and more stress. I have been challenged to consider that the *more* is not about serving the client, but rather narcissist self-serving. I have come to see that this *more* is about my own desire for others to perceive me as successful – to be accepted – but ultimately it has been about garnering the validation of others. Needing validation from clients, colleagues, or supervisors is choosing to work in a context of perpetual threat.

As I immersed myself in the evocative world of NACPs, I simultaneously began to discover that non-human animals not have only have biologies, but also have biographies (Kowalski, 1991). Physiologically speaking, they have the capacity to experience pain, along with their own indigenous emotions (Bekoff, 2002; Panksepp, 1998). This sentence has intensified the angst I feel in knowing that millions of dogs and cats are euthanized annually, through no fault of their own. Some are simply born the “wrong” color (black dogs/cats are ubiquitous) and/or into a community already overwhelmed with homeless nonhuman-animals. Some are evaluated to be two years or older and/or unadoptable because of temperament or costly rehabilitation needs. Surrenderers of non-human animals will admit that the dog/cat no longer matches the color of their home's décor, or they have grown out of their desired neotenic appearance, or their new residence forbids them. I believe that any of these or the other myriad of convenient euthanasia excuses are inexcusable. It is with deep empathy and abiding respect that I honor NACPs for their continued love and empathy even as they are forced to euthanize their “Scarletts” for illegitimate reasons.

Recognizing My Contributions

“I hate people!” This is a reoccurring theme I often hear when I give presentations to NACPs. Their anger is often directed toward the public. For instance, shelter employees/volunteers are approached by the same people every year, even after multiple attempts to educate and offer spay/neuter surgery, as they walk through the door carrying a box full of puppies and kittens and ask, “You're not going to kill them, are you?” Much frustration, anger, and hopelessness are often expressed over the lack of self-awareness people have for their contribution to the problem.

I believe in the interconnectedness of all living things. This principle insisted that I reflect on how I too contribute to the deprived quality of life and demise of nonhuman-animals near and far from my home. From the moment I began investigating compassion fatigue in

NACPs, I knew that I had a mission. This mission has been to provide my services to this group of extraordinary people, share what I know about compassion fatigue, and even more importantly provide the necessary support toward improved resiliency. But this has not been enough.

As I listened to these folks, I began to take inventory of my lifestyle. In what ways to do I contribute to the pain, suffering, and/or oppression of human-animals and nonhuman-animals locally, nationally, globally? I do not contribute to the problem of overpopulation, as Bailey (my current canine companion) was spayed before I adopted her from a shelter. Additionally, I began to read more about the living and dying conditions for non-human animals consumed/used for human animal benefit. And began to ask myself, will I continue to contribute financially to a system that considers non-human animals expendable for the sake of a profit? Fortunately, I live in a community and country where alternatives are available. I decided to monitor my diet for a month for consumption of all nonhuman-animal products and by-products. This allowed me to take note of where I would need to make changes in my vegetarian diet and standard of living in order to follow a vegan lifestyle.

After that month passed, I decided that my only option, in order to be consistent with my interconnectedness credo, was to live as a vegan. I also consider this way of life as a contributory ingredient to my professional resiliency.

Kathy and I could have never anticipated the serendipitous outcome of our meeting that April day and how we and our work would be transformed. Mine has been an arduous personal and professional journey, but one that breathes harmony, peace, and self-validation into most of my days. I trust that by allowing my adversity to orchestrate my resiliency regimen, rather than being lulled into the seductiveness of bitterness, I will continue to evolve as a human animal. I expect that this growth will promote success in my mission, contributing in some small part to the healing and healthy endurance of NACPs and their important work.

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Bailey. Photograph by Tracy L. Zapanick.

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