

**Secondary Traumatic Stress Disorder:  
Compassion Fatigue as a Condition among  
Ministers of the Stone-Campbell Movement**

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Doctor of Ministry Degree Final Project

DMIN 8300

January 2021



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## **Introduction**

This project is dedicated to an examination of compassion fatigue among ministers, with a more specific application for its impact on ministers in Stone-Campbell churches. The following terms will be used throughout this research.

### **Post-Traumatic Stress Disorder (PTSD)**

Post-traumatic Stress Disorder (PTSD) is recognized officially by the American Psychiatric Association (APA) as a disorder brought about by severe trauma. In the APA's *Diagnostic and Statistical Manual of Mental Disorders, Fifth edition*, PTSD was defined as a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault.<sup>1</sup> The Veterans Administration defines PTSD as a "debilitating psychological condition triggered by a major traumatic event" - a disorder very common among soldiers returning from the war zone.<sup>2</sup>

### **Secondary Traumatic Stress Disorder**

While not recognized by the American Psychiatric Association as an official disorder Secondary Traumatic Stress Disorder is, nonetheless, a condition that can incur when an individual is exposed to people who have been traumatized. It is common among first responders, medical professionals, counselors, law enforcement officers, ministers, and other individuals involved in care-giving professions.

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<sup>1</sup>"What is Posttraumatic Stress Disorder?" American Psychiatric Association, accessed June 8, 2020, [www.psychiatry.org/patients-families/ptsd/what-is-ptsd](http://www.psychiatry.org/patients-families/ptsd/what-is-ptsd).

<sup>2</sup>"PTSD: National Center for PTSD," U.S. Department of Veterans Affairs, accessed June 8, 2020, <http://ptsd.va.gov>

## **Compassion Fatigue**

This term became a synonym for Secondary Traumatic Stress Disorder. In a book by Charles Figley, he defined compassion fatigue as “a state of exhaustion and dysfunction – biologically, psychologically, and socially – as a result of prolonged exposure to compassion stress.”<sup>3</sup> Compassion Fatigue occurs when a caregiver is no longer able to properly react in an empathetic and sympathetic manner when there is a crisis situation developing.<sup>4</sup>

## **Acedia**

In Kathleen Norris’ New York Times Bestseller entitled *Acedia and Me*, she defined “acedia” as the absence of care. The person afflicted with acedia refuses to care or is incapable of doing so.<sup>5</sup> While she recounted that acedia was a temptation of early monks, she related that it can strike anyone whose work requires self-motivation and solitude. Norris wrote, “The worst acedia can do to us: not only does it make us unable to care, it takes away our ability to feel bad about that. We can no longer weep, or desire, or feel pain and grief.”<sup>6</sup>

## **Vicarious Traumatization**

In the book *Transforming the Pain: A Workbook on Vicarious Trauma*, the authors provided help for counseling professionals. They identified counseling as emotionally demanding, and recognized that therapists are called upon to be empathetic, understanding, and giving. They used the term “vicarious traumatization” to describe how care givers can

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<sup>3</sup> Charles R. Figley, *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (Bristol, PA: Brunner/Mazel, 1995), 253.

<sup>4</sup> Brandon Gaille, “23 Unusual Compassion Fatigue Statistics,” May 24, 2017, accessed December 21, 2020, [www.brandongaille.com/22-unusual-compassion-fatigue-statistics](http://www.brandongaille.com/22-unusual-compassion-fatigue-statistics).

<sup>5</sup> Kathleen Norris, *Acedia & Me: A Marriage, Monks, and a Writer’s Life* (New York: The Pigeon Group, 2008), 3.

<sup>6</sup> *Ibid.*, 45.

take on the trauma of others, even though that pain is not their own. The pain is “vicarious,” meaning secondhand.<sup>7</sup>

### **Burnout**

While “burnout” is not synonymous with compassion fatigue, it can occur because of compassion fatigue. But it is important to separate the two issues because they are distinct. An article on physician stress published in the *Australasian Journal of Disaster and Trauma Studies*, stated “the burnout of an individual is a result of stress and lack of accomplishment in the workplace leading to poor performance.”<sup>8</sup> Job burnout is considered a symptom of secondary traumatic stress disorder, but STSD is not a symptom of job burnout.

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<sup>7</sup> Laurie Pearlman, K. W. Saakvitne, *Transforming the Pain: A Workbook on Vicarious Trauma* (Norton, 1996),161.

<sup>8</sup> P. Huggard, “A Systematic Review of the Measurement of Compassion Fatigue, Vicarious Trauma, and Secondary Traumatic Stress in Physicians,” *Australasian Journal of Disaster and Trauma Studies* (2013):37.

## Chapter 1

### Biblical Insights into the Compassion Role of the Minister

The Scriptures show us that Jesus was a man of compassion. The Gospel of Matthew records one example that illustrates that compassion:

And as they went out of Jericho, a great crowd followed him. And behold, two blind men sitting by the roadside, when they heard that Jesus was passing by, cried out, 'Have mercy on us, Son of David!' The crowd rebuked them, telling them to be silent; but they cried out the more, 'Lord, have mercy on us, Son of David!' And Jesus stopped and called them, saying, 'What do you want me to do for you?' They said to him, 'Lord, let our eyes be opened.' And Jesus in pity touched their eyes, and immediately they received their sight and followed him. (Matt 20:29-30 RSV)

Jesus taught compassion in the parable of the Good Samaritan. The Gospel of Luke cites His words:

A man was going down from Jerusalem to Jericho, and he fell among robbers, who stripped him and beat him, and departed, leaving him half dead. Now by chance a priest was going down that road; and when he saw him, he passed by on the other side. So likewise, a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan, as he journeyed, came to where he was; and when he saw him, he had compassion, and went to him and bound up his wounds, pouring on oil and wine; then he set him on his own beast and brought him to an inn, and took care of him. And the next day he took out two denarii and gave them to the innkeeper, saying, "Take care of him; and whatever more you spend, I will repay you when I come back." (Luke 10:29-35 RSV)

Jesus taught this parable in response to a question from a young lawyer who asked how he might inherit eternal life. That question led to a further discussion on the law that says "You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself." That response prompted the lawyer to ask "Who is my neighbor?" Then Jesus spoke this parable. After the



parable He asked the lawyer, “Who proved to be the neighbor to the man who fell among the thieves?” The lawyer replied, “The one who showed mercy.” He was referring to the Samaritan, not the priest and not the Levite, both of whose roles could more easily match those of today’s religious leader, the minister. Jesus’ response to the lawyer was, “Go and do likewise.”

The role of the minister in today’s church is to show mercy - to show compassion. Jesus came as the “suffering servant,” full of compassion. Throughout the gospels we see examples of His compassion. Luke records, “And when the Lord saw her (the widow of Nain whose son had just died), he had **compassion** on her and said to her ‘Do not weep.’” (Luke 7:13 RSV) Matthew wrote, “As he went ashore, he saw a great throng; and he had **compassion** of them, and healed their sick.” (Matt 14:14 RSV) When Jesus’ good friend Lazarus died, John 11:35 records “Jesus wept.” Matthew wrote, “And Jesus went about all the cities and villages teaching in their synagogues and preaching the gospel of the kingdom, and healing every disease and every infirmity. When he saw the crowds, he had **compassion** for them, because they were harassed and helpless, like sheep without a shepherd.” (Matt 9:35-36 RSV) Our heavenly Father sent His Son Jesus to share in the sufferings of others.

The Apostle Paul described the love of God in II Corinthians 1:3-4(NIV): “Praise be to the God and Father of our Lord Jesus Christ, the Father of **compassion** and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God.” Here Paul clearly articulated the role of not only the minister, but also of every Christian. We are to comfort those in any trouble. Paul also wrote in the Epistle to the Philippians “If you have any encouragement from being united with Christ, if any comfort from his love, if any fellowship with the Spirit,

if any tenderness and **compassion**, then make my joy complete by being like-minded, have the same love, being one in spirit and purpose.” (Phil 2:1-3 NIV) In Romans 12:15, Paul admonished “Rejoice with those who rejoice weep with those who weep.”

The condition on which this research is focused is compassion fatigue. Compassion fatigue occurs when a person who gives care to others in their troubles comes to a point when they just can't give any more. A minister often becomes the victim of abuse in the very church for which the minister is dedicated to provide care. That abuse is not necessarily the cause of compassion fatigue, but when a minister encounters criticism from individuals in leadership positions of his church, it can intensify the fatigue. A minister may very well conclude, “Why am I giving my all, only to be scolded and criticized by people in my own congregation?” Guy Greenfield wrote, “For various reasons, ministers expect God to protect his servant in the ministry from criticisms, especially from within the ranks of the congregation where he serves.”<sup>1</sup>

In the Sermon on the Mount Jesus forewarned his disciples to anticipate persecution. Matthew 5: 11 records the words of Jesus: “Blessed are you when men revile you and persecute you and utter all kinds of evil against you falsely on my account.” The apostle Peter may have been referring to abuse that could come from within the church when he wrote in I Peter 3:13-17 (NIV):

Who is going to harm you if you are eager to do good? But even if you should suffer for what is right, you are blessed. Do not fear their threats; do not be frightened. But in your hearts revere Christ as Lord. Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect, keeping a clear conscience, so that those who speak maliciously against your good behavior in Christ may be ashamed of their slander. For it is better, if it is God's will, to suffer for doing good than for doing evil.

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<sup>1</sup> Guy Greenfield, *The Wounded Minister: Healing from and Preventing Personal Attacks* (Grand Rapids: Baker Books, 2001), 107.

While abuse may come from people within the church community - even from other ministers serving alongside a minister - such exploitation only serves to compound the compassion fatigue for those who endeavor to bear the burdens of the community of believers.

As we begin this study, are there any examples in Scripture that may give a hint of such fatigue on the part of the one who gives compassion? In the 8<sup>th</sup> chapter of Luke, we read of an event when Jesus was in a crowd of people when “a woman who had a flow of blood for twelve years came up behind him and touch the fringe of his garment; and immediately her flow of blood ceased.” Jesus inquired as to whom had touched Him, which puzzled His disciples because they were surrounded by people. But Jesus felt some sort of energy leave Him. Sharing in the woman’s suffering took something out of Jesus. There are also numerous times in Scripture when we read that Jesus found it necessary to step away from the crowds and even from the chosen twelve disciples for a time of rest. He was fatigued and found He needed a time to pray to His heavenly Father. After Jesus spent so much time with the multitudes who had gathered to hear and to be healed of their infirmities, Luke 5:16 records, “But he withdrew to the wilderness and prayed.” Mark 1:33-35 says that one evening Jesus “was surrounded by the whole city, and He healed many who were sick with various diseases, and cast out many demons.” And then Mark records, “In the morning, a great while before day, he rose and went out to a lonely place and there he prayed.” When Jesus knew that the time for the cross was nearing, Matthew 26:36-39 says, “Then Jesus went with them to a place called Gethsemane, and he said to his disciples, ‘Sit here, while I go yonder and pray.’ And taking with him Peter and the two sons of Zebedee, he began to be

sorrowful and troubled. Then he said to them, ‘My soul is very sorrowful, even to death; remain here, and watch with me.’ And going a little farther he fell on his face and prayed.”

The Apostle Paul experienced compassion fatigue. He had deep concern for the struggles of churches and Christians. Their troubles became his own -- something he shared in II Corinthians 11:28, “And apart from other things, there is the daily pressure upon me of my anxiety for all the churches.” Paul wrote to the leaders of the church at Ephesus, “Take heed to yourselves and to all the flock, in which the Holy Spirit has made you guardians, to feed the church of the Lord which he obtained with his own blood. I know that after my departure fierce wolves will come in among you, not sparing the flock.” (Acts 20:28-29 RSV) Whether it was fatigue or abuse, the church has always been the target of the devil who is seeking to devour the brotherhood of those who have fellowship with and are co-heirs with Christ. In I Peter 5:8 we read, “Be sober, be watchful. Your adversary the devil prowls around like a roaring lion, seeking someone to devour.” Ministers are on the frontline: the devil would delight in their departure from their calling to lead the church.

Dan Nolta, a chaplain for the Tacoma Washington Police Department, wrote a book about his chaplaincy experience entitled *Compassion: The Painful Privilege*. Despite the challenges inherent in ministry, he wrote, “Those who have made hearing, stopping, and touching a way of life will discover the great rewards that come as the Lord showers back into their own lives the love given, the mercy shown, and the compassion demonstrated.”<sup>2</sup>

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<sup>2</sup> Dan Nolta, *Compassion: The Painful Privilege* (Newberg, OR: Barclay Press 2006), xvii.

## Chapter 2

### Stories of Ministers Struggling with Stress

The goal of this project is to produce insights that might help prevent ministers affiliated with Christian Churches/Churches of Christ from leaving their calls to ministry. To assist in this process, we shall examine compassion fatigue among secular vocations as well as in ministerial settings outside of the Stone-Campbell movement.

I am now retired from an active ministry, but particularly during my years travelling around the country as a fundraiser for Emmanuel Christian Seminary, I saw firsthand the results of ministerial stress. Several years ago, I was visiting a church in Southern Florida. I called the minister to ask if he and his wife would join me for lunch following the Sunday worship service. During lunch the minister told me he had planned to resign that morning, but when he knew that I would be present he decided not to “air dirty laundry in front of a visiting guest.” I asked him why he wanted to resign. We spent the next three hours discussing several issues that were sources of stress for him in that ministry. He remained as a minister at that church for seven more years. I can only presume that he didn’t need to step down -- he just needed someone to talk to: a safe sounding board. He needed to talk to someone who understood the church and ministry and would respect confidentiality. He knew he could safely confide in me, particularly because I was leaving the area at the conclusion of our meal. Many ministers lack someone outside the congregation with whom they can share their frustrations. The ministry has its own occupational stressors.

A year later I was in Houston and had an appointment to visit the senior minister of a church. When I arrived, the door to his office was closed, and the secretary asked me to have

a seat in the outer office while he concluded a conference. Soon a man opened the door to the office and left. The minister invited me into his office. During our conversation I could tell something was bothering him, because he was extremely distracted. Finally, I said to him, “Friend, I don’t know you very well, but I can tell that something is disturbing you. What’s going on?” He then told me that the man who left his office was the chairman of the church elders. He had just been informed that he was fired and should clean out his office by the close of the day. He told me he did not know what to do, what to say to his wife, and where he should go. I agreed to go home with him to share the news with his wife. I promised to keep in touch with him until he could safely land in another ministry. Several years earlier, I had been separated from a ministry, so I knew how he felt. He was alone and needed someone who understood his crisis. The ministry has its own personal crises.

Sometime later I was in Oklahoma and visited a minister friend and his wife in their home. In the midst of our conversation, I said something positive about his ministry. He broke down and began to cry uncontrollably. I asked his wife if he did that often, to which she responded, “all the time.” We talked about depression and what he could do about it. After our visit, he found a counselor and was prescribed antidepressant medication by his doctor. A year later I visited him again. He was like a new person. The ministry has its own set of traumas.

The goal of this project is to examine symptoms, causes, and remedies of “compassion fatigue” among ministers. Compassion fatigue is common among those professions that are dedicated to giving care to people in trouble. By examining how this disorder occurs and how it is handled in secular professions, some lessons can be applied to ministers who reach a point where they “just can’t care anymore.”

This research is taking place in 2020, in the midst of a global pandemic. The novel Coronavirus (COVID-19) is tapping the resources of several professions on the front line of giving compassion and care to victims of this epidemic. In addition, mental health

professionals are dealing with people who are afraid of contracting and possibly dying from the virus. In the context of the current global crisis, front line workers include not just doctors, nurses, and hospital chaplains, but firemen, policemen, food bank providers, government leaders, human resource personnel, National Guard soldiers, rescue squad medical providers, counselors, morticians, and directly related to the purposes of this project, ministers.

## Chapter 3

### Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) became prevalent during the Vietnam War. It was often referred to in earlier wars as “shell shock” or “battle fatigue.”

In 1969 a young man who was a member of the church I served came home from a tour of duty in Vietnam. We became good friends through the church. Very late one night his wife called me, crying to the point of hysteria. She asked me to come to their house as soon as possible; she said her husband needed me. I called the senior minister of the church and asked him to go with me, because I was not sure what to expect. When we arrived, the young soldier was waiting at the curb in front of his house. I hugged him and asked what was wrong. He was sobbing and began to beat his fists and head against a nearby tree, causing his hands and forehead to bleed profusely. The senior minister, who was much more experienced than I was in such a situation, came behind the soldier, kicked him in the seat of the pants and then slapped him in the face when he turned around. The minister then ordered the young man to go back in the house. The family cat had been thrown against the wall and was lying dead on the porch. Inside, his wife was crying and had obviously been roughed up by her husband. I saw a record player in the living room with a record rotating on the turntable. I thought that music would calm everyone down, so I put the needle on the record and the music began to play. Suddenly the soldier started reacting violently. Quickly the minister stopped the music. He asked the soldier what that song meant to him. He responded that the same song had been playing in his tent in Vietnam when a bomb was thrust into the



tent and every other soldier in the tent was killed. It brought back horrible thoughts of the carnage that took place that night and the guilt he felt for being the only survivor. He was experiencing PTSD -- Post-Traumatic Stress Disorder -- a disorder that affects survivors of a traumatic incident.

Many soldiers have returned home from the Vietnam, Iraq, and Afghanistan wars, with Post-Traumatic Stress Disorder. Some military men and women have become so disabled by PTSD that they have suffered drug abuse, alcoholism, anger, and even suicide. Some soldiers have been plagued by memories from war, where they saw people killed or wounded. Some of the victims were the soldiers' friends; some of them were their enemies.

Dr. Mike Woods, who serves as a chaplain with the Johnson City, Tennessee, Veterans Administration hospital, said in an interview, "As it relates specifically to veterans, PTSD is the result of trauma, an emotionally overwhelming event that threatens death. It is an event that is fear-based on an actual or potential event. Whenever we don't feel safe, that is one of the indications that trauma is occurring." He went on to illustrate, "The disorder may be caused in a soldier by experienced incoming artillery, sniper fire, having to drive through a neighborhood in a war zone (combat zone) in which previously a Humvee was blown up, or where perhaps a soldier had to pull a dead or injured buddy out of a vehicle that was blown up. A soldier may be trying to deal with the event that was in front of him, where he felt extremely unsafe."<sup>1</sup>

The U.S. Department of Veterans Affairs has published information about PTSD among soldiers. In their report they describe four symptoms for people suffering from Post-Traumatic Stress Disorder. They list the following symptoms:

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<sup>1</sup> Dr. Mike Woods, Interview with author, June 11, 2020. Full text of interview in Appendix 9

1. Reliving or re-experiencing the event. This could be done through nightmares, flashbacks or triggers.
2. Hyperarousal or being on guard. This plays out when people are jittery or overly alert. They may have difficulty sleeping or concentrating. They may have feelings of anger or irritation.
3. Avoidance. They avoid crowds, certain smells, sights, or sounds. They avoid talking or thinking about the event.
4. Negative changes in beliefs and feelings. They lose interest in things they use to enjoy. They have feelings of guilt or shame. They are unable to trust others.<sup>2</sup>

In the interview with Dr. Woods about PTSD symptoms, he talked about flashbacks when he said, “Veterans don’t like the 4<sup>th</sup> of July because fireworks trigger the symptoms that remind them of gunfire.” In discussing the symptom of avoidance, he said, “Veterans want to stay safe, so they avoid unsafe places like big crowds, places where they can’t see everything going on, where they don’t have a quick exit. They avoid social gatherings and only meet people under controlled circumstances.” When I asked if veterans would avoid something like a church worship setting, Dr. Woods replied, “They would sit in the back where they can see the whole crowd. Some churches are like rock concerts with flashing lights, drums, smoke, loud music. These aren’t very helpful for people who have experienced trauma.” When asked what the church should do to be sensitive to people who have experienced PTSD, he said, “There is value in ritual. Church ritual can be very stabilizing for a person who wants predictability, rhythm, things that are in order.”<sup>3</sup>

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<sup>2</sup> U.S. Department of Veterans Affairs, accessed June 8, 2020, [www.ptsd.va.gov](http://www.ptsd.va.gov)

<sup>3</sup> Woods interview

Victims of trauma never get over the suffering ordeal, but the person's responses can be managed. Much depends on the harshness of the traumatic event, from low intensity to severe. An event of lower intensity may resolve on its own, while an event of greater intensity may require professional help. Dr. Woods said, "Trauma never goes away or is completely healed. It lives on in the body, but therapy helps people make sense of traumatic events."<sup>4</sup>

### **What Can Be Done to Address Post-traumatic Stress Disorder?**

This disorder lives within the body, but there are things that can be done to help people manage traumatic stresses.

1. Encourage individuals who are irritable, angry, and displaying rage to stop, take time out, use breathing exercises, and to think things over. Help them to know it is okay to walk away from a situation. Only engage in meaningful arguments if need be, and help them to just let things go.<sup>5</sup>
2. A trauma lives in the body, so any approach must be holistic, involving brain, mind, and body. Some doctors and counselors are trained in a helpful therapy called EMDR (Eye Movement Desensitization and Reprocessing). This therapy helps people make sense of traumatic events. EMDR involves an exercise to move the eyes back and forth or a stimulator that causes a little pulse on the hands. You can't just fix trauma in your head. The body has to be engaged. Other therapies that use

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<sup>4</sup> Ibid.

<sup>5</sup> "Tips on PTSD," Pastoral Care.inc, accessed June 10, 2020, [www.pastoralcareinc.com](http://www.pastoralcareinc.com)

both mind and body for managing the trauma are treatments such as equine (horse) therapy, yoga, gardening, physical exercise.<sup>6</sup>

3. Encourage them to talk to trusted people by saying the traumatic thoughts, memories and images. Over time this will allow the trauma to lessen. Support spending time with people they care about and doing things they enjoy to encourage rekindled feelings. Encourage them to surround themselves with people who care.<sup>7</sup> Allow them to talk about what they are going through with their own support network.<sup>8</sup> There are therapies available that encourage victims to talk about the impact the trauma has had on their lives and to evaluate ways to move past it. For example, it may involve helping people to realize they weren't responsible for events that were beyond their control but for which they blame themselves.<sup>9</sup>
4. Encourage individuals feeling like trauma is happening again and having flashbacks, to keep their eyes open and notice where they are. Teach them to use self-talk to remind themselves where they are and that they are safe. Remind them that the traumatic event happened in the past and they are in the present.<sup>10</sup>
5. Talk to a counselor if memories become intense. They should not go through it alone. It can be managed. Anti-depressant medications may be of some help as well.

If the trauma goes untreated, it will eventually impact a lot of things in the sufferers' lives: their relationships, their belief in God, and their occupations. Dr. Woods said, "If

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<sup>6</sup> Woods interview

<sup>7</sup> "Tips on PTSD"

<sup>8</sup> U.S. Department of Veterans Affairs

<sup>9</sup>Bradley Haveman-Gould, Chelsea Newman, "Post Traumatic Stress Disorder in Veterans," accessed June 9, 2020,

[https://journals.lww.com/jaapa/Fulltext/2018/11000/Post\\_traumatic\\_stress\\_disorder\\_in\\_veterans\\_.2.aspx](https://journals.lww.com/jaapa/Fulltext/2018/11000/Post_traumatic_stress_disorder_in_veterans_.2.aspx)

<sup>10</sup> "Tips on PTSD"

PTSD is untreated, it can result in high drug and alcohol dependency. All the pain they are feeling and the hyper arousal begin to take a toll, individually, occupationally, religiously, socially, and in all aspects of life. Traumatized individuals do carry the potential to also inflict more trauma upon others.”<sup>11</sup>

Trauma occurs in the military environment, but it could also be caused by a car accident, rape, a job loss, loss of economic security, life threatening illnesses, or the unexpected death of a loved one. The current pandemic will likely cause high incidents of spousal abuse because when workplaces are closed or work is conducted from home, people can't leave home and go to work. Trauma can occur in all sorts of ways.

A USAF study in 1979 focused on individuals (civilian and military) who had worked to recover or identify the remains of those who died in the mass suicide event in Jonestown. The victims had been dead for several days, and a third of them had been children. The study used the term "dysphoria" to describe PTSD-like symptoms.<sup>12</sup> In 1980 Post-Traumatic Stress Disorder (PTSD) was officially recognized as a disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), a publication of the American Psychiatric Association, used to categorize and define mental health disorders, primarily for the purposes of filing insurance claims.

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<sup>11</sup> Woods interview

<sup>12</sup> David R. Jones and Joseph R. Fischer, *Emotional Effects on USAF Personnel of Recovering and Identifying Victims from Jonestown, Guyana* (School of Aerospace Medicine Brooks AFB TX, April 1, 1982)

## Chapter 4

### Secondary Traumatic Stress Disorder and Compassion Fatigue

There is an interesting relationship between Secondary Traumatic Stress Disorder (STSD), (also known as Compassion Fatigue) and Post-Traumatic Stress Disorder (PTSD). In 1995, Charles Figley wrote his insightful book *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. His book brought to the forefront the term “compassion fatigue,” which is also described as STSD. While not considered by the Psychiatric Association as an official DSM disorder, it is without a doubt a “condition” to be taken seriously. Professional counselors filing claims with insurance companies for the treatment of this condition often define it as an “adjustment disorder” or “anxiety disorder.” Nonetheless, for our purposes we shall refer to it as “Secondary Traumatic Stress **Disorder**.”

While the most prominent victims of PTSD are soldiers returning from war, STSD is a condition that impacts any care-giving profession. Consequently, we shall examine compassion fatigue as it impacts the nursing profession, the law enforcement profession, professional counselors, and professions impacted as a result of trauma suffered by people who dealt with the after-effects of the September 2001 terrorist attack on the World Trade Center in New York City. While the current COVID-19 epidemic is too recent to provide much deep insight, we can be sure that such a traumatic event will result in compassion fatigue throughout several professions, i.e., nursing home staff, doctors, ministers, and even morticians during a time when death is frequent but funerals are discouraged or even not

allowed. Our goal in examining various secular care-giving professions is to draw some conclusions that may parallel the care-giving efforts experienced by ministers in today's churches. We will hope to identify symptoms, causes, and preventions that may assist the church in keeping men and women from abandoning their calls to ministry.

In *Compassion: The Painful Privilege*, the author wrote, "Compassion Fatigue is functioning on empty when the givers of compassion *do* things needed, but fail to *be* what is needed, i.e., compassionate, feeling helper." "Compassion Fatigue is functioning numb. It is when the helper can no longer summon the compassion, he is no better than the one who responds without compassion, one whose 'helping' is more 'clinical' or 'professional' than truly 'human.'"<sup>1</sup>

Bob Sewell, a counselor at SonScape Re-Creation Ministries, a Colorado retreat center for ministers, was interviewed in *Pastors at Greater Risk* about compassion fatigue in ministers. He said,

Some pastors try to do too much without sufficient resources. They get to the place where they can't stand the intense emotional demands that come from representing Christ at the bedside of a dying leukemia patient at 3:00 P.M and then the same day officiating at the wedding of a wonderful young couple at 6:30 P.M.; or when they have to referee conflict between two or three outspoken board members in a discussion group and be forced to serve the same people Communion on the next Sunday.<sup>2</sup>

An article written by Brandon Gaille reported that "48% of the US work force experiences high level of personal distress that is directly associated to their job duties." He went on to write, "Anyone who must care for someone else as part of their professional responsibilities is someone who has a higher risk of suffering from compassion fatigue."<sup>3</sup>

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<sup>1</sup> Nolta, 85.

<sup>2</sup> H.B. London, Jr., Neil B. Wisemen, *Pastors at Greater Risk* (Ventura: Regal Books, 2003), 195.

<sup>3</sup> Brandon Gaille, "23 Unusual Compassion Fatigue Statistics"

## Chapter 5

### Compassion Fatigue in the Nursing Profession

On April 13, 2020, National Public Radio aired a report on “All Things Considered.” It related to the alarming increase of the COVID-19 pandemic in New York City. The governor of that state made a plea for doctors and nurses and other health care workers to come to New York to help with this crisis. The story tells of a nurse from Idaho who went to help. She said she wasn’t sure if the lack of nursing staff and supplies contributed to a higher death rate, but she was sure that the level of care fell below the excellence expected in her training.<sup>1</sup>

This nurse’s story provides one example of someone who has sacrificially given care to people impacted by the COVID-19 epidemic, even at risk to her own health and mortality. The question arises: “How long can a person such as this nurse keep giving care before compassion fatigue sets in?”

In an article entitled “When Nurses Tire of Caring,” Sheena Maireen Saavedra, a registered nurse, wrote, “There is endless suffering going on around the medical field, and whether the nurses like it or not, they are going to take it all in. Subsequently, nurses know that the real remedy for suffering and pain is to provide the patient with compassion and love.” She went on to write, “Nurses have been giving and giving compassion to the patients without receiving any of that compassion in return. Once their tank of love and concern

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<sup>1</sup>*All Things Considered*, 2020, Interview with Jessica Schneider by Karyn Miller-Medzon. Aired April 13, 2020 on NPR. Full text of interview in Appendix #11.



becomes empty, it becomes a burden for the nurse to do the job well, and things often go downhill because of that.”<sup>2</sup>

In an interview, a university nurse instructor was asked, “How common is compassion fatigue among nurses?” She replied,

It depends on several factors – the patients they work with, the number of hours they work, potential circumstances of environment they work in, the environment of their employer, personal life. There are multiple issues at different points in their career. There may be outside forces as well as issues of employment. It is not the norm for nurses to think they will experience compassion fatigue because they enter into nursing knowing that they will be dealing with sick people.<sup>3</sup>

She went on to express that compassion fatigue is seldom the cause for a nurse leaving the profession. She noted that nurses often “recharge” by changing the patient population for whom they provide care. While the crisis level of nursing associated with events such as the 9-11 terrorist attacks in New York City or the pandemic of COVID-19 place heavy demands on the medical profession, such events, however, are not the norm.

## **Symptoms of Compassion Fatigue in the Nursing Profession**

As it relates to symptoms of compassion fatigue in the nursing profession, the *Nurseslabs* Website quoted F. Oshberg MD from *When Helping Hurts*. “First you should understand that it’s a process. It’s not a matter of one day, you’re living your life with a great deal of energy and enjoyment, and the next, you wake up exhausted and devoid of energy – both physical and emotional. Compassion fatigue develops over time – taking weeks, sometimes years to surface. Basically, it’s a low level, chronic clouding of caring

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<sup>2</sup> Sheena Maireen Saavedra, “Compassion Fatigue: When Nurses Tire of Caring,” *Nurseslabs*, updated November 14, 2018, accessed July 1, 2020, <https://nurseslabs.com/compassion-fatigue-nurses-tire-caring/>

<sup>3</sup> Interview with a nurse instructor by author, May 19, 2020. Full text of interview in Appendix #1

and concern for others in your life – whether you work in or outside the home. Over time, your ability to feel and care for others becomes eroded through overuse of your skills of compassion. You also might experience an emotional blunting – whereby you react to situations differently than one would normally expect.”<sup>4</sup>

The university nursing instructor described symptoms this way: “There may be internal circumstances such as a lack of recognition or a lack of energy. Nurses know that compassion requires a certain level of energy with people. Not everyone naturally has the level of energy required to be a nurse.”<sup>5</sup>

Saavedra wrote on the *Nurseslab* site, “Once compassion fatigue happens, the nurse is hesitant to connect to the patient. The drive to give the optimal care is no longer there. This is risky as the nurse is now willing to compromise the kind of care that he/she gives, and becomes contented with providing substandard care.”<sup>6</sup>

## **Causes of Compassion Fatigue in Nurses**

In the interview with the university nursing instructor, she stated, “The whole ethics of the career of the practice of nursing is compassion, that’s the mission. Without compassion at the core of nursing, it can become something just rote.”<sup>7</sup> That was confirmed by Saavedra’s article, “Nurses know that the real remedy for suffering and pain is to provide the patient with compassion and love. Nurses could end up focusing more on themselves and their needs, setting aside the client’s need.”<sup>8</sup>

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<sup>4</sup> *Nurseslabs*

<sup>5</sup> Nurse instructor interview

<sup>6</sup> *Nurseslabs*

<sup>7</sup> Nurse instructor interview

<sup>8</sup> *Nurseslabs*

Some possible causes of compassion fatigue for nurses are the following:

### **1. The demands of the profession**

The young nurse from Idaho in the NPR story who went to help with the COVID-19 epidemic in New York City gave hint to some other practical causes for compassion fatigue. She cited the nurse-to-patient ratio, the lack of sufficient beds and rooms, working around the clock in a highly contagious environment, and a lack of nursing staff and supplies.

### **2. Working with a difficult population**

By its very nature, nursing deals with people when they are weak and unwell. Nurses are also dealing with the families of ill people, who are facing fear, family stresses and the intricacies of health care costs and insurance requirements. Fatigue can also be caused by criticism, whether it be from patients, their families, or co-workers.

### **3. The changing nature of health care**

The university nurse instructor indicated “increased fatigue for nurses comes from the growing demand of regulations as well as the need to adapt to new types of medications, technology, and procedures.”<sup>9</sup>

### **4. Personal stress**

As in any profession, outside stresses - from marriage pressures, family obligations, or the personal health - can greatly increase the ability of nurses to give care and compassion to the patients in their charge.

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<sup>9</sup> Nurse instructor interview

## **Possible Remedies for Nurses to Avoid Compassion Fatigue**

### **1. Taking time to recharge**

Mother Teresa was well known for her life of compassion and kindness in her ministry in Calcutta, India, caring for people dying of HIV/AIDS, leprosy and tuberculosis. She was also well aware of compassion fatigue and wrote in her plan to her superiors that it was mandatory for nuns involved in the Missionaries of Charity ministry to take an entire year off from their duties every four to five years.<sup>10</sup>

### **2. Self-awareness**

In her article Ms. Saavedra suggested a way out of compassion fatigue. She wrote, “Be aware of the signs of emotional instability towards your work. Take time to reflect on your thoughts. Are you irritable? Does your job bore you? Are you struggling to go to work on a daily basis?”<sup>11</sup>

### **3. Altering the job**

The university nursing instructor suggested reassignment as a possible remedy:

When the stress of the ER or Hospice nursing becomes overwhelming, then a nurse may move to a doctor’s office, or the Red Cross, or home care nursing. Nurses may come to a point where they just need a change; they need something different, but still work within the nursing profession. They may simply need to go to a very different patient population, a different employer, or a different mission.<sup>12</sup>

Rather than leaving the nursing profession, her advice was to recharge by changing the patient population. Giving care for new-born babies provides a completely different environment than nursing in the emergency area or the cancer wing of a hospital.

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<sup>10</sup> “Mother Teresa Understood Compassion Fatigue,” AIS Institute of Stress, accessed December 22, 2020, <https://www.stress.org/military/for-practitionersleaders/compassion-fatigue>.

<sup>11</sup> *Nurseslabs*

<sup>12</sup> Nurse instructor interview

Welcoming babies into new life differs greatly than comforting those at the end of life in a hospice care center. This may also suggest a remedy for compassion fatigue for other caregiving professions such as the ministry.

#### **4. Talking about problems with supportive friends or family members**

In an interview for CBS News, Jerika Duncan spoke with four sisters who are all nurses. She asked one sister about coping mechanisms, and the nurse responded, “The biggest advice I have is for people to talk. We are so used to taking care of people that we bottle everything up. If my family has taught me anything it is in times of crisis, you have to get things out. And once you do that, it almost transforms you into a different person. You are able to care for yourself, your family, and other people.”<sup>13</sup>

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<sup>13</sup> Jerika Duncan, “Four sisters who are nurses fight together on the front lines,” CBS News, CBS This Morning, aired May 14, 2020, <https://www.cbsnews.com/video/four-sisters-who-are-nurses-fight-together-on-the-front-lines/#x>.

## Chapter 6

### Compassion Fatigue in the Law Enforcement Profession

Police officers are not immune to compassion fatigue. An interview with a law enforcement officer who had been in that profession for almost 25 years, serving in a town of about 60,000, in a department of about 150 officers, provided the following account.

I asked my wife after one incident, “What’s wrong with me?” My partner and I got a call late in a shift, and you know if you get a serious call late in the shift, you are going to have to work overtime. This had been a busy day, the last day-shift before a long break, and it had finally started quieting down late in the shift. We were grateful that things were winding down at last and were looking forward to some days off. And then we got a “man down” call. The caller told 911 that he'd found an intoxicated man lying on the parking lot of an area hotel, and it looked like there was blood on his hands. And I thought, “Oh, great, he’s probably one of our local drunks, is publicly intoxicated, has fallen down and/or passed out. We're probably going to have to arrest him for public intoxication, but we'll have to run him by the hospital first to have his hands looked at, because the jail won't take someone with even a superficial injury. This is going to be a long call, and we'll have to work overtime just to save some drunk from himself.” We got there and there he was, lying on the pavement quite drunk. The blood on his hands turned out to have been transferred there from his rubbing his ankle that was dripping blood. His ankle looked crooked, and it was lying across a concrete curb. It looked to be badly broken, which didn't make sense for what looked like just a drunk that had fallen down. I asked “Did you trip over the curb?” He said, “No, I jumped out the window.” I looked up and saw an open window on the third floor. I asked, “Why did you do that?” He said, “Voices in my head told me to.” Then I noticed that his other ankle was also deformed. Both of his ankles were shattered, and I knew that he would need serious medical attention. And my first emotion was relief that we wouldn't have to deal with him much longer. We called for an ambulance to transport him to the ER. After gaining entry into his hotel room to make sure there was no one else in danger there, we cleared the call with a short-written report in time to go home when the next shift came on duty. On the way home, I began feeling guilty about my lack of concern for someone who had reached such a point in life that he would jump out of a third story window. When I got home, I recounted this last call to my wife, because my first thought upon seeing that this drunk man had shattered both ankles was relief that this was now a medical call only. Yes, we'd recognized the guy from other calls complaining about some publicly intoxicated man either bothering people or being passed out somewhere in public. All his troubles were self-inflicted, but it bothered me that I'd felt no compassion for him

when I saw that he had suffered a very serious injury. I only felt relief that he wasn't my problem anymore.<sup>1</sup>

An article featured on an FBI website dealt with police compassion fatigue. The four authors of the article have backgrounds in law enforcement as well as psychiatry. In the article they wrote,

Officers respond to the scenes of heinous crimes and bring order to chaos, restoring a sense of safety and security in the presence of violence or catastrophe. Additionally, myriad situations require them to provide emotional support to persons impacted by crime (e.g., abused children; battered women; victims of robbery, assault, rape) or survivors of natural disasters and other catastrophic events. These distraught individuals often respond unpredictably. Here, officers serve as caregivers or compassionate warriors.<sup>2</sup>

Police Chaplain Dan Nolta wrote, “Compassion is the gift that ‘suffers with,’ the gift that wills us to walk alongside and enter into the pain, suffering and woundedness of another. It is the gift that wills us to run toward the one in pain while others run away.”<sup>3</sup> Later he wrote, “The firefighter or police officer runs toward danger while all others run away. Likewise, the compassionate one is drawn, as if by a magnet, toward the pain of others.”<sup>4</sup> The police chaplain would be called to assist the police saying, “all of them have to deal with dead people, people dead by homicide, suicide, accident, hanging, shooting, stabbing, burning, or beating.”<sup>5</sup>

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<sup>1</sup> Interview with law enforcement officer by author, July 1, 2020. Name withheld by mutual consent. Full text of interview in Appendix #2

<sup>2</sup> Konstantinos Papazoglou, Steven Marans, Tracie Keesee and Brian Chopko, “Police Compassion Fatigue,” FBI Law Enforcement Bulletin, April 9, 2020, accessed April 16, 2020.

<sup>3</sup> Nolta, 41.

<sup>4</sup> Ibid., 64.

<sup>5</sup> Ibid.

## Symptoms of Compassion Fatigue among Police

“Frontline professionals experience compassion fatigue when they feel overwhelmed, are hypervigilant, or are irritable.”<sup>6</sup> It affects their judgement, impacts their decision-making in critical situations, lowers their professional pride, makes their job performance overall ineffective, and causes them to be skeptical toward the public and the agency for whom they work.

The policeman I interviewed observed that it was hard to feel compassion for people whose trauma has been brought on by their own reckless decisions, regarding personal associations and activities they have decided to participate in. It is hard to be compassionate when things go wrong for them. A person who drinks alcohol to excess or abuses drugs has no one to blame but himself when a serious auto accident is the result.

There are also situations police must deal with that involve innocent victims. The police officer recounted an episode with which he struggled.

I vividly remember a dead 15-year-old girl who, along with her friend, while being driven home by an older man, was killed in a crash. They were all squeezed into the front seat of the truck, and the driver lost control of the vehicle and sideswiped a telephone pole. The teenage girl, whose arm had been dangling out the window, was killed instantly when that telephone pole ripped her arm from her chest. I was not the first officer on scene. My partner was helping EMS rescue her living friend from the wreckage of the truck. It was late at night, and there was no traffic on this road. My reason for showing up (to direct traffic around the wreck) wasn't really necessary. So, all I could do was stare at that poor girl lying dead and disfigured in the ditch and think that her parents have no idea. It just really bothered me.<sup>7</sup>

Policemen must deal a lot with death. Whenever there is a death, a law enforcement officer is called. Most deaths are from natural causes. Some, like the one described above, are from car accidents. Some are from overdoses or suicides. Death in any form can be

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<sup>6</sup> FBI Law Enforcement Bulletin

<sup>7</sup> Interview with law enforcement officer



traumatic, not only for family members of the deceased, but also for first responders such as policemen. Within the confines of police work, death places a limit to the compassion and care that a law enforcement officer can give. “When ill-equipped to deal with the acute reactions of victims and witnesses, officers often may doubt their ability to mitigate the suffering of those involved in these incidents.”<sup>8</sup> It therefore impacts the officers’ ability to perform their jobs.

Dr. Brian Chopko, writing on the FBI Website, listed the following potential symptoms of compassion fatigue in policemen:

**Workplace**

- Affected judgment and clarity of thinking
- Impacted decision-making in critical situations
- Ineffective overall job performance
- Low professional pride
- Poor job satisfaction
- Skepticism toward the public and agency

**Cognitive**

- Dissociation
- Lack of concentration
- Intrusive thoughts
- Blame of self and others
- Other maladaptive thinking

**Emotional**

- Anger/irritability
- Depressive symptoms
- Guilt
- Helplessness
- Hopelessness
- Loneliness
- Low self-esteem
- Shame
- Tension

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<sup>8</sup> FBI Law Enforcement Bulletin

### **Behavioral/Physical**

- Disrupted sleep
- Fatigue
- Migraines/headaches
- Personal relationship issues
- Physiological hypervigilance
- Social isolation
- Substance abuse<sup>9</sup>

Any of these symptoms may influence a policeman's ability to give care and compassion to people requiring help in times of trouble.

## **Causes of Compassion Fatigue among Law Enforcement Officers**

Major causes of compassion fatigue for police officers include:

### **1. Long exposure to critical incidents**

Policemen are constantly dealing with death, sometimes by natural causes, sometimes from auto accidents, family conflict, armed robbery, or mass shootings. In recent years an increasing number of mass shootings have occurred in the United States, and without a doubt the first to respond have been policemen. In the past ten years alone, one hundred and twenty-two mass shootings have required a police presence to restore order and safety to the communities where these events took place.<sup>10</sup>

Among the more horrific mass shootings in each of the past 10 years were by year the following:

August 3, **2010** – The Hartford Beer Distributors shooting in Manchester, Connecticut:

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<sup>9</sup> Ibid.

<sup>10</sup> "List of mass shootings in the United States," Wikipedia, accessed July 14, 2020, [http://en.wikipedia.org/wiki/List\\_of\\_mass\\_shootings\\_in\\_the\\_United\\_States](http://en.wikipedia.org/wiki/List_of_mass_shootings_in_the_United_States).

An employee of Hartford Distributors, a beer distribution company, was fired. In retaliation he shot and killed 8 coworkers and injured two others before committing suicide.

January 8, **2011** – Safeway Shooting in Casas Adobes, Arizona:

A man killed 6 people and injured fifteen during an assassination attempt on U.S. Representative Gabrielle Giffords before he was tackled and arrested. Giffords was wounded in the attack, but she survived.

July 20, **2012** – Aurora, Colorado, movie theater shooting:

James Eagan Holmes, stormed a late-night premiere of *The Dark Knight Rises* and shot and killed 12 people and wounded 70 others. He was sentenced to life in prison.

September 16, **2013** – Washington Navy Yard shooting:

A gunman entered the Naval Sea Systems Command headquarters in the Washington Navy Yard with a civilian contractor pass. He killed 12 people and injured 8 before being killed by police.

April 2, **2014** – Fort Hood shooting:

After being denied leave from the Fort Hood military base where he was stationed, a man killed 3 people and injured 14 before killing himself.

June 17, **2015** – Charleston Emmanuel African Methodist Episcopal Church:

A white supremacist killed 9 black people during a prayer service at the church, wounding one other. He was taken into custody by police, and later said that he committed the shootings in an attempt to start a race war.

June 12, **2016** – Orlando nightclub shooting:

A gunman killed 49 people and wounded 53 others in a shooting at Pulse, a gay nightclub. The gunman was killed in a shootout with the police.

October 1, **2017** – Las Vegas Shooting:

A man on the 32<sup>nd</sup> floor of a hotel opened fire on a country music festival happening outside, killing 58 people and injuring 851 others, with 422 of them suffering from gunshot wounds. The man then shot himself.

February 14, **2018** – Stoneman Douglas High School shooting:

A former student of Marjory Stoneman Douglas High School entered the school, killed 17 people, and wounded 17 others. He was taken into custody by police.

August 3, **2019** – El Paso shooting:

A gunman killed 23 people and injured 23 others at a Walmart. The attack was a hate crime targeting Hispanic immigration. The gunman was arrested.

February 26, **2020** – Milwaukee brewery shooting:

Five people were killed when a gunman opened fire at the local Molson Coors Beverage Company campus, where he had been employed. Afterwards, the gunman committed suicide.

Law enforcement officers were required to run toward the scenes of these mass shootings as well as the many others. They were the first on the traumatic scenes to deal with the injured as well as the fatalities of such horrible incidents. Constantly dealing with potential danger is without a doubt a cause of compassion fatigue in the law enforcement profession.

## **2. Inability to help or save traumatized victims**

“Within the context of police work, compassion fatigue relates to officers’ powerful desire to help or save traumatized victims and to perform their duties in a manner that makes

such individuals feel better and safe.”<sup>11</sup> Even though that may be the motive for a police officer, it is not always possible. There are situations where people already suffer, and help cannot resolve the suffering. My interview with a policeman gave this illustration:

There was one old man I really felt bad for. His daughter had just moved to Arizona, and he loved his grandchildren and got to see them all the time. He lived in a very modest home in Tennessee with a room set aside for his grandchildren. His wife had died, and he was a lonely old man who just loved to see his grandchildren. But he couldn't move with them. And their move would mean the end of his visits with his grandkids and he just wanted out. I felt really bad for him because as a Christian I tend to believe that suicide is the last thing that God can forgive. The man took great pains to be considerate. He didn't want to cause anybody any trouble. He left a long note apologizing to first responders and his family, and he cleaned his house and had all his affairs in order. His will was on the table, and he had a copy of his suicide note in his back pocket. He went out to a shed and laid down on plastic so that the blood from his subsequent gunshot to the head wouldn't make things too messy for everyone. I just really felt bad for that guy.<sup>12</sup>

### **3. Dealing with the stress of the job while facing public criticism or a lack of public appreciation**

All across the United States, particularly during 2020, there has been a wave of protests and demonstrations initiated by the deaths of black men and women at the hands of police officers. After the death of George Floyd in Minneapolis, the city council in that city unanimously voted to dismantle that city's police department. An effort to “defund the police” became the rallying cry throughout many cities. In the June 8, 2020 issue of *USA Today*, Ryan Miller wrote, “Defund the Police! Those words have spread on social media, been asked of politicians, and painted on streets. Protests around the country in the wake of the deaths of George Floyd, Breonna Taylor, and Ahmaud Arbery have ignited conversations about the role of police in society, and a growing voice among some activists' call to defund the police.” He went on to report that “Los Angeles Mayor Eric Garcetti

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<sup>11</sup> FBI Law Enforcement Bulletin

<sup>12</sup> Interview with law enforcement officer

vowed to cut as much as \$150 million that was part of a planned increase in the police department's budget, and New York City Mayor Bill de Blasio said Sunday that the city would move funding from the NYPD to youth initiatives and social services, while keeping the city safe."<sup>13</sup>

In my interview with the police officer, I asked how he and other officers felt about this movement. He responded,

It has been very demoralizing. Many of my fellow officers say if they could retire today, they would do it. I have a very good friend who is considering retiring. Guys who don't have to stay are thinking about leaving. Morale is very low and we just constantly know that something else will happen. Statistically it is inevitable that there will be an unjustified killing among law enforcement coming up and the whole profession will be blamed.<sup>14</sup>

The US Bureau of Labor statistic reports that there were over 800,000 law enforcement officers in the United States in 2018.<sup>15</sup> But only one bad action can taint the whole law enforcement profession. Who would want to be a policeman under this dark cloud of suspicion?

#### **4. Years of experience around a constant barrage of trauma**

While in many professions the length of experience on the job can be a positive asset, but the compounding of years dealing with trauma may be a cause for compassion fatigue.

The police officer I interviewed addressed it this way,

When I think about earlier experiences, I was more affected by the outcome, by what the person was going through. How they got there didn't affect how I felt. The longer I have been in the job I find myself caring less. When you first start in this work you want to help people, and you think you will be helping people and protecting them from societal predators. The longer you are in law enforcement the more you find that you

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<sup>13</sup> Ryan W. Miller, "What does 'defund the police' mean and why some say 'reform' is not enough," *USA Today*, June 8, 2020.

<sup>14</sup> Interview with law enforcement officer

<sup>15</sup> Occupational Outlook Handbook, Bureau of Labor Statistics, accessed July 14, 2020, <https://www.bls.gov/ooh/protective-service/police-and-detectives.htm>.

are dealing with the same people. Consequently, you tend to not care as much when you are called. You get tired of being the safety net for their reckless decisions.<sup>16</sup>

## **5. Lack of compassion satisfaction**

“Compassion satisfaction” refers to the gratification derived from helping those who suffer. In one study, almost 31% of police officers reported high levels of compassion satisfaction. However, research also has shown that a considerable number do not appear to value the importance of their contributions.<sup>17</sup> In an article titled, “An Exploratory Study of Police Officers: Low Compassion Satisfaction and Compassion Fatigue,” Heath Blair Grant and associates wrote,

Compassion fatigue, or the physical, mental, and emotional state experienced by professionals that assist others in distress has been well documented. However, it has rarely been examined in police samples despite their high rates of stress and suicide which is a likely result of a depletion of compassion satisfaction, or the pleasure an officer gets from relating to and helping others.<sup>18</sup>

## **6. Physical danger and the need to be constantly alert**

Policemen have the responsibility of protecting the citizen or the life of the citizen. This is a burden that a police officer may feel, so it is important that they have strength and stability. Protecting people is not an easy task, so police have to stay alert all the time. It is in the nature of the profession that officers are killed by criminals. Staying alert and responsible can give officers nothing but stress, both psychological and physical, according to an article titled “Police Officers Stress Analysis.”<sup>19</sup>

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<sup>16</sup> Interview with law enforcement officer

<sup>17</sup> FBI Law Enforcement Bulletin

<sup>18</sup> Heath Blair Grant, Cathryn F. Lavery and John Decarlo, “An Exploratory Study of Police Officers: Low Compassion Satisfaction and Compassion Fatigue,” *Frontiers in Psychology*, January 25, 2019, accessed July 16, 2020, <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.02793/full>.

<sup>19</sup> “Police Officers Stress Analysis,” BohatALA, accessed July 16, 2020, <https://bohatala.com/police-officers-stress-analysis>.

## **7. Cynicism and suspiciousness**

The police officer I interviewed observed, “The longer I have been in law enforcement the more I have noticed there is a dearth of innocent victims. Most are victims because they have made reckless decisions about who they associate with and the activities they decided to participate in. It is hard to feel compassion for them when things go wrong for them.”

He went on to say that it is easy to be cynical “because you get lied to a lot when you are a police officer. People will try to persuade you to their side. On many domestic violence calls, the complainant will give you 50 reasons why the other person is bad and needs to be arrested. But all I hear is 50 reasons why the complainant should never have associated with him/her in the first place.”<sup>20</sup>

## **Remedies to Avoid Compassion Fatigue with Law Enforcement Officers**

In interviews and various reading of articles and books, I would summarize the following remedies that law enforcement professionals might utilize to prevent getting to the point in their work where they just can’t care anymore:

### **1. Talk to someone; don’t bottle things up**

The policeman I interviewed recalled,

I remember when I first got hired and I was going through my final interview, I got to have a conversation with this doctor who had prepared a psychological profile on me. He said, “Thank you for coming down here to talk to me; in reviewing the results of your test, I think you’ll do fine. People don’t seem to rile you. I think it would help you, since you are married, to confide in your wife about what you see on the job. I see that you don’t tend to do that.”<sup>21</sup>

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<sup>20</sup> Interview with law enforcement officer

<sup>21</sup> Ibid.



But even with that advice, the policeman went on to confide that he just didn't tend to do that. He said he was more comfortable talking to other officers. But even then, he concluded, "The hazard in confiding only in a police officer is, perhaps, the inevitable confirmation bias; they're not likely to be too critical, having had similar experiences themselves. So, their responses are not likely to be very critical."<sup>22</sup>

In an article on officer stress and fatigue, an author with the Department of Justice, wrote, "Law enforcement officers usually do not speak up about how stress affects their lives. Most departments have an unspoken code of silence about the stress and strain that comes with police work. For most officers, the work ethic and culture of law enforcement appears to accept fatigue as part of the job."<sup>23</sup>

Another alternative might be for a policeman to talk to a friend outside of the work place. In my police interview, the officer said, "Many police officers don't seem to have non-police friends. I have plenty of non-police friends, but there are some things that I don't tend to talk to those people about -- these are things I talk to other police about."<sup>24</sup> This particular officer was an active member of his church, and he said that provided many friendships and relationships outside his profession -- from his minister to the many persons with whom he worships.

## **2. Self-care**

In the FBI article on police compassion fatigue, Dr. Steve Marans wrote, "There are a number of effective techniques, including emotional regulation, controlled breathing,

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<sup>22</sup> Ibid.

<sup>23</sup> "Officer Work Hours, Stress and Fatigue," U.S. Department of Justice website, July 31, 2012, accessed July 15, 2020, <https://nij.ojp.gov/topics/articles/officer-work-hours-stress-and-fatigue>.

<sup>24</sup> Interview with law enforcement officer

mindfulness, progressive muscle relaxation, biofeedback, gratitude exercises, journaling and identifying and changing problematic thinking.”<sup>25</sup> Others advise policemen to engage in physical activities, like enrolling in a fitness center membership, joining a baseball team, or hiking with friends and family.

### **3. Focus on the positive**

Many times, police have debriefing sessions where they review the facts of a case or incident from a previous shift. Clinical practitioners have insisted in their work with law enforcement that it is important to “identify and focus on positive incidents that occurred, such as achievements, moments of gratitude, and pleasant social interactions.”<sup>26</sup>

A Gainesville, FL police officer responding to a noise complaint in January 2016, joined the street basketball game and started shooting hoops. The encounter was caught on dash cam and was posted on social media by the Gainesville Police Department. Officer White could be heard on the video saying, “I don’t know who called, but obviously, I ain’t got no problem with it.” Gainesville police spokesman Ben Tobias told CBS News, “The takeaway here is – these kids were out, not inside playing video games, getting exercise and having fun. As a society, we’ve gotten away from letting kids be kids.”<sup>27</sup>

A neighbor in Wheeling, WV filmed a local police officer in a game of pickup basketball with neighborhood kids. That video also went viral. The officer said he does things like this because he and other police officers like him might be the only father figures in the lives of these children. “So, if we can come in and spend some time with them and

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<sup>25</sup> FBI Law Enforcement Bulletin

<sup>26</sup> Ibid.

<sup>27</sup> Daniel Politi, “Watch Cop Responds to Noise Complaint of Kids Playing Basketball by Joining Game,” *Slate*, January 23, 2016.

show them, ‘Hey, this guy, I see him, he plays basketball with me, he does X, Y and Z with me, you know, they’re good people.’ Maybe when they’re getting bullied or they’re having some issues in their neighborhood, they’ll come talk to us so we can solve those problems before they lead to bigger problems,” Officer Ryan Moore told CBS affiliate WTRF.<sup>28</sup>

#### **4. Community organizations for public support**

The New York Police Department (NYPD) has an active community affairs program. The program includes a “Block Watcher Program” that enlists individuals to watch their blocks for unlawful activities and other incidents that erode the community quality of life. They also encourage a Community Partnership Program that brings police officers and the community together, providing a platform to dispel preconceived notions and forge new, positive relationships. Establishing relationships with the communities they serve enhances a police officer's ability to reduce crime through a greater knowledge of a neighborhood and an awareness of local crime conditions. They also sponsor a Ride-Along Program that enables community leaders and residents to experience firsthand the everyday work that police officers do. Police officers explain how they monitor activities on the street and what course of action they might take to correct an issue.<sup>29</sup> Programs such as this are typical in many communities across the nation. They go a long way to encourage public support, reducing the stress placed on the shoulders of law enforcement officers.

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<sup>28</sup> Caitlin O’Kane, “Heartwarming video of police officer playing basketball with kids goes viral,” *CBS News*, May 10, 2018.

<sup>29</sup> “Community Affairs Programs,” New York City Police Department, accessed July 17, 2020, <https://www1.nyc.gov/site/nypd/bureaus/administrative/programs.page>.

## **5. Avoid overtime and excessive workload**

Among the research papers of *BohatALA* that examine police officers' stress, there is an observation that the work of law enforcement officers is full of stress brought on by violence, death, public abuse, unfavorable opinions, and domestic conflict. Excessive workload and frequent overtime make the work even more stressful. Policemen are always on call. Recent protests and violence have required all "hands on deck" for police, adding fatigue. The 2018 research insisted that for the good of the profession it is critical to avoid overtime and excessive workload.<sup>30</sup>

## **6. Increased training**

As in any profession, continuing education and training can be of great value to police officers. For example, Dr. Marans developed a toolkit to provide a tangible way of increasing police knowledge and enhancing responses to children and families exposed to violence and other tragic incidents. The goal was to help officers achieve greater confidence, a sense of effectiveness and professional satisfaction.<sup>31</sup>

## **7. Avoid taking on second jobs or moonlighting**

For financial reasons many police officers work additional hours in non-police security positions. Some work as bouncers at nightclubs, escorts for funeral processions, nighttime security at convenience stores, and security at big events such as major league ball games or mega-church traffic control. While these second jobs can supplement income, they can also

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<sup>30</sup> BohatALA website

<sup>31</sup> Steve Marans and Hilary Hahn, "Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement," Yale Medicine Child Study Center and Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, CEV Toolkit.pdf from IACP Website, accessed July 17, 2020 <https://www.theiacp.org/about-iacp>

sap the energy of the policeman from his priority job and can add to the officer's personal stress level. Paying officers livable salaries would help remedy this.<sup>32</sup>

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<sup>32</sup> "Officer Work Hours, Stress and Fatigue."

## **Chapter 7**

### **Compassion Fatigue among Professional Counselors**

It is no surprise that those who help people in trouble as counselors are more than able to gather statistics about their own profession when it comes to compassion fatigue. While professional counselors by training are well informed about how to help people with their trauma and problems, it often becomes difficult to practice the very tools they use in their practices to help themselves.

#### **Symptoms of Compassion Fatigue among Counselors**

Counselors who are in danger of compassion fatigue must know the symptoms of the disorder because if problems are not dealt with, counselors may lose their ability to give care to their clients. Counselors are unique among care givers because for the most part, people come to them for only one reason - because they have problems. They deal primarily with the troubled side of life, and clients come to them for help with those troubles. The best description of compassion fatigue when it relates to counselors is “vicarious trauma.” They risk taking on the trauma of others to the extent that client trauma becomes their own. Some common symptoms for vicarious trauma among counselors are the following:

##### **1. Rumination**

A counselor “ruminates” when he thinks about a person far more than is helpful after they have left the counseling room. A counselor from the GracePointe Counseling Practice said, “If at night instead of getting rest and relaxing and unplugging, I am turning over and

over the last interaction I had with a client -- that would be rumination. Rumination begins when another person's personal problem becomes my personal problem."<sup>1</sup> In an article entitled, "Taking Care of Yourself as a Counselor," Lynne Shallcross quoted Dr. Gerard Lawson saying, "Counselors can acquire vicarious traumatization in as little as one interaction when they are affected by the trauma they hear about through clients."<sup>2</sup>

## **2. Physical symptoms**

Lindsey Phillips wrote an article in *Counseling Today* listing sleeping problems as well as nightmares or intrusive thoughts as potential symptoms of compassion fatigue among counselors.<sup>3</sup> Such rehearsing damages getting a restful sleep.

The GracePointe counselor also said if a counselor "struggles to define a wall between 'them' and 'me,' I may suffer from weight loss or weight gain. I may not eat well because I cannot digest as well as I normally would."<sup>4</sup> Phillips listed changes in appetite as a symptom.<sup>5</sup> Shallcross cited "experiencing a low level of energy or repeatedly getting sick" as further physical symptoms of fatigue.<sup>6</sup>

## **3. Emotional symptoms**

Emotional symptoms experienced by counselors may be hints of compassion fatigue. The counselor may have dysregulated moods where he or she is more tense than usual, or begins to have anxiety.<sup>7</sup> Phillips confirmed anxiety in her list of symptoms, as well as

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<sup>1</sup> Interview with GracePointe counselor by author, October 8, 2020. Full text of interview in Appendix #3

<sup>2</sup> Lynne Shallcross, "Taking care of yourself as a counselor," *Counseling Today*, 17 January 2011, reprinted in <https://ct.counseling.org/category/cover-stories>.

<sup>3</sup> Lindsey Phillips, "Grappling with compassion fatigue," *Counseling Today*, 31 August 2020

<sup>4</sup> GracePointe interview

<sup>5</sup> Phillips, "Grappling"

<sup>6</sup> Shallcross, "Taking care"

<sup>7</sup> GracePointe interview

becoming angry or irritable.<sup>8</sup> The GracePointe counselor observed, “I have personally experienced this by it making me become angry. Sometimes my anger helps the people I counsel to progress with their struggle. It might not be all-in-all a bad thing to be angry about their circumstances in their presence. The longer I have been in the practice I have found that you can’t be angry and depressed at the same time.”<sup>9</sup>

In Shallcross’ article she quoted Leslie Kooyman, an assistant professor in the Counseling and Educational Leadership Department at Montclair State University, who said, “Mild feelings of resentment toward certain clients or feeling burdened by certain clients can be a subtle indicator that something isn’t right.”<sup>10</sup> The author then quoted Sandra Rankin, who runs a private practice in Austin, Texas, saying “Losing your sense of humor is a symptom. What counselors need to remember is that stress and the accompanying symptoms are indicative of how the work is affecting them.”<sup>11</sup>

In an article in *Counseling Today* titled, “Grappling with Compassion Fatigue,” Lindsay Phillips lists these additional emotional symptoms of compassion fatigue among counselors: feelings of sadness or depression, feeling isolated, increased negative arousal, lower frustration tolerance, lack of motivation, and hypervigilance.<sup>12</sup> Interestingly enough, hypervigilance is also recognized as a symptom of Post-Traumatic Stress Disorder in soldiers.

#### **4. Mental symptoms**

The GracePointe counselor observed “If my client struggles, then I as a counselor struggle too, so I exhibit it too. Hence, I may have difficulty concentrating.”<sup>13</sup> Phillips’ list of

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<sup>8</sup> Phillips, “Grappling”

<sup>9</sup> GracePointe interview

<sup>10</sup> Shallcross, “Taking Care”

<sup>11</sup> Ibid.

<sup>12</sup> Phillips, “Grappling”

<sup>13</sup> GracePointe interview



symptoms took it a step further by placing suicidal thoughts and even resorting to substance abuse on her list of mental symptoms among professional counselors.<sup>14</sup>

## **5. Personal problems**

A red flag for any counselor that would be indicative of vicarious trauma would be personal problems in the life of the counselor, such as marital problems or difficulty enjoying things normally enjoyed.<sup>15</sup> A counselor may experience conflict in relationships, problems at home, or difficulty separating work from personal life.<sup>16</sup> Ironically, some of the same personal problems that might cause a person to seek the help of a professional counselor, may become the type of problems counselors encounter in their own lives. Vicarious trauma is especially visible as a symptom among professional counselors.

## **6. Problems at work**

Finally, vicarious trauma may affect professional performance. The Shallcross article cited sloppy work practices, such as starting sessions late or allowing sessions to go past their scheduled end times.<sup>17</sup> Phillips summed this up as an issue with time management, but continued to highlight that this may be due to a compulsion to work hard and long hours.<sup>18</sup>

Phillips' list of work-related symptoms also included decreased feelings of confidence, especially when it comes to helping a client through times of trauma. Conducting professional counseling requires a significant amount of self-assurance. In addition, work performance can be weakened by a diminished sense of purpose or enjoyment.<sup>19</sup>

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<sup>14</sup> Phillips, "Grappling"

<sup>15</sup> GracePointe interview

<sup>16</sup> Phillips, "Grappling"

<sup>17</sup> Shallcross, "Taking care"

<sup>18</sup> Phillips, "Grappling"

<sup>19</sup> Ibid.

## Causes of Compassion Fatigue among Counselors

We have a clear picture of typical symptoms of compassion fatigue or vicarious trauma among professional counselors. We know what it might look like in a counselor, but the next question would be “What causes that fatigue?” The following seven key categories might provide some of the causes:

### 1. Empathy fatigue

Elizabeth Venart, a private practitioner in Ambler, Pennsylvania, serves on the American Counseling Association Task Force dealing with counselor wellness. She is quoted in Shallcross’s article saying, “Offering empathy is imperative in the profession, but this also opens the counselor up to feeling the client’s pain. While vital, being emotionally attuned and available to clients increases our vulnerability in the work.”<sup>20</sup> The GracePointe counselor added to that: “There are struggles that I look at that hit close to home, and when I can closely relate with someone’s struggles, it becomes difficult for me to differentiate their struggle from mine.”<sup>21</sup> It is helpful for a counselor to identify with the issues of a client, but that empathy can cause vicarious trauma for the counselor.

Victoria Camacho, the owner of Mind Menders Counseling, is a certified compassion fatigue professional. She stated that a counselor’s empathy can often result in taking on large numbers of caseloads, and that heavy burden places the counselor at a higher risk of developing compassion fatigue.<sup>22</sup>

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<sup>20</sup> Shallcross, “Taking care”

<sup>21</sup> GracePointe interview

<sup>22</sup> Phillips, “Grappling”

## **2. Lacking boundaries**

Compassion fatigue can be caused by not setting appropriate boundaries. Shallcross wrote, “Too many counselors have not learned what boundaries are, so they meet with or take calls from clients outside of office hours, do not set office hours or work overtime when there is no real need. Basically, they put clients before their own family, friends and self.”<sup>23</sup>

As is true with any caregiving profession, occupational exhaustion can occur when the counselor takes no personal days off, no vacation time, and no holiday breaks. As we will see, this is also a very significant cause of compassion fatigue among ministers. For professional counselors, every client appointment could be seen as a crisis needing immediate attention. Some crises certainly might come at the cost of a time off. When a client is on the edge of suicide on a Friday night, a counselor simply cannot say that the office is closed until Monday morning and an appointment must be made then. But the norm for the counselor must not include an “on call 24/7” arrangement with no boundaries; the clear result will be pure exhaustion on the part of the counselor. Boundaries must be set. There must be a time for a counselor to get away from the day-to-day trauma conferences, with time for self, family, restoration of energy and perspective.

## **3. Internalizing negative messages**

Counseling is a one-way caring relationship. People who choose this profession are naturally inclined to take care of others. Few people make an appointment with a professional counselor to discuss victories, good news, happy thoughts or the joys of life. They go to a counselor to secure help with traumatic events in their lives. Shallcross wrote, “Counselors may have more information about effective self-care practices, but they are as

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<sup>23</sup> Shallcross, “Taking care”

vulnerable to internalized negative messages that discourage or discount self-care as their clients.”<sup>24</sup> She continues, “In addition, counselors may have a false belief that they should be able to heal themselves.”<sup>25</sup>

According to the American Institute of Stress, compassion fatigue is “the emotional residue or strain of exposure to working with those suffering from consequences of traumatic events.”<sup>26</sup> When the majority of counseling deals with negative messages, vicarious negative trauma may be the result.

#### **4. Being isolated**

Many professional counselors operate a private office, some serve with a group of counselors in a counseling practice, and still others serve on the staffs of churches or hospitals. One common cause of compassion fatigue among counselors is being isolated – whether from working in a rural area or working as a sole private practitioner. Shallcross wrote, “Without other colleagues to learn from, vent with or lean on for support, stress is more likely to build unimpeded. It is vital to find a support system, whether through formal supervision or an informal network of other professional counselors to meet with for consultation and camaraderie.”<sup>27</sup> Phillips confirmed, “Those with limited or no support networks, those working in unsupportive environments are at higher risk of developing compassion fatigue.”<sup>28</sup>

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<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Phillips, “Grappling”

<sup>27</sup> Shallcross, “Taking care”

<sup>28</sup> Phillips, “Grappling”

## **5. Lack of training**

In order to practice as a professional counselor, the practitioner must secure education at the Master's level in some aspect of psychology, social work or counseling. In addition, supervised field experience, and licensing are required to be certified to practice counseling. In order for a counselor to bill services to insurance companies, requirements must be met for "paneling" with respective insurers. Counselors must also maintain continuing education annually related to diagnostics, ethics and other issues related to their counseling practice.<sup>29</sup>

As it relates to a potential cause of compassion fatigue among professional counselors, the lack of adequate education is mostly related to self-care. There needs to be some requirement of coursework for clinicians for managing their personal care in the profession. A balance between academics and on-the-job training helps a counselor know how to care for themselves and others. Someone at the beginning of their career who feels overwhelmed by their job and lacks adequate training and support could be at higher risk for experiencing compassion fatigue.<sup>30</sup> After a few years on the job, a counselor will gain greater insight into their personal boundaries.

## **6. Personal trauma**

A counselor's personal history of trauma or loss can open the counselor's own wounds as they are continually revisited by their clients' life stories of chronic illness, disability, trauma, grief and loss.<sup>31</sup> For example, a counselor counseling a couple through the miscarriage of a long-expected baby or death of a child or parent, may have also had

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<sup>29</sup> GracePointe interview

<sup>30</sup> Phillips, Grappling"

<sup>31</sup> Ibid.

experienced the same trauma. Counseling this couple may open old wounds of a personal loss.

## **7. Social media**

The GracePointe counselor provided a cause for compassion fatigue that I had not encountered in any previous studies. I asked if he had counseled individuals in occupations outside of the typical care-giving professions who had experienced compassion fatigue. He replied that he had. He said:

With an increase in information on social media, we hear about everything – rioting, violent crime, sex trafficking. It is a horrible thing for public health. Social media is a player in nearly every person a counselor deals with. We always hear about crime, but crime statistically is going down, but we still are suffering. We are taking the hit because we are hearing about it more and more.<sup>32</sup>

To that extent it is not only care givers who experience daily trauma, it is everyone in our society.

## **Potential Remedies for Compassion Fatigue among Counselors**

As our research has grappled with other care-giving professions that struggle with compassion fatigue, we have endeavored to address some possible remedies. What can professional counselors do to address vicarious trauma in themselves?

### **1. Self-care**

The counselor from GracePointe reflected, “I take self-care seriously. When I am in a counseling session, I am fully available to my client, but when I go home, I go home. I sleep; I go to church; I exercise. I have a life separate from my work.”<sup>33</sup>

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<sup>32</sup> GracePointe interview

<sup>33</sup> GracePointe interview

Shallcross said, “Counselors who neglect their own mental, physical, and spiritual self-care eventually run out of ‘oxygen’ and cannot effectively help their clients because all of their energy is going out to the clients and nothing is coming back in to replenish the counselors’ energy.”<sup>34</sup>

Counselors should exercise self-compassion, so that they can be in the presence of suffering without being overwhelmed.<sup>35</sup> Concrete suggestions about how to exercise self-compassion include:

- a) Do something with another part of your brain where you are not caring or putting other’s needs ahead of your own.<sup>36</sup>
- b) Enjoy things that have a completion, for example, mow the lawn; paint the house.<sup>37</sup>
- c) Exercise, do sports, walk, get a gym membership, yoga, deep breathing, listening to music.<sup>38</sup>
- d) Take time off: days off, vacation, stay-vacations, holidays, leave the office at lunch time.<sup>39</sup>
- e) Aim for a rich life outside of work, spend time with family, time to meditate or pray.<sup>40</sup>

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<sup>34</sup> Shallcross, “Taking care”

<sup>35</sup> Phillips, “Grappling”

<sup>36</sup> Shallcross, “Taking care”

<sup>37</sup> GracePointe interview

<sup>38</sup> Shallcross, “Taking care”

<sup>39</sup> GracePointe interview

<sup>40</sup> Shallcross, “Taking care”

f) Focus on things you enjoy to take your mind off of work to help relax and allow a sense of accomplishment. Counselors should take the same advice they give to their own clients.<sup>41</sup>

## **2. Establish boundaries**

Counselors should have strict office hours for counseling and establish boundaries by having time that isn't work. If necessary, they should work less.<sup>42</sup> Work stress can take a toll, establishing a "crossing the river" boundary that would signify the end of your work day might be beneficial. In other words, a counselor might think about sessions while driving home, but when the road crosses a river, determine to stop thinking about work and think about home. It is beneficial to practice a balance between work and play, giving and receiving, accomplishing tasks and doing nothing.<sup>43</sup>

Counselors also need to set emotional boundaries. They need to learn to say "No" to a request for an appointment that may conflict with a counselor's family event. Establishing an "off switch" helps a counselor realize when work is over. Something as simple as shutting the office door, washing one's hands or doing a stretch might serve as that switch. Taking a walk or even taking a shower might help to signify the end of the workday.<sup>44</sup>

## **3. Leave room in the schedule for new clients and new challenges**

In personal conversation, the GracePointe counselor indicated some excitement about occasionally seeing new patients. While he noted that it is important not to overcrowd a schedule, making it impossible for returning clients to schedule needed appointments, he

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<sup>41</sup> Phillips, "Grappling"

<sup>42</sup> GracePointe interview

<sup>43</sup> Shallcross, "Taking care"

<sup>44</sup> Phillips, "Grappling"



said seeing new people helps keep the work fresh. He said he had been seeing some of his clients over the course of many years and might have a sense that they were continually dealing with the same issues. New clients bring new issues and helping them work through those issues can invigorate the work.

#### **4. Talk to someone**

Counselors should talk to someone -- other counselors in the practice, a spouse, a close friend, or a minister.<sup>45</sup> The suggestion was made to participate in a peer support group with a handful of other counselors, but to go someplace neutral to get away from the work environment. Venting and problem solving with colleagues are helpful.<sup>46</sup>

#### **5. Medication**

While most counselors are not licensed to prescribe medication to their clients, there are certainly medications that could assist a counselor dealing with compassion fatigue. Counselors should not be hesitant to talk to their personal physician for medications that treat symptoms such as sleep deprivation, depression, or panic attacks.<sup>47</sup>

#### **6. Practice journaling**

While it is common for a counselor to file notes after each session with a client, it would also be helpful for the mental health of a counselor to practice journaling. Keeping a journal that reflects on positive experiences can help prevent rumination. It is suggested that counselors celebrate the “little victories” – the joy you get from your work. Set aside time daily to list three positive things that happened at work. A Counselor needs to focus on the

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<sup>45</sup> GracePointe interview

<sup>46</sup> Shallcross, “Taking care”

<sup>47</sup> GracePointe interview

joy they felt when they witnessed an improvement in their client that day.<sup>48</sup> Another suggestion was to maintain a folder of thank-you notes and success stories from your clients and refer back to them regularly.<sup>49</sup>

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<sup>48</sup> Phillips, "Grappling"

<sup>49</sup> Shallcross, "Taking care"

## Chapter 8

### Compassion Fatigue from the Attack on September 11, 2001

An historic summary of the terrorist attacks in September of 2001 reported the following:

On September 11, 2001, 19 militants associated with the Islamic extremist group al Qaeda hijacked four airplanes and carried out suicide attacks against targets in the United States. Two of the planes were flown into the twin towers of the World Trade Center in New York City, a third plane hit the Pentagon just outside Washington, D.C., and the fourth plane crashed in a field in Shanksville, Pennsylvania. Almost 3,000 people were killed during the 9/11 terrorist attacks, which triggered major U.S. initiatives to combat terrorism and defined the presidency of George W. Bush.

At 8:45 a.m. on a clear Tuesday morning on Sept. 11, an American Airlines Boeing 767 loaded with 20,000 gallons of jet fuel crashed into the north tower of the World Trade Center in NYC. The impact left a gaping, burning hole near the 80<sup>th</sup> floor of the 110-story skyscraper, instantly killing hundreds of people and trapping hundreds more in higher floors. As the evacuation of the tower and its twin got underway, television cameras broadcasted live images of what initially appeared to be a freak accident. Then, 18 minutes after the first plane hit, a second Boeing 767 – United Airlines Flight 175 – appeared out of the sky, turning sharply toward the World Trade Center and sliced into the south tower near the 60<sup>th</sup> floor. The collision caused a massive explosion that showered burning debris over surrounding buildings and onto the streets below. It immediately became clear that America was under attack.

As millions watched the events unfolding in New York, American Airlines Flight 77 circled over downtown Washington D.C., before crashing into the west side of the Pentagon military headquarters at 9:45 a.m. Jet fuel from the Boeing 757 caused a devastating inferno that led to the structural collapse of a portion of the giant concrete building, which is the headquarters of the U.S. Department of Defense. All told, 125 military personnel and civilians were killed in the Pentagon, along with all 64 people aboard the airliner.

Less than 15 minutes after the terrorists struck the nerve center of the U.S. military, the horror in New York took a catastrophic turn when the south tower of the World Trade Center collapsed in a massive cloud of dust and smoke. The north building of the twin towers later collapsed at 10:30 a.m. Only 6 people in the World Trade Center towers at the time of their collapse survived. Almost 10,000 others were treated for injuries, many severe.

Meanwhile, a fourth California-bound plane – United Flight 93 – was hijacked about 40 minutes after leaving Newark Liberty International Airport in New Jersey. The passengers were aware of the events in New York and Washington, so they fought the

four hijackers. Tragically, the plane sped toward the ground at upwards of 500 miles per hour, crashing in a rural field in Shanksville, Pennsylvania at 10:10. All 44 people aboard were killed. Its intended target is not known, but theories include the White House, the U.S Capitol, the Camp David Presidential retreat in Maryland or one of several nuclear power plants along the eastern seaboard.

A total of 2,996 people were killed in the 9/11 attacks, including 19 terrorist hijackers aboard the four airplanes. Citizens of 78 countries died in New York, Washington D.C., and Pennsylvania. At the World Trade Center 2,763 died after the two planes slammed into the twin towers. That figure includes 343 firefighters and paramedics, 23 New York police officers, and 37 Port Authority police officers who were struggling to complete evacuation of the buildings and save the office workers trapped on higher floors.

Thousands of first responders and people working and living in lower Manhattan near Ground Zero were exposed to toxic fumes and particles emanating from the towers as they burned and fell.<sup>1</sup>

The words of that last historic paragraph related to the topic of this research, i.e.,

“Thousands of first responders...were exposed.” Thousands of people who rushed toward the tragedy to give care for those in danger, lost their lives in the process. Responders to the World Trade Center disaster of September 11, particularly the men and women who were at the site on 9/11, were exposed to emotionally horrifying events and environmental toxins from multiple gases and fine airborne particulate matter from the collapse of the towers. According to *Psychological Medicine*, an online publication of Cambridge University Press, “The responders who participated in the rescue, recovery and clean-up operations included experienced workers with extensive training, such as police and firefighters, and non-traditional responders with no disaster training, such as construction workers, electricians, transportation and utility workers. Although most responders proved resilient, there remains a sizable subgroup in need of continued treatment two decades after 9/11.”<sup>2</sup>

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<sup>1</sup> “September 11 Attacks,” History.com, August 25, 2018, accessed July 19, 2020, <https://www.history.com/topics/21st-century/9-11-attacks>.

<sup>2</sup> E. J. Bromet, M. J. Hobbs, S.A.P. Clouston, A. Gonzalez, R. Kotov, and B. J. Luft, “DSM-IV post-traumatic stress disorder among World Trade Center responders 11-13 years after the disaster of 11 September 2001 (9/11),” *Psychological Medicine*, 2016 March, published on-line 2015 November 25, accessed July 20, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754831/>

Compassion Fatigue is often related to an intensely traumatic event. The attacks of 9/11 would rank among the most distressing. While those first responders are often described as victims of Post-Traumatic Stress Disorder, there is, without doubt, a close relation to compassion fatigue. The policemen, firefighters, medics, social workers, and a number of other care-giving professionals were also victims, even though they were not included among those who lost their lives. Those care givers were surrounded by such a vast number of deaths as well as an insurmountable number of recovery efforts. To describe this as compassion fatigue almost seems too weak a description of what they experienced. It is one thing to deal with a death of a single person in a car accident, or the violence of a couple involved in domestic violence, but to be caught in the middle of the death of 2,996 individuals on a single day and from a single event, is overwhelming. Care givers ran toward danger while others were running away from it. Running toward the disaster often results in compassion fatigue. Simply hearing the stories of 9/11 gives us a stress: that does not even compare with those who were in the story themselves.

## Chapter 9

### Compassion Fatigue and the COVID-19 Epidemic

Over three years ago, when determining the topic of Compassion Fatigue to be the focus of this study, we would never have imagined that the world would find itself in the midst of an epidemic so vast that it impacts individuals, families, churches, communities, states, countries, and the entire population of the earth. The new coronavirus known as COVID-19 seems to have begun in a street market in Wuhan, Hubei, China in December 2019. Its symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell. It appears to be transmitted from human to human by respiratory droplets when a person who is infected coughs, sneezes, and simply speaks or sings. The person passing the infection might be pre-symptomatic, or might not ever suffer from any symptoms. While the disease was first identified in December 2019, the World Health Organization declared it as a global health emergency in late January 2020. At first the epicenter of the disease seemed to be in China, then later Italy became a European center of the spread of the illness.

Alarming statistics started appearing in the United States. New York City was the epicenter of COVID-19 pandemic in the spring of 2020, and the Governor of the state began to take strong measures to stop the spread in that largest city in America. An alarming trend began to appear in Seattle, Washington where a significant number of deaths occurred in

nursing homes, drawing attention to the fact that elderly people were prime candidates for this disease and more likely to die from it than younger people.

The June 23, 2020 issue of *USA Today* printed an interesting timeline of how COVID-19 unfolded in the United States. An appendix entry shows that timeline in its entirety, but here are some of the most significant benchmarks in the progression of the disease:

Jan. 17, 2020	CDC began public health screening at SFO, JFK, and LAX airports.
Jan. 21, 2020	First case confirmed in the US.
Jan. 23, 2020	Wuhan locks down.
Jan. 24, 2020	First cases in Europe
Feb. 6, 2020	First death in the US.
Feb. 11, 2020	Virus officially designated as “COVID-19.”
Feb. 21, 2020	CDC director tells reporters Pandemic “likely.”
Feb. 23, 2020	Italy locks down.
March 3, 2020	US surpasses 100 cases
March 11, 2020	Travel ban on Europe; WHO declares pandemic; US passes 1,000 cases.
March 13, 2020	President Trump declares a national emergency
March 15, 2020	“15 days to Slow the Spread” – Trump issues guidelines: avoid gatherings of 10 or more and limit discretionary travel.
March 19, 2020	US passes 10,000 cases
March 23, 2020	Tokyo Olympics postponed
March 26, 2020	US leads the world in cases.
March 27, 2020	President Trump signs \$2 Trillion stimulus package; US passes 100,000 cases.
April 1, 2020	US passes 200,000 cases.
April 2, 2020	More than 1 Million cases confirmed worldwide
April 3, 2020	CDC recommends face masks.
April 7, 2020	For the first time, more than 2,000 people die in a single day in US.
April 14, 2020	All states in the US report deaths.
April 15, 2020	Protests erupt in KY, NC and OK over stay-at-home orders.
April 16, 2020	14% of US workforce has filed for unemployment.
April 20, 2020	TN, SC, and GA announce measures for easing restrictions on businesses.
April 24, 2020	GA reopens gyms, tattoo parlors, hair salons.
April 28, 2020	1 million cases in US.
April 29, 2020	US economy shrinks 4.8% in the first quarter.
May 11, 2020	More than 15 states set to move forward with reopening procedures.
May 15, 2020	More than 300,000 deaths worldwide.
May 21, 2020	5 million cases worldwide.
May 27, 2020	More than 100,000 deaths in the US.
May 31, 2020	George Floyd protests raise concerns of virus spread.
June 9, 2020	US officially in recession.

June 11, 2020 2 million cases confirmed in US.<sup>1</sup>

By the middle of the summer 2020, the disease had increased throughout the entire United States, and this country appeared to have the largest number of cases in the world. The Center for Disease Control (CDC) on July 24 reported 4,024,492 cases of the COVID-19 disease in the United States with 143,868 deaths reported.<sup>2</sup> By October 17, 2020 in the United States there were over 8,000,000 confirmed cases of the virus with 221,794 deaths reported by the CDC. Also, at that date there were over 1,000,000 deaths reported globally. On November 17, 2020 the CDC reported 11,279,504 confirmed cases with 250,485 deaths in the United States from COVID-19.<sup>3</sup>

Two months later, in December 2020, the CDC reported 16,996,147 cases of the virus in the United States, with 310,065 deaths. On that same date there were 74,087,090 cases globally, with 1,646,647 deaths globally from COVID-19. This is the same period when a vaccine was officially beginning to be distributed throughout America. Help was on the way. Still, by January 23, 2021 the CDC report indicated that 25,109,272 cases of COVID-19 were in the United States, with 419,058 deaths.

Early in the spring of 2020 all non-essential businesses across the nation were closed in an effort to stop the spread of the virus and workers who could work from home were required to do so. The United States government closed all airports from receiving passengers from outside the country in an effort to keep the virus from coming into the states. Schools closed their classrooms and teaching took place through distance learning

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<sup>1</sup> Grace Hauk, Karl Gelles, Veronica Bravo and Mitchell Thorson, "COVID-19 Timeline," *USA Today*, 23 June 2020.

<sup>2</sup> "United States COVID-19 Cases and Deaths by State," Centers for Disease Control and Prevention (CDC), accessed December 24, 2020, <https://www.cdc.gov/covid-daa-tracker/index.html#cases>.

<sup>3</sup> *Ibid.*



conducted over the internet. People were advised to wash their hands regularly, wear gloves, wear masks, practice “social distancing,” staying at least 6 feet away from other people, and even admonished to stay at home. The national economy began to be impacted with businesses shuttering and many people losing their jobs. Unemployment rates rose rapidly. The question became one of priority: do we stop the spread of the disease by closing down the economy, causing people to suffer for an income for food and lodging, or do we keep the national economy open with the risk of the virus expanding out of control? By the summer of 2020 businesses began to reopen with certain safeguards. But as schools and businesses reopened and state and local governments relaxed mandates, the virus surged again. In many areas of the nation, warnings moved from “simply advised,” to being “mandated” to being “legally binding.” Enforcing such mandates was impossible, and using the police to do so was unadvised, so the burden was placed on individuals and businesses to do their parts to keep the disease from spreading. As COVID-19 filled hospitals and morgues at an alarming rate, vaccine clinical trials were completed and on December 11, 2020 the first of several vaccines for COVID-19 was approved for emergency authorization by the Food and Drug Administration (FDA). Within days the first supplies of the vaccine began distribution to hospitals for inoculations of highest-priority candidates - consenting front-line medical workers - but vaccinating enough Americans to slow the progression of the disease was anticipated to involve a huge output of manpower and money and was not expected to be accomplished until at least mid-2021.

COVID-19 targeted people with certain pre-existing conditions. Factors that increased the risk and severity of the coronavirus infection included the following:

1. Advanced age - Persons age 65 and older

2. Obesity

3. Compromised immune systems

Individuals with Parkinson's, Multiple Sclerosis, HIV, those undergoing cancer treatment, and organ transplant recipients were at greater risk. Not all conditions are equally at risk, but autoimmune weaknesses made it difficult to fight off the virus.

4. Diabetes

5. Kidney and liver disease

While there was not much known about the COVID-19 epidemic, there was a majority opinion in the medical community that anyone 65 and older with any pre-existing health condition should be considered as high risk.<sup>4</sup>

Society was beginning to change severely. Restaurants were closing – some permanently; hair salons were closing; fitness centers were shutting down. Large gatherings were discouraged and in some states with high case numbers, large gatherings were prohibited. Churches were discontinuing in-person worship services or any programs gathering people. Political rallies and even nominating conventions were cancelled. Large and small sports venues were closed to fans.

Care-giving, and accompanying compassion fatigue, moved even more to the forefront. CBS Correspondent Jerika Duncan conducted an interview remotely during the COVID-19 pandemic with four sisters who all became nurses – Kimberly Carroll-Chumley and Ashly Malliarakis, who worked in the same Virginia hospital, Gina Russell, who worked in a Maryland emergency room, and Courtney Carroll, who worked in an ICU in California. CBS

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<sup>4</sup> James Myhre and Dennis Sifris, "COVID-19 and Pre-Existing Conditions: Understanding Your Risk," verywellhealth website, accessed August 1, 2020, <https://www.verywellhealth.com/covid-19-pre-existing-conditions-4801962>.

News aired the interview on the CBS Morning News May 14, 2020. The sisters spanned in age from 29 to 46, and they all worked in different parts of the country.

The CBS News on-line summary for the interview described these nurses as “all now working to save the lives of COVID-19 patients.” A fifth sister, Tina, who was also a pediatric nurse, died in 2008 very suddenly from a heart condition and these sisters drew from the experience of being on the other end of a nurse’s care.

Kimberly: I think looking into your patient’s eyes and trying to convey a level of safety is the most important thing that we can do because it was the same for us in the loss of our sister in a very sudden way.

Courtney: I saw it all come together, specifically in my older sisters how strong they were for all of us and I associated it all with being a nurse. I thought it was our “super-power.” People compare us to super-heroes now in the pandemic, but it’s something I always felt in our little “Carroll-girl family.” We thought we could take on anything.

In the midst of the COVID-19 crisis, nursing has taken on a greater significance in the eyes of the public.

Ashley: People are regarding us in the same way as military war heroes... It’s not that, but I guess we are fighting a war.

Jericka Duncan: Early on in this pandemic, I am sure you saw videos of nurses breaking down – doctors breaking down. Was there ever a moment where you felt or questioned “Should I be doing this right now?”

Gina: If someone says they aren’t scared, they are lying, because you are scared, but you never doubt not doing your job.

Jericka Duncan: What advice do you have for those nurses out there who are scared?

Gina: The biggest advice I have is for people to talk. We are so used to taking care of people that we bottle everything up. If my family has taught me anything it is in times of crisis, you have to get things out. And once you do that, it almost transforms you into a different person. You are able to care for yourself, your family, and other people.<sup>5</sup>

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<sup>5</sup> Duncan, “Four Sisters Who are Nurses”

The COVID-19 epidemic provided many stories of people in various care-giving professions trying to do their parts to carry extraordinary burdens of suffering. Giving care was not easy. How do you care for someone who is in the hospital when the health organizations have closed all hospitals to family members and all non-medical visitors? Nursing homes and rehabilitation facilities closed their doors to outside visitors because most of their population consisted of elderly, high-risk people. Family members were not even able to visit their elderly parents or spouses. Sometimes visits took place through a window if the loved one's room was on a ground floor. Where possible, computer-generated visits occurred.

Medical workers experienced great frustration as the pandemic raged on and demands on medical staff increased. An Associated Press article cited by ABC News entitled "A Day In the Life of a COVID Ward: Just Trying to Hold on" quoted Chloe Gascon, a 23 year old nurse in Marseille, France, who spent half of her eighteen month nursing career during the Coronavirus, saying, "Before, they applauded every night. Now they tell us, 'It's just doing our job.'"<sup>6</sup> During the second wave of the COVID-19 epidemic beginning in the fall of 2020, when the pandemic grew beyond hot spots to become nationwide, 22% of American hospitals reported that even if they did have bed space, they didn't have enough workers, "Either because they have COVID or they have some other illness, and we need to rule out COVID before we bring them back to work."<sup>7</sup>

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<sup>6</sup> Lori Hinnant, "A day in the life of a COVID ward: Just trying to hold on," Associated Press, ABC News, November 17, 2020, <https://abcnews.go.com/Health/wireStory/day-life-covid-ward-hold-74246500>.

<sup>7</sup> Alexis C. Madrigal, "Hospitals Can't Go On Like This," The Atlantic, November 17, 2020, accessed December 1, 2020, <https://www.theatlantic.com/health/archive/2020/11/third-surge-hospitals-staffing-shortage/617128/>

Ministers are in a care-giving profession as well. On July 8, 2020, Dr. Aaron Wymer, Senior Minister of Grandview Christian Church in Johnson City, TN was interviewed about his experiences doing ministry during the COVID-19 epidemic. He made some interesting observations, but at one point he said that the extra layer of stress had made him “more tired and less energized.” Care-giving can be very fatiguing. Here are some of his responses:

**How has the COVID-19 epidemic changed the way you go about your pastoral role?**

The biggest is that “presence” is more virtual than actual. I’m making more phone calls, sending notes, cards, but usually my first instinct as a minister is to go be with someone. Serious conversations are harder to do now.

**How have you pursued your pastoral role in hospitals and nursing homes during the epidemic?**

We are just shut out. We aren’t allowed in. Visits have had to be mostly phone calls to people who are going through something difficult rather than just a polite visit. When we were first shut out of hospitals it hit me as dramatic because family members were shut out too, and people died alone in the hospital.

**How have you pursued funerals and ministering to bereaved families during the epidemic?**

With some families you feel you can grab a mask and go by and see the family. One lady in the church died and I did a graveside service, and we did live stream of the service for church members who couldn’t be present. In another case the spouse got to go to the nursing home window to see the person before they died. I went to the funeral home with the spouse so he was not alone at the funeral home.

**What has been the most difficult part of the epidemic in your ministry?**

Making decisions in a politically charged atmosphere. There is so much talk. Most people at the church believe it is good to take it seriously but some people are frustrated with the decision to wear masks during the worship service. They think we are being too cautious. I’m not willing to throw people out of a service if they aren’t wearing masks. When you add to the stress of the pandemic, the racial issues following the death of George Floyd, it has made it difficult to have some sort of discussion. The epidemic has taken away our first move as a pastoring body which is “presence.”

### **How has the epidemic added to your personal stress level?**

I have been by nature and training a consensus builder, or at least I have attempted to be, and it is harder than ever to feel as though you can do that. There is a feeling that no matter what I do, I am leaving people behind, and that is stressful for me. We have had to learn new ways to do worship using the live-stream services. But that has not been a stress, just a challenge. After the virus is past, I think we will continue to do on-line worship. The virus has pushed us to do something that we would not have done prior. That's a good thing.

### **How have you dealt with this extra layer of stress on top of the normal amount of anxiety that you already carry as a minister, a pastor?**

So much of ministry, you just keep pushing. I don't know how different it is. I think I feel more tired and less energized. Early on that wasn't the case, because those first few weeks the new challenge gives you energy, but the newness of that challenge wears off. I still try to keep a day off as much as I can. Prayer, of course, personal prayer and the staff morning prayer time on Facebook. I keep my friendships going and being with the staff is helpful. There are also my friendships with other ministers, so I keep in touch with them. We have time to vent and support and pray for each other.

### **Do you see any stresses placed on the ministerial staff because of the virus?**

The biggest thing from that has been that most of us came into ministry because we value being with people, whether it's worship or discipleship. It occurs to me pretty regularly that this current situation is not what I signed up for.<sup>8</sup>

When the interview with Dr. Aaron Wymer took place in July, there had been no cases of COVID-19 among his church members. I returned to Wymer in early December for an update. While his responses were similar as before, there were some interesting differences:

### **When I interviewed you in July 2020 about your ministry impacted by COVID-19, no church members had yet been infected. Now there are several church members who have come down with the virus. How have you dealt with those persons?**

There hasn't been much change in our approach, because they usually isolate and for the most part people let us know when they are in trouble. There's a phone conversation which is quicker than driving to their home for an hour of visiting. I can even call from home. Prepared meals are in the church freezer for people that need them. But as far as people serious enough to go to the hospital, I don't think we have had anybody else (beyond one initial, very serious case) to do that from the church.

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<sup>8</sup> Interview with Dr. Aaron Wymer by author, July 8, 2020. Full text of interview in Appendix #5

**With the tremendous spike in COVID-19 cases in our area, what adjustments have you found necessary to make in the church’s ministry?**

We opened worship services in early summer on a more restrictive pattern. That was a big deal, especially with no children’s programs. We thought optimistically that this might be over soon, but now we have had to cancel services again until January 10 (2021). We noticed a drop in attendance. People were just not registering to come to worship, so now everything is online.

**How has this increase impacted your personal life?**

Just more of the same. More worry about whether we should stay open. Now my second daughter has had the virus. There is great frustration that we aren’t through this and we aren’t close to being over it yet. A man and his wife at another church in town came down with the virus. There was a funeral at their church and they hosted a funeral dinner for the family of the deceased in their house because they could not have it at the church. The wife died, and the husband is in ICU. It was real heartbreaking because they were just trying to do something nice for somebody.

**Last July you said that you “felt tired and less energized” because of the virus. How are you 5 months later deeper into this epidemic?**

Some of it is just getting used to the new reality and adapting. There is just the sense that this is what we are going to have to do. The other staff members mean a lot to me. I would hate to add weight to their schedules and their lives by not following through. I think I would be very tempted to “walk away” if I were the only minister on a staff.<sup>9</sup>

The trauma of a pandemic was far beyond any one individual’s ability to address. The hopeless nature of ongoing illness and relentless death inevitably caused compassion fatigue not only for people in the medical field, but also for individuals who believed that our time is in God’s hands. The challenge for the minister working in this situation was to proclaim the hope we have in Christ in any way possible. That proclamation may need to be made in very untraditional means, but whatever the means, it had to be done urgently and with energy. During the pandemic, as has been the case in all times of trial, the job of ministry was to proclaim hope and bring healing to hurting people.

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<sup>9</sup> Interview with Aaron Wymer by author, December 10, 2020. Full text of interview in Appendix #5.

## Chapter 10

### Trends of Compassion Fatigue among Ministers

Is compassion fatigue, secondary traumatic stress disorder, vicarious trauma, or the loss of caring, present in the ministerial profession? In an article on depression and ministry published in the February 2020 issue of *Christian Standard*, the author presented some shocking statistics: “6% of all adults in the U.S. suffer from clinical depression and 18% of adults suffer from one or more anxiety disorders. That’s approximately one in four adults nationwide struggling with significant emotional health issues. Research indicates pastors suffer at these rates, or most likely, even higher rates.”<sup>1</sup> The author introduced his article by reporting “About 18 months ago, a pastor in Southern California killed himself. In the following months, two more young pastors also tragically took their own lives.”<sup>2</sup> In a 2002 issue of the *Disciple Magazine*, Shea Oakley wrote:

It is very easy to feel overwhelmed by the immensity of needs on this fallen planet. This reality contributes in a profound, but perhaps little appreciated, way to the afflictions in the community of faith that we today call “compassion fatigue” and “ministry burnout.” There are saints who deeply and sincerely want to make a difference for the Kingdom of God, but they have become so inundated by what they see and hear and read every day that they either feel paralyzed by the immensity of it all or they have taken on too many causes at one time.<sup>3</sup>

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<sup>1</sup> Paul H. Alexander, “Depression and Ministry: How Do We Respond When Our Church Leaders are Struggling?,” *Christian Standard*, February 2020, 59.

<sup>2</sup> Ibid.

<sup>3</sup> Shea Oakley, “The 21<sup>st</sup> Century Christian, the Information Age, and Compassion Fatigue,” *Disciple Magazine*, 2002, accessed July 18, 2020, <http://www.disciplemagazine.com/www/articles/199.1132#sthash.0A89JqRs.dpuf>



In addressing the question “How common is compassion fatigue among ministers?” Dr. E. LeRoy Lawson, a minister who has served in churches all over the nation, simply replied, “It is common.” He went on to say, “Many ministers suffer a kind of fatigue because they are under-employed, which is worse than being overworked. Particularly in a smaller church, I have observed that some ministers don’t have enough to do. These ministers are the guys I see who are the most fatigued, because they are bored on the job.”<sup>4</sup>

Dr. John Walker of Blessing Ranch in Florida has dealt with over 4000 ministers and their families from 1996-2020. Using the term “I don’t care” rather than compassion fatigue, he indicated that he had seen this condition in close to 50% of ministers he has counseled. He made a “guesstimate” that half of those ministers are from Stone-Campbell churches, which represents the roots of his personal ministry of counseling. While Dr. Walker was not familiar with the terms “acedia” or “compassion fatigue,” he clearly identified with describing these ministers in a crisis as no longer being able to give care. Most of the ministers who have come to Blessing Ranch come from megachurches rather than smaller churches, probably due to the cost of the help they receive from this clinical program.<sup>5</sup>

Another ministry designed to help ministers in trouble is located in East Tennessee and goes by the name “Higher Ministries.” One of the coaches of that ministry reported that “almost every single person we work with has compassion fatigue in various degrees or levels.” Higher Ministries is dedicated to helping ministers in smaller churches of 150 members or less.<sup>6</sup>

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<sup>4</sup> Interview with Dr. E. LeRoy Lawson by author, June 12, 2020. Full text of interview in Appendix #8

<sup>5</sup> Interview with Dr. John Walker by author, May 12, 2020. Full text of interview in Appendix #6

<sup>6</sup> Interview with leaders with Higher Ministries by author, June 16, 2020. Full text of interview in Appendix #7

Church members are legitimately concerned about how many ministers are leaving their profession. There are some disturbing numbers circulated. Ed Stetzer cited an often-quoted statistic that 1,500 pastors leave the ministry every month in a blog called “The Exchange,” but said that there is no research that validates that number.<sup>7</sup> A study by Lifeway Christian Resources affiliated with the Southern Baptist Convention, reported that the 1,500 figure is myth, and that the more solid number would be 250 pastors leaving the ministry every month.<sup>8</sup>

Some interesting statistics worthy of consideration, however, come from surveys conducted by The Fuller Institute, George Barna, Lifeway, Shaeffer Institute of Leadership Development, and Pastoral Care Inc. The following summary of those statistics was listed in the Pastoral Care Inc. Website dated 2020:

- 72% of pastors report working between 55 to 75 hours per week
- 84% of pastors feel they are on call 24/7.
- 80% believe pastoral ministry has negatively affected their families.
- 78% of pastors report having their vacation and personal time interrupted with ministerial duties.
- 65% of pastors feel they have **not** taken enough vacation time with their family over the last 5 years.
- 28% of pastors report having feelings of guilt for taking personal time off and not telling the church.
- 35% of pastors report the demands of the church denies them from spending time with their family.
- 66% of church members expect a minister and family to live at a higher moral standard than themselves.
- 90% of pastors report the ministry was completely different than what they thought it would be like before they entered the ministry.
- 50% of pastors state they spend 1 hour in prayer each day.
- 57% of pastors believe they do not receive a livable wage.
- 57% of pastors are unable to pay their bills.

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<sup>7</sup> Ed Stetzer, “That Stat that Says Pastors are All Miserable and Want to Quit,” Christianity Today Blog Forum “The Exchange,” October 14, 2015, accessed October 18, 2020, <https://www.christianitytoday.com/edstetzer/2015/october/that-stat-that-says-pastors-are-all-miserable-and-want-to-q.html>.

<sup>8</sup> Mark Dance, “Pastors are Not Quitting in Droves,” Lifeway Facts and Trends, July 10, 2019, accessed October 19, 2020, <https://factsandtrends.net/2019/07/10/pastors-are-not-quitting-in-droves-2/>.

75% of pastors report significant stress-related crisis at least once in their ministry.  
52% of pastors feel overworked and cannot meet their church's unrealistic expectations.  
54% of pastors find the role of a pastor overwhelming.  
80% of pastors expect conflict within their church.  
35% of pastors battle depression or fear of inadequacy.  
26% of pastors report being over fatigued.  
70% of pastors report they have a lower self-image now than when they first started.  
27% of pastors report not having anyone to turn to for help in a crisis situation.  
34% of pastors wrestle with the temptation of pornography or visit pornographic sites.  
57% of pastors feel fulfilled but yet discouraged, stressed, and fatigued.  
Over 50% of pastors are unhealthy, overweight, and do not exercise.  
The profession of "Pastor" is near the bottom of a survey of the most respected professions, just above car salesman.  
Many denominations are reporting an "empty pulpit crisis." They do not have a shortage of ministers but have a shortage of ministers desiring to fill the role of a pastor.  
77% of pastors, especially millennials (younger pastors usually born around 1978-1990), are spending 20 or more hours with their families each week.  
90% of pastors feel they are called and that they are in the place where God has called them.<sup>9</sup>

While statistics are subject to dispute, the reputation of the organizations that reported them make them worthy of consideration. Not all data listed are necessarily negative, but some certainly raise alarm about what is happening in the ministry.

*Pastors at Greater Risk*, edited by H. B. London, Jr. and Neil B. Wiseman in 2003, was the result of a conversation between London and James Dodson from Focus on the Family, in Colorado. With a compilation of statistics similar to the ones listed above, they determined to provide some help for the 350,000 churches served by pastors.<sup>10</sup> The London/Dobson conversation included some of the following:

**Dobson:** It you're a pastor and you get a call at 3:00 in the morning – if someone has a heart attack – you go to the hospital. If someone has a serious automobile accident, you go. And if a family has a runaway teenager, you go to offer support in any possible way.

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<sup>9</sup> "Statistics in the Ministry," Pastoral Care.inc., accessed October 19, 2020, <https://www.pastoralcareinc.com/statistics/>

<sup>10</sup> London, 23.

**London:** That's it exactly. You answer the phone. You get up. You stagger into the shower. You go. You pray all the way. You minister however you can for as long as you're needed. Then you pick up your day wherever you can find it.<sup>11</sup>

Later London wrote:

The prevailing crisis among pastors is crystal clear. Contemporary spiritual leaders are under a twofold assault – one within and one without. Inside the church, the snares of secularism entrap many believers. Daily, pastors deal with diluted dedication, family disintegration, superficial commitments and an accepted churchly consumerism no longer interested in sacrifice, suffering or servanthood. Outside the church, pastors face a new dark age where success is king and real faith issues are far down the average person's priority list after the PTA meeting, latest video release, Little League game or weekend diversion.<sup>12</sup>

London wrote, "Pastors desert because they're frustrated by growing worldly values inside the church and overwhelmed by cultural chaos on the outside." Then he concludes, "The future of the church is in crisis because fewer exemplary candidates are answering God's call to ministry."<sup>13</sup>

Some of the statistics cited here may be symptoms of compassion fatigue, others may highlight causes, and still others may suggest remedies for ministers who have reached the point of being unable to give care anymore.

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<sup>11</sup> Ibid., 24.

<sup>12</sup> Ibid., 29.

<sup>13</sup> Ibid., 48.

## Chapter 11

### Compassion Fatigue Symptoms among Ministers

We have examined the symptoms of compassion fatigue in various care-giving professions with the thought that those symptoms may also be present in the ministerial profession. Those symptoms can appear in four general categories: emotional symptoms, physical symptoms, relationship symptoms, and symptoms that impact the job of the minister.

#### Emotional Symptoms

##### 1. Feeling emotionally overwhelmed

According to the earlier section on trends among ministers, 54% of ministers found the role of a pastor overwhelming. Most of the ministers Dr. Walker of Blessing Ranch has counseled serve large congregations. He has seen “pastors who could normally be able to embrace everyday ministry, but can’t manage the complexity involved in the large church setting. They are unable to hang in there with embracing the complexity of problem solving because they don’t have the physical energy; they are exhausted. All of their faculties are tapped. It is just too much.”<sup>1</sup> Pastor Jerry Gernander gave a lecture at a Lutheran Pastoral Conference on the topic of “Compassion Fatigue: A Problem for Pastors.” In that lecture he highlighted both sides of the equation. He said, “Fatigue must be higher after performing all the ministry tasks related to a death and funeral; or it must be higher in the case of pastors at larger churches, where they have more members to tend, and the number of sick, shut-in

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<sup>1</sup> Walker interview

members, and deaths would be higher.” But then he concluded, “But this is not necessarily the case because a pastor at a small church, who may only have one funeral per year, may actually be more vulnerable to compassion fatigue.”<sup>2</sup>

## **2. Negativity and Hopelessness**

Julia Mateer wrote an article in *Leadership Journal* titled, “When You Just Can’t Care Anymore.” She related this story:

The woman on the other end of the phone is crying. The ambulance just left her house and is headed to the E.R. She thinks her husband had a heart attack but she’s not sure. She’s scared and she wants you to meet her at the hospital. Off you go. You get to the hospital, where you find out her husband has passed away. You walk into the side room where you find a woman on her knees, wailing, as her two little boys sit in the chairs next to her and cry too. After being up all night at the hospital, you still have to go into the office the next day...and you are still pastor-on-call. You get another phone call: someone’s mother-in-law has passed away and the family wants you to come and pray with them and help arrange the funeral. Off you go...again. Month after month of dealing with crisis begins to take a toll on you emotionally and physically. You find yourself with a negative attitude and an underlying sense of hopelessness.<sup>3</sup>

Gernander said, “The sixth deadly sin is named by the Church acedia or sloth. In the world it calls itself tolerance; but in hell it is called despair. It is the sin that believes in nothing, cares for nothing, seeks to know nothing, interferes with nothing, enjoys nothing, loves nothing, hates nothing, finds purpose in nothing, lives for nothing, and remains alive only because there is nothing it would die for.”<sup>4</sup>

## **3. Functioning numb**

Nolta wrote, “Compassion fatigue is functioning numb. When the work of rescuing and helping becomes routine for the compassionate one, he or she may begin to function in a

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<sup>2</sup> Jerry Gernander, “Compassion Fatigue: A Problem for Pastors,” ELS General Pastoral Conference, Bloomington, MN, October 1, 2014.

<sup>3</sup> Julia Mateer, “When You Just Can’t Care Anymore: Preventing and Healing Compassion Fatigue,” *Leadership Journal*, April 2015.

<sup>4</sup> Gernander lecture

state of numbness. When the wounds of the injured one are struck over and over, the nerves that have been pummeled into submission can cease to function, leaving that person numb and unable to feel.”<sup>5</sup>

#### **4. Depression and Sadness**

The counselors/coaches with Higher Ministries said, “Depression plays out in 75-80% of the ministers that we work with, and they are either on medicine for depression or need to be.” There were three ministers they needed to guide to the local mental hospital. While that is not a large number, it was still significant. They indicated that in the worst case they saw, the minister admitted that he sat down with a gun in his hand and thought about killing himself, but “didn’t want that for his daughter.”<sup>6</sup>

In *The Wounded Minister* the author wrote, “From my research regarding wounded ministers, I have concluded that there is widespread clinical depression among ministers. This is a difficult statistic to gather. Most depressed ministers would be unwilling to admit it even on a psychological test for depression. For one thing, it would be considered an admission of a weakness in their faith.”<sup>7</sup>

Kathleen Norris wrote, “The boundaries between depression and acedia are notoriously fluid; at the risk of oversimplifying, I would suggest that while depression is an illness treatable by counseling and medication, acedia is a vice that is best countered by spiritual practice and the discipline of prayer.”<sup>8</sup> Acedia is a term closely related to compassion fatigue or secondary traumatic stress.

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<sup>5</sup> Nolta, 85.

<sup>6</sup> Higher Ministries interview

<sup>7</sup> Greenfield, 105.

<sup>8</sup> Norris, 3.

In Gerander's lecture he said, "We too have dismay about seeing many colleagues, fellow pastors, leave or contemplate leaving the ministry. But that is not all. It may not be that the pastor is contemplating leaving the ministry. He may be ministering while feeling hopeless or discouraged. He may feel emotionally spent, having little energy for the tasks of the ministry, and go about his work mechanically."<sup>9</sup>

### **5. Unable to summon compassion**

Norris wrote, "The word 'acedia' means the absence of care. The person afflicted by acedia refuses to care or is incapable of doing so."<sup>10</sup>

### **6. Low self-esteem**

A statistic cited earlier stated that 70% of pastors reported they have a lower self-image now than when they first started. Greenfield wrote, "In my last pastorate I faced for the first time a clergy killer and some pathological antagonists. I became severely wounded in a battle I had not anticipated. It was a heavy blow to my ego."<sup>11</sup> It is difficult when a minister places himself in front of the entire congregation as a voice from God. The ministerial role demands a tremendous amount of righteous ego in balance with a sincere amount of humility. Personally, I find it takes ten words of encouragement to balance a single word of criticism. If a minister's self-esteem takes a hit, the damage can be hard to overcome.

### **7. Tension, Anger, or Irritability**

As is the case with law enforcement and professional counselors, it would be reasonable to expect that symptoms of compassion fatigue among care-giving ministers would include tension, anger or irritability. During my own years in ministry, it was not uncommon for me

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<sup>9</sup> Gerander lecture

<sup>10</sup> Norris, 3.

<sup>11</sup> Greenfield, 15.



to come home from a late evening church meeting where significant tension was present, and bring home that tension. That sort of pressure can result in slamming the door or kicking the dog.

## **8. Loss of humor**

Humor is connected to human health and emotion. While ministers differ in their personality traits, humor is a means of coping with difficult or awkward situations and stressful events. When a care giver loses his or her sense of humor, it may be a symptom of fatigue that can negatively affect personal relationships. Ministers can use humor in preaching, teaching, or even defusing tense situations. A minister known for his wit can brighten a room. When humor is absent, the ability to interact with people can lose its positive strength.

## **Physical Symptoms**

In addition to emotional symptoms there are physical warning signs that a minister may be suffering from compassion fatigue. These symptoms can range from minor to severe.

### **1. Addiction**

Probably the most common addictions are alcohol addiction, drug addiction, and sexual addiction. London dedicated a whole chapter to sexual addiction. He cited that “20% of pastors admit to having had an affair while in the ministry, and 37% admit that internet pornography is a current struggle.” He quoted the following characteristics of addictive sexual behavior: “It is done in isolation, is secretive, is self-focused, is victimizing, ends in despair, and is used to escape pain and problems.”<sup>12</sup> Higher Ministries counselors/coaches said, “a large number, perhaps 75-80% of ministers we see are dealing with addictions of

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<sup>12</sup> London, 241.

some sort – pornography or alcohol to deal with loneliness and depression.”<sup>13</sup> In an article written by David Fritsche, he stated that for ministers, “compassion fatigue takes over through indulgence in escape mechanisms such as drugs, alcohol, lust, or leisure.”<sup>14</sup>

## **2. Fatigue**

The chapter on trends cited that 26% of pastors report being over-fatigued. In an interview with Dr. Roy Lawson, he observed, “Exhaustion is a typical symptom, but it is separate from compassion fatigue because it can have physical manifestations as well as mental ones. Ministers say, ‘I am just too tired.’”<sup>15</sup> Chaplain Nolta wrote, “While extreme giving can often push the giver to the point of feeling ‘empty,’ there are also cases where the demands and needs of the hurting, can ‘overflow’ even the most compassionate giver.”<sup>16</sup>

## **3. Migraines and headaches**

When Greenfield described symptoms of depression and compassion fatigue he listed “Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain.”<sup>17</sup>

## **4. Disrupted sleep**

Fritsche’s lists of characteristics of compassion fatigue included lack of proper rest or over-sleeping.<sup>18</sup> The counselor from GracePointe Counseling suggested “rumination” as something that can keep a care giver up at night. Rumination happens when a minister has encountered a traumatic event incurred by a parishioner that disturbs the minister to the

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<sup>13</sup> Higher Ministries interview

<sup>14</sup>David Fritsche, “Compassion Fatigue: Article #261,” Ministry Health: Support and Resources for Pastors and Christian Ministry Professionals, accessed December 24, 2020, [http://www.ministryhealth.info/mh\\_articles/261\\_df\\_compassion\\_fatigue.html](http://www.ministryhealth.info/mh_articles/261_df_compassion_fatigue.html).

<sup>15</sup> Lawson interview

<sup>16</sup> Nolta, 85.

<sup>17</sup> Greenfield, 106.

<sup>18</sup> Fritsche, Article 261

point that he keeps replaying the event over and over in his mind, especially at night when he is trying to get some restful sleep. This symptom corresponds to vicarious trauma.

### **5. Weight loss or gain**

Greenfield added the physical symptom of “appetite and/or weight loss or overeating and weight gain.”<sup>19</sup>

### **6. General health damage**

In an interview, Dr. Marshall Hayden, who ministered in six congregations over 47 years, relayed this story of the physical manifestations of vicarious trauma that he observed during his father’s ministry:

He was preaching at another church at a revival meeting and I remember we were on our way home from that speaking engagement when he pulled off the road and said “Mother, you are going to have to drive.” He laid down in the backseat in the fetal position. He was having severe gastric symptoms. I thought he was going to die. Suddenly I woke up that there was something happening there...it wasn’t too long after the move to a teaching position with a Bible college that the symptoms subsided, and I don’t think he had to continue drinking goat’s milk, but it may have been about a year after we moved.<sup>20</sup>

Hayden was asked how he connected the physical symptoms to his father’s ministry. He remembered his father saying, “People would come and tell me their problems and I would fret and stew about it, and look out from the pulpit into the congregation and wonder how they were doing. Sometimes I think I worried more about their problems than they did.”<sup>21</sup>

Hayden observed, “The vicarious trauma description is quite exactly what he went through. I don’t think acedia describes what he went through. It might have become that

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<sup>19</sup> Greenfield, 106.

<sup>20</sup> Dr. Marshall Hayden interview with author, December 28, 2020. Full text of interview in Appendix #10.

<sup>21</sup> Ibid.

with time. I would say yes to the second definition – vicarious trauma. I don't think he ever stopped caring.”<sup>22</sup>

Greenfield described other physical symptoms, such as “fluctuations in blood pressure, increased heart rate, sleepless nights, mental anguish, flushes of anger, feelings of total frustration and helplessness continue to take their toll on a minister's physical health.”<sup>23</sup>

### **Relationship Symptoms**

Other warning signs or symptoms may indicate that a minister is on the edge of compassion fatigue. Those symptoms are revealed through a minister's relationships in these ways:

#### **1. Loneliness**

According to Dr. Roy Lawson, “Megachurch ministers may have big programs and staffs, but they really do feel alone because their big church is so much built on their own personality or productivity. They don't have peers in the congregation. Most megachurch ministers are lone rangers: they have to do the driving; they have to have the ideas. Such ministers have an increasing sense of isolation.”<sup>24</sup> The life coaches of Higher Ministries confirmed that, even in small congregations, “The vast majority of ministers would say they have no friends outside the church. They feel isolated, alone and they really feel like they are completely alone.”<sup>25</sup> In Gernander's lecture he said, “The pastor is often without a friend.” He went on to say that “loneliness of the pseudo-intimacies common to pastors is an

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<sup>22</sup> Ibid.

<sup>23</sup> Greenfield, 103.

<sup>24</sup> Lawson interview

<sup>25</sup> Higher Ministries interview

enormous energy drain. This is the curious experience of being available to parishioners in caring, intimate, and confidential ways. Ways which are not typically reciprocated.”<sup>26</sup>

Greenfield wrote, “The hurt of a wounded minister involves the injury of extreme social and emotional loneliness and a feeling of abandonment. There is the perception that ‘no one really understands how I feel,’ sometimes including even the minister’s spouse.”<sup>27</sup>

## **2. Tendency to blame others or self**

Fritsche’s list of symptoms cited “Learning to blame others (justification at all costs) and preoccupation with stress-producing people and situations.”<sup>28</sup> Dr. Roy Lawson, a minister who has served churches around the nation and who is very familiar with hundreds of churches and ministers, stated that ministers can experience paranoia or defensiveness. He stated it this way: “If I am defensive all the time, I am explaining myself, excusing myself, defending myself against real or perceived enemies, it’s because I feel like a fraud or a failure. I feel I am under attack because attendance is down, the baptistery is not being used, so I throw up my defenses, try to make myself look or sound better, and shift the blame: “It’s your fault and not mine!”<sup>29</sup>

## **3. Conflict in relationships**

In the chapter on criticism, Greenfield wrote, “When the minister cannot seem to get along with competent and spiritually minded staff persons, when he must attend and control every committee meeting of the church, when he frowns more than he smiles, when he complains more than he inspires, when his spouse appears beaten down and depressed, when

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<sup>26</sup> Gernander lecture

<sup>27</sup> Greenfield, 181.

<sup>28</sup> Fritsche Article 261

<sup>29</sup> Lawson interview

he must be center stage at all church meetings, when he is known for his angry outbursts, then the people of the church are going to be critical of him, and understandably so.”<sup>30</sup>

#### **4. Marital problems**

London’s book dedicates substantial portions to the minister’s marriage. He cited that “80% of ministers say they have insufficient time with their spouse, and that the clergy has the second highest divorce rate among all professions.”<sup>31</sup> He quoted a lady who said,

I have a friend whose husband has been a pastor for five years. She half-jokingly says that every couple going into ministry should have two identical signs artfully lettered with the message, *Warning: Ministry May be Hazardous to Your Marriage*. She’d put one sign in the pastor’s study about eye level with his desk and the other in their bedroom. She says the office sign would remind her husband of potential problems in counseling and overwork, while the bedroom sign would remind both wife and husband that, without persistent commitment to each other, ministry competes for priority, sensitivities and intimacies in marriage.<sup>32</sup>

#### **5. Inappropriate sexual behavior**

In a survey cited by Gernander in his lecture, he said that “37% of ministers confessed to having been involved in inappropriate sexual behavior with someone in the church.”<sup>33</sup>

London listed twenty “Hazards” that ministers must confront in their profession. Hazard #12 is titled “Sexual Temptation and Infidelity.” He wrote,

Our society seems to be drenched with sometimes explicit sexual information. Each week seems to bring heartbreaking news about another moral failure among pastors. Pastors often carry a sense of futility about ministry into their homes when they’re not effective in facilitating Spirit-directed, positive change in the lives of those they serve. Every pastor should weigh two often overlooked truths: (1) infidelity by one minister may turn someone away from Christ forever, and (2) a satisfying marriage energizes ministry.<sup>34</sup>

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<sup>30</sup> Greenfield, 128.

<sup>31</sup> London, 84.

<sup>32</sup> Ibid., 85.

<sup>33</sup> Gernander lecture

<sup>34</sup> London, 49-50.

## Job Impact Symptoms

There are symptoms that hint of compassion fatigue for ministers that affect the ministers' work.

### 1. Poor job performance

An article in *Disciple Magazine* said there is...

the wrongheaded assumption in the West that we are all capable of doing far more than the benighted people of the past. Too many in the church have unconsciously adopted the world's idea of unaided human potential being somehow limitless. Some have justified the taking on of too many challenges by using the biblical declaration that "With God all things are possible" or "I can do all things through Christ who strengthens me." The rub here is this: God will indeed give us the strength to accomplish what He truly has called us to accomplish. What He will not do is give us the strength to accomplish something He never had in mind.<sup>35</sup>

### 2. Hesitancy to connect to others

Another symptom of compassion fatigue is avoidance. Nolta wrote, "An unrecognizable, unmarked time can come when the pain of practicing compassion becomes greater than the privilege."<sup>36</sup>

### 3. Lack of motivation

Dr. Lawson observed that a minister is unmotivated when he concludes, "I don't want to go on. I am no longer engaged enthusiastically in the mission."<sup>37</sup> Soren Kierkegaard wrote, "I do not care for anything. I do not care to ride, for the exercise is too violent. I do not care to walk, walking is too strenuous. I do not care to lie down, for I should either have to remain lying, and I do not care to do that, or I should have to get up again, and I do not

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<sup>35</sup> Oakley, *Disciple Magazine*

<sup>36</sup> Nolta, 85.

<sup>37</sup> Lawson interview

care to do that either. *Summa summarum*: I do not care at all.”<sup>38</sup> This sounds very much like Kathleen Norris’ definition of “Acedia, the inability to care.”

#### **4. Problems with time management**

Gernander said, “Acedia thrives in the nervous activity of the ‘busy pastor’ who has too much to do and too many distractions. ‘Not getting things done’ is always a result of bad time management; often it results from undergoing the attack of acedia.”<sup>39</sup>

#### **5. Difficulty separating work from personal life**

Establishing margins is a challenge in all professions, including the ministry. London wrote,

Within the period of a day, you might rejoice with the parents of a new baby, visit an unwed mother and her grieving parents, and cry with a dying child – perhaps even all in the same hospital. The emotional struggles coupled with your own fatigue, take a toll on your whole being and leave you with almost no reserve for your family and yourself. The problem with no margins in the schedule of a minister deepens even more if a spouse works. Work can take its toll on a minister’s family and family demands can take a toll on a minister’s work.<sup>40</sup>

#### **6. Compulsion to work harder and longer hours**

Gernander insightfully said, “When behind, work longer and harder! Or in other words: The Type A Behavior Response. This increases the strain and pressure on the pastor in his work, and it also takes him away more from family and other positive coping mechanisms, increasing the stress in multiple ways simultaneously.”<sup>41</sup>

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<sup>38</sup> “Soren Kierkegaard, *Either/Or*, 1843.

<sup>39</sup> Gernander lecture

<sup>40</sup> London, 105-6.

<sup>41</sup> Gernander lecture



## Chapter 12

### Causes of Compassion Fatigue among Ministers

We have just examined symptoms of compassion fatigue among ministers; to address causes may seem redundant. Many of the symptoms may in reality be causes for compassion fatigue for ministers. Many causes of compassion fatigue for ministers are simply to be expected; they come with the profession. The joy of ministry is critical. While there are certainly causes and symptoms that can take away a minister's joy, it is vital to focus on the great rewards that come with the privilege of being a minister. Ministers are called to "bear one another's burdens." The challenge is to set limits on the drain of bearing so many burdens and to recognize causes that might range outside the norm, or even the bearable.

#### 1. Carping Criticism

"When a member of the congregation constantly is criticizing, after a while it feels like there is no satisfying the criticism. There may be incessant, nagging criticism that you can't do anything about, but it won't go away. This is hard on young ministers. If you hear the criticism often enough, you can come to believe it."<sup>1</sup> The children's minister interviewed for this project said, "It's hard when a parent comes to me and says 'I have asked you to help my child integrate with the other children, but the other kids aren't being nice to my kid. My kid wasn't invited to a birthday party.'"<sup>2</sup> She went on to observe that the family had been absent from church for several weeks during sports season and recently returned. "It

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<sup>1</sup> Lawson interview

<sup>2</sup> Female Children's Minister interview with author, January 15, 2021. Full text of interview in Appendix #12.

doesn't mean the kids around them aren't making your child welcome. It means your kids have missed a lot of time, and it will take them time to feel in place again.”<sup>3</sup> She continued, “You have to be present to build relationships, and I am not responsible for all aspects of a child's life at church.”<sup>4</sup>

In *Pastors at Greater Risk*, the author wrote, “Some congregations have an individual or a small group of people who wound pastors and cause horrendous damage in the life of the congregation. Some pastors who have suffered at their hands call these people clergy killers.”<sup>5</sup> Greenfield wrote, “A minister's peace of mind is very important to the quality of his productivity in ministry. It is very difficult to be loving, gentle, and kind toward people when a small group of nitpickers are constantly at him about trivial matters that have little to do with the overall purpose of the church.”<sup>6</sup>

## **2. Internalizing negative messages**

In his chapter entitled, “Collateral Damage to Ministers,” Greenfield said negative messages can damage a minister's marriage, a minister's children, a minister's health, a minister's peace of mind, the minister's faith, the minister's retirement, and even the minister's idealism.<sup>7</sup>

## **3. Absence of realistic, realizable goals**

Dr. Lawson stated the absence of realistic, realizable goals “can be placed at the minister himself. From a practical and operational standpoint, the pastor provides the leadership.

Ministers must know the requirements of their job, including what the church's and his

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<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> London, 57.

<sup>6</sup> Greenfield, 104.

<sup>7</sup> Ibid, 97-112.

personal goals are. A lot of young ministers have ‘pie in the sky’ goals which are not realizable. When they set these goals and can’t reach them, they feel like failures.”<sup>8</sup> Coaches/counselors from Higher Ministries quoted a statistic that 80% of seminary graduates leave ministry within the first five years because they have an unrealistic image of what the church and ministry will be.<sup>9</sup>

#### **4. Entering into the pain of others**

Another term for compassion fatigue is vicarious trauma. A person entering the ministry expects to be called to help bear the burdens of others. Their burdens, no matter how severe, become those of the minister.

Gernander said,

Entering into the pain of others took something out of Jesus, as Luke 8:46 records regarding the healing of the woman with the previously incurable flow of blood. Pastors experience this too. The Apostle Paul wrote ‘Weep with those who weep’ in Romans 12:15. He modeled this as a pastor. But we should recognize the other side of this, for a pastor who is called to do this at any time: empathy such as this affects the pastor and drains him.

Pastors’ constant involvement in the lives of those they serve has a cumulative effect. As pastors our work with trauma is different than most care givers. Our definition of crisis is not only dealing with extreme crisis such as the diagnosis of cancer, addiction, divorce, abuse, suicide, terminal illness, and death. But we are also called to help people with these so-called lesser crises with which they struggle daily: guilt and shame, loneliness, anger and bitterness, sadness and discouragement, impatience and discontentment in their vocations, and doubts and fears.<sup>10</sup>

Taking on the trauma of others takes an even more severe twist when a minister must deal with other’s pain that is close to the minister’s personal suffering. To help a couple through the trauma of a miscarriage of a long-expected baby is even more difficult if just months earlier the minister and his wife lost a long-expected child of their own. Or a

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<sup>8</sup> Lawson interview

<sup>9</sup> Higher Ministries interview

<sup>10</sup> Gernander lecture

minister who must bear the pain with a family who is dealing with the suicide of a teenage child may have suffered that same experience. A minister's own personal history of trauma or loss makes the burden even heavier. The Children's minister interviewed, who is female, said, "We have had women who dealt with the aftermath of losing a baby and her body is still preparing to care for the baby. Those are physical responses that aren't easy to talk about with men." She added, "That hit close to home"<sup>11</sup> Vicarious trauma - entering into the pain of others - is indeed a cause for compassion fatigue in ministers.

### **5. Inadequate Staff**

One person cannot do the work of ministry alone. In larger congregations, multiple ministers may serve a church. But even with a large ministerial staff, the church cannot provide for all its needs without the work of volunteers. Unfortunately, many ministers do not know how to effectively recruit and utilize the help of church members. When the church issues a public appeal for volunteers in the children's program or for the distribution of food from the church's food pantry, people may step forward who create more trouble than help. Rather than issuing a blanket plea for help, a minister might consider personally asking people the minister feels might best fill a task. This approach, however, requires considerable time and effort. Greenfield wrote, "I have experienced this in a church where evil persons prevailed primarily because good but passive lay leaders chose to do nothing about them." He quoted the eighteenth-century British political philosopher, Edmund Burke, "All that is necessary for evil to triumph is for good men to do nothing."<sup>12</sup>

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<sup>11</sup> Children's Minister interview

<sup>12</sup> Greenfield, 59.

## 6. Increased complexity of today's church

Dr. John Walker of Blessing Ranch was asked about the contributing factors that cause compassion fatigue among ministers. He identified a factor he had seen frequently.

Complexity of ministry in today's church. Scripture is central to the heart of the minister. Even though pastors feel compelled to help their congregation draw strength from the scriptures, it often misses the heart of the minister. If you try to deal only with the symptoms, you cannot get to the causes. There is a strong need among ministers to achieve. As long as the minister 'succeeds,' then he feels good about himself. He achieves because he serves. Achievement is often being thwarted by intra-church conflict, pastors in conflict with church leadership.<sup>13</sup>

In some respects, ministering in today's church is vastly different from a decade ago. Churches today use technology, have many compartmentalized programs, serve people who live miles away, serve in communities where people have many choices for a church in which to be a member, and deal with multiple generations with differing tastes in worship styles and music. While churches in the 70's might have experienced a worship service interrupted by the crying of a baby, today's worship might be interrupted by an unmuted cell phone playing a jazz song in the middle of a communion service or sermon.

## 7. Church conflict

It was cited earlier that 80% of ministers expected conflict within their church. Walker said, "Church conflict results in the pastor feeling that he can do nothing right. Half of the church is in one camp, and half in the other."<sup>14</sup>

Thomas Fritsche wrote about dealing with others when he said,

In the process of leadership, stress accumulates. Problems do come, and when they do, your role is to deal with everyone else's stress, relationships and issues. You talk, pray, cajole, argue and convince. You spend endless hours attempting to defuse things, settle

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<sup>13</sup> Walker interview

<sup>14</sup> Ibid.

emotions and bring peace. In the end, people have processed their pain or decided that they want to hold onto it. They are either healed or have decided not to be. In either case, your job has reached some, at least fuzzy definition of completion.<sup>15</sup>

In *The Wounded Minister*, the author dedicated a chapter to the collateral damage to the church that is brought on by church conflict. He listed five major areas of damage: evangelism, financial contributions, attendance, joy and zeal, and the church's future.<sup>16</sup> While the church can certainly be damaged by conflict, church wars have indeed been causes for compassion fatigue for churches' ministers. Some members might blame their minister for the damage, but the guilt that the minister would carry for leading a battling church can be equally hurtful.

The children's minister interviewed addressed compassion fatigue by saying, "The thing that wears more on older ministers is petty complaining. During the pandemic, people were upset about changes in worship services." She added, "Dealing with an angry person is a lot harder than dealing with a sad person."<sup>17</sup>

## 8. Outside Stresses

While there may be a variety of stresses that come with the ministerial profession that can lead to compassion fatigue, there are also outside pressures. London wrote, "You would expect that any occupation dealing with stressful issues would cause casualties. Pastors are not any different. And the stress is multiplied over and over as problems grow and snowball. An unsatisfactory reaction or terrifying circumstance in one area significantly impacts other aspects of a pastor's life and ministry. A big fight with his spouse on Saturday night shows

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<sup>15</sup> Fritsche, Article 261

<sup>16</sup> Greenfield, 115-122.

<sup>17</sup> Childrens' minister interview

up in Sunday morning's preaching."<sup>18</sup> Other outside stresses can impact a minister's work as well, such as problems in the family, overeating, or even personal health. I was diagnosed with Multiple Sclerosis in my late 40's and it had the potential to greatly affect my work. A minister attempting to continue his ministry while suffering from MS, Cancer, Parkinson's, or any other chronic illness will experience considerable stress, particularly if the minister is worried that disclosing the illness will result in disability and, potentially, job loss.

## 9. Isolation

A leader of Higher Ministries reflected that "the vast majority of ministers we see would say that they have no friends outside the church. They feel isolated and completely alone."<sup>19</sup> London's stated, "Loneliness feels like God is gone and has taken everyone who mattered with Him." Then the author added, "In moments of candid insight, some pastors admit they don't know how to cultivate friendships. In fact, some even think that living in isolation makes them faithful to their training, that friendships are a sacrifice pastors make to avoid feelings of jealousy among church members. How silly!"<sup>20</sup>

For some with introverted personalities, social interaction is stressful. But at the very least "the pastor needs to have a pastor."<sup>21</sup> The leaders with Higher Ministries said that "some of the ministers we work with have no one with whom to share a burden. They always have to be at the top of their game. They get angry and depressed and they can't talk about themselves or reveal any of this. They have nobody they can be open and honest with and nobody they can just hang out with outside of their families."<sup>22</sup>

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<sup>18</sup> London, 39.

<sup>19</sup> Higher Ministries interview

<sup>20</sup> London, 52.

<sup>21</sup> Gernander lecture

<sup>22</sup> Higher Ministries interview

## **10. No network of support**

One major metropolitan area where I ministered had around 50 Christian Churches, all working together as a very close network of support for the ministers in those congregations. I served another church in a different large metropolitan area with about 40 Christian Churches, but in that community, there was no cooperation between the congregations. Each church seemed to be an island unto itself. There was very little effort to work together. Instead, each church seemed to be in competition with the others. There was little network of support.

Support systems for ministers are important. Jerry Gernander is a Lutheran pastor, and in his lecture on compassion fatigue, he talked about support systems.

Denominational officials rank near the bottom while seminary professors rank last. This is sad because both of these categories of persons are very close to clergy during their training years and transitions. Both types of supporters are typically ordained themselves and would be expected to understand clergy needs. But pastors often regard them as privileged defectors from the ranks of everyday pastors. They consistently report that they do not trust the motives of such persons, nor find them helpful in times of crisis or transition. Their lack of support is discouraging also because these persons are dominating influences in the church, who claim to care about the needs of clergy. Their influence and claim is viewed negatively by the majority of pastors.<sup>23</sup>

Gernander wrote from experience within the denominational structure of the Lutheran Church, but in all settings the minister without a support network can become the victim of compassion fatigue.

## **11. Lack of education and experience**

An education that equips ministers with a strong understanding of scripture is most important, but there must also be a strong emphasis on how to practically lead a church and

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<sup>23</sup> Gernander lecture



in the art of pastoring. Without conscientious effort, either on the part of the student or on the part of the educating institution, it might be possible for a ministerial student to complete both undergraduate as well as graduate religious degree programs, without ever having taught a Sunday school class, preached in a worship service or led a congregation in public prayer.

Dr. Roy Lawson, who has a background in church ministry as well as higher education administration and teaching stated, “There should be a better relationship between churches and church colleges. Internships are helpful.”<sup>24</sup> Lawson went on to say,

You can feel “over your head” because of inadequate education, or incomplete training. Internships could help with this. I was taught the very practical aspects of ministry as early as Christian Endeavor when I was in high school, but I don’t think we are doing that now. We also learned a lot of those practical aspects of ministry in Bible college, like how to baptize someone, even how to dress and meet social expectations—all very practical and down to earth ministerial applications.<sup>25</sup>

The Children’s minister interviewed for this project said that she had not observed that that women encountered compassion fatigue more or differently than men, but she did believe the occurrence of compassion fatigue had more to do with the length of time spent in ministry and the age and experience of the minister. She said:

I get to work with very young ministers and am friends with ministers who have done this their whole careers. The young ministers have a really hard time separating themselves from people’s problems. They have a hard time setting that apart and walking away from it. If somebody comes and is grieving, with the older minister, that hurts but they know how to create space to grieve.”<sup>26</sup>

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<sup>24</sup> Lawson interview

<sup>25</sup> Ibid.

<sup>26</sup> Children’s minister interview

## 12. Money Struggles

A minister friend left the ministry and returned to being an airline pilot, because his church was unable to provide him with a retirement benefit. He was concerned about the future well-being of his family. Another minister friend opted out of social security during the early days of his ministry, had no pension, and was housed in parsonages throughout his ministry. When he retired, he had no income and no place to live. He took out his first mortgage at age 65 with no financial resources, except an inheritance he was fortunate enough to receive. While ministers do not enter the ministry “for the money,” they still need to provide for their families and their futures. London wrote,

In most households, including the pastor’s, two paychecks are the norm. And young pastors often carry staggering educational debts into their ministries. Middle income jobs are being eliminated throughout society, and health insurance for everyone, including pastors has skyrocketed to unbelievable levels. To meet or solve financial burdens, the pastor often becomes bi-vocational, or his wife goes to work. This means the couple struggles to find time for church responsibilities and for each other.<sup>27</sup>

## 13. Social Media brings all the evil in society out to the open

In the interview with the counselor from GracePointe, he mentioned that social media makes us aware of everything -- riots, violent crimes, mass shootings, sex trafficking and all the sinfulness of today’s society.<sup>28</sup> London wrote, “Who would ever imagine ministry would be done in a society where airplanes are turned into missiles, where a sniper kills random victims and terrorizes suburban Washington for days and where school shootings have become common? But this complex environment for doing ministry is our present reality. Our culture needs the minister more than ever. And we need to offer effective ministry in

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<sup>27</sup> London, 46.

<sup>28</sup> GracePointe interview

spite of complexity and confusion.”<sup>29</sup> The stark awareness of the evil in our society brought to us by social media can provide overload for the minister commissioned to fight those very evils.

#### **14. Technology changes**

In the interview on the nursing profession, one cause of compassion fatigue mentioned was the exhaustion caused by the demand to keep up with changing technology. A nurse may be trained on one computer program only to discover that a software update has changed the way the software functions. Ministers share the societal challenges of keeping up with computers, and they are also confronted with rapidly changing ways of communication with members of their congregation, for example, cell phones, Facebook, Twitter, church websites, and live-streaming church worship services. London wrote,

Top-notch television and religious radio bring the most accomplished musicians and capable preachers into our family rooms. When church members have firsthand experience with flawless performances, is it any wonder they believe such programs should be models for their churches? No matter how hard a minister tries, these caregivers find it difficult not to think their church is inferior. This all produces an unspoken hopeless despair.<sup>30</sup>

#### **15. Feeling Unimportant**

In the listing of current trends, the profession of pastor is near the bottom of a survey of the most respected professions, just above car salesman. Decades ago, the minister was frequently the most highly-educated person in town, but now church members with college degrees and doctoral degrees in various professions make up the audience for his sermons. Throughout many denominational groups, ministers have been forced out of ministry due to

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<sup>29</sup> London, 55.

<sup>30</sup> *Ibid.*, 41.

inappropriate sexual behavior. This has left a mark on ministry, lowering it in stature. Church members have also witnessed their ministers being subjected to scrutiny and criticism to the degree that they no longer encourage their own children to pursue the ministry, for fear of the abuse to which they might be subjected. Young people are choosing any other profession but the ministry, simply out of a perception that the ministry is difficult, poorly paid, not important enough to consider as a vocation and lacks community respect.

### **16. Cynicism**

Several years ago, I was serving a church as the youth and singles minister. Our senior minister, returning from a vacation, heard that a lady who described herself as an expert in analyzing hand writing was not happy with him. She was a member of the church and led a Bible study group. She told the group that she had received a letter from the senior minister and decided to analyze his handwriting. She reported to the group that through her analysis she discovered that the senior minister had “demoniac tendencies.” Word got back to the senior minister, and in a staff meeting he could not recall having sent a letter to the lady. The church secretary reported that the lady received a general letter sent from the church office and since the minister was out of town on vacation, the church secretary signed his name to the letter herself. The staff enjoyed a good laugh at the expense of the secretary’s “demoniac tendencies.” This, however, was really no laughing matter. The lady simply did not like the senior minister, and used her “expertise” to support her dislike and to influence the way others in her group viewed him. It stands to reason that a minister might become pessimistic when even a signature on a letter gives rise to suspicion by a minister abuser.

## **17. Not setting boundaries**

Compassion fatigue among ministers can be caused by the demands of a job that never ends, seven days a week and 24 hours a day. For the good of the minister, it is important to set some boundaries.

When I was a youth minister, I felt it was important for me to be in the church office from 8:00 a.m. - 5:00 p.m. and members of the congregation expected to be able to contact the ministerial staff at the church during those hours. It just seemed to be the professional thing to do. Young people, however, were in school during those hours. So, I would go home for dinner and return to the church to spend evenings involved with the youth in Bible study groups, social activities, or athletic programs. Most of the adults working with the youth programs also worked office schedules of 8:00 a.m. -5:00 p.m. hours. Consequently, the only time to meet with those volunteers was during evening hours. While the church office was closed on Saturday and Sunday, those were also the days available for youth activities because school was not in session then. During the days of my ministry, I technically had one personal day off a week, but this had to be a week day because Saturdays were so important for youth scheduling, and Sundays, of course, involved Sunday school, worship and evening youth meetings. Particularly after my wife returned to work, it didn't make sense for me to take a day off while she was working and she was spending her weekend "days off" keeping up with the house, the children and involved in church activities with me. Therefore, it seemed like I was working around the clock with little personal time or time alone with my family. A minister who does not establish some boundaries will eventually burnout and cease to want to care for others or for his family or for self.

## **18. Stress of exposure to much trauma, death**

While the ministerial profession doesn't have the constant exposure to death and trauma that a police officer experiences, the minister still is on call for traumatic events in the life of the congregation. When a member of the church dies, or even a relative of a church member dies, the minister is on call, regardless of the time or day. When a church member is hospitalized with a serious illness or is involved in a serious accident, the minister is on duty to bear their burdens. That's what ministry is all about. Nolta wrote,

I know ministry calls, and much of it has to do with dead people – people dead by homicide, suicide, accident, hanging, shooting, stabbing, burning, or beating. And that's not even the worst. Worse than what happened to the dead person, is dealing with the grieving family members left behind. It is dealing with their tears of anguish, disappointment, hurt, hopelessness, helplessness, and profound sudden loss, all of which leave them to be swept up into a basket and held there until the crisis passes.<sup>31</sup>

I will never forget the day a 29-year-old young man in the congregation where I ministered killed himself. He was a member of the singles group in our church, and I was the singles minister. His father called me, trying to find his son, because he had not heard from him for a few days. He thought maybe he had gone somewhere with other singles in our group. A few hours later the father called again and asked me to come immediately to his son's apartment. I arrived at the same time as the policemen and the rescue squad. We found the young man's body on his bed, covered in blood. He had shot himself. I did not want his father and mother to see the horrible sight. After the coroner took the body away, I organized our singles group to clean the bloody apartment and collect the young man's personal effects. We did this to protect his parents, but the trauma of that event and the task involved has remained with me to this day.

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<sup>31</sup> Nolta, 70.

Nolta wrote, “The compassionate one – the one who ‘suffers with’ – suffers the depth of grief, albeit not as the parents suffer, but only in that part they shared. Over and over the minister shares the grief with innumerable victims.”<sup>32</sup> There may very well come a time when the minister becomes fatigued with giving so much severe compassion that the trauma becomes his own.

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<sup>32</sup> Nolta, 73.

## Chapter 13

### **The Impact of Compassion Fatigue on Stone-Campbell Ministers**

The stated goal of this project is to gain insight into compassion fatigue among ministers serving in Stone-Campbell churches. It would be fair to conclude that the symptoms, causes, and remedies of secondary traumatic stress disorder for ministers are common, regardless of their churchly communion. If the way of dealing with compassion fatigue is different for Stone-Campbell ministers, it is probably related to the independent nature of the group of churches they serve. Each congregation is an independent entity. This is perplexing to people who are only aware of churches in denominational groups.

During the time I served as Executive Director of Development at a Stone-Campbell seminary, we had the usual every-ten-year visit from a committee from the seminary accrediting association. A member of the committee interviewed me regarding fundraising for the seminary and asked the usual question about how much church financial support the seminary received. The committee member's assumption was that church support funds were provided from a central denomination source and was shocked to learn that securing church support for our seminary meant that I met with mission committees and visited individual congregations spread throughout the country. To the committee member that seemed "horribly inefficient," but it highlighted the autonomous nature of each Stone-Campbell congregation and the challenges their ministers face.

When it comes to the kinds of congregations represented in this group, they range from very large to very small. Dr. Walker of Blessing Ranch Ministries observed, "The



megachurch movement, represented heavily in Stone-Campbell churches, has increased anxiety among their ministers due to the complexity of their respective ministries.”

He also referred to an article he read about whether the church is embracing psychology, and he concluded that smaller, rural churches, and more conservative/independent church leaders have a tendency to have suspicion towards psychology. They also might conclude, “If the minister has an education, then he probably has lost his faith.” While Walker does not think that viewpoint is as prevalent as it was 40 years ago, he thinks “it’s still out there.” He also concluded that this viewpoint might be more prevalent in smaller, more conservative Stone-Campbell churches.<sup>1</sup>

When a minister needs help, Greenfield stated in his book, *Ministers at Risk*, “Independent, nondenominational ministers have absolutely no outside church structure to come to their rescue.”<sup>2</sup> Stone-Campbell churches pride themselves in having local autonomy. Leadership and decision making are in the hands of (1) the Minister, (2) the Elders who are elected by the congregation, or (3) an unelected kind of elder statesman or small group of church members who have been a part of the church for a long time. Any minister who tries to lead without their approval will be a short-term minister. A minister at odds with the elders or with the unelected self-appointed congregational leaders has no place to turn for support.

Ministers in Stone-Campbell churches also face additional difficulties in relocating to a different church population. If a minister is terminated or if a minister resigns of his own volition, who is there to guide that minister to a new ministry? Many denominational

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<sup>1</sup> Walker interview

<sup>2</sup> Greenfield, 181.

churches may have a bishop or area minister who is influential in placing ministers, but ministers in Stone-Campbell churches must rely on networking. Colleges and seminaries associated with Stone-Campbell churches have often maintained “open church” lists to aid alumni searching for ministries. In recent years, however, many church colleges, including those related to Stone-Campbell churches, have closed their doors for financial reasons, and there are fewer means of assisting ministers looking to relocate.

Increasingly, ministers in Stone-Campbell churches are establishing support groups of ministers from sister churches, mostly for the purpose of doing sermon preparation together. The bond of trust forged among these ministers also serves to assist ministers as they work through common problems and challenges unique to this nondenominational movement.

Dr. Marshall Hayden doesn't necessarily see these self-structured, rather than official denominational support systems, as a negative. When he was asked in an interview how he would see the challenge for ministers going through vicarious trauma in Stone-Campbell churches, with no official support base, he said: “I think you would have to tailor some relationships, which is more positive than negative. You get to select your relationships. In denominational churches they have their structure, but you haven't selected those relationships and people. When you can do the selecting, I think you are better off.”<sup>3</sup>

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<sup>3</sup> Hayden interview

## Chapter 14

### What Ministers Can Do to Prevent Compassion Fatigue

Compassion fatigue is a condition among ministers, but it is not a disorder without remedy. The minister, however, has an important role to play in preventing compassion fatigue from destroying a caregiving ministry.

#### 1. Remember your role/your calling

Dr. Marshall Hayden made this comment about compassion fatigue, his own ministry and the observations he has made about the struggles other ministers have faced:

Sometimes I think we need to take the task of ministry seriously, but not ourselves so seriously. The Lord has a lot more than me and sometimes the Messiah-complex gets in the way of a minister. During the COVID-19 pandemic one minister refused to close the doors of the church or make any changes to congregational gatherings. He concluded – “the people need *me*.” No! The people need *Jesus*. You have to realize it just isn’t true that *you* are the key.<sup>1</sup>

Dr. Walker of Blessings Ranch said,

Humility is important even in leadership. Ministers can be guilty of a “two-gospel syndrome: one for everybody else and one for himself. It is easy to apply to the people, but the gospel for the preacher tends to be much more works-oriented. Ministers have no problem seeing that people are coming to Christ through the gospel, but their own gospel may be more preoccupied with “work.”<sup>2</sup>

A nurse can care for someone fighting for life in a COVID-19 ward, but can suffer from frustration by watching news reports showing people attending parties where they are taking no precautions from catching the virus. A policeman may tire of dealing daily with people

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<sup>1</sup> Hayden interview

<sup>2</sup> Walker interview

whose problems seem to stem from their own poor choices of associations and activities. The counselor might offer sound advice about how to deal with a problem, but has no control over whether the person being counseled follows that advice, or even if that person despairs to the point of suicide. The minister can counsel the parishioner, preach the gospel, and comfort the grieving, but can take encouragement from the words of Paul to the Corinthians, “Neither the one who plants nor the one who waters is anything, but only God who gives the growth.” (I Cor 3:7)

## **2. Talk to a trusted person**

Mateer wrote,

When your life is about others, you have to compartmentalize your emotions so you can be present in the moment. It’s difficult to change hats from being in the midst of pastoring someone through trauma, to problem-solving technical difficulties at the church, to bringing a message on the weekends when your own heart is broken over a situation. That’s why it’s imperative that you have a ‘go to’ person on whom you can unload your thoughts and emotions, someone who is accessible to you and who expects nothing from you, someone who is willing to listen to you and pray for you.<sup>3</sup>

Dr. Roy Lawson advised, “Select a wise older counselor. Find someone you can be open with one-on-one. This is different than having a group for support.”<sup>4</sup> When I was traveling for Emmanuel, I encountered many ministers who would talk to me about issues that bothered them in their ministries. I think they talked to me because I knew ministry, and I knew the church. But probably more importantly, they knew I was someone “safe” to confide in because I could keep a confidence, and I was going to leave town.

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<sup>3</sup> Mateer, “Can’t Care”

<sup>4</sup> Lawson interview

### 3. Get involved in a peer support group

Greenfield wrote, “Your wounds, inflicted by pathological antagonists and clergy killers, can be filled with purpose and meaning as you reach out to other wounded ministers to help heal their injured spirits. It actually facilitates your own healing when you take your eyes off yourself and focus on the injuries of others in the ministry.”<sup>5</sup> Dr. Roy Lawson suggested, “Get a support group of older ministers or even outsiders. Do not try to go it alone. You can’t make it on your own.”<sup>6</sup> Marshall Hayden agreed. He added, “There’s a lot to be said for a support group. We had a ministers’ group in Cincinnati...who met once a month. We had the opportunity to lean on each other. I think you see groups like that a lot more now.”<sup>7</sup>

London’s book said, “When facing stress or burnout, I think a pastor needs to resist overloading his family for a solution. Most marriages simply can’t take these pressures. I think a pastor needs a support system outside his family. He needs to build an adequate support system – preferably with peers – where he can turn for nurture to share his hurt, to open his soul and to unburden himself.”<sup>8</sup> Greenfield suggested, “Initiate setting up a ministers’ support group among fellow ministers in your town or area that will meet regularly. This group may be led by a professional counselor who is a committed Christian.”<sup>9</sup>

Later Greenfield wrote,

Familiar examples of wounded healers in secular society are those who are involved in Alcoholics Anonymous, Al-Anon, and Alateen family groups, Gamblers Anonymous, Codependents Anonymous, Mothers Against Drunk Driving, Narcotics Anonymous,

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<sup>5</sup> Greenfield, 214.

<sup>6</sup> Lawson interview

<sup>7</sup> Hayden interview

<sup>8</sup> London, 180.

<sup>9</sup> Greenfield, 113.

Overeaters Anonymous, and Compassionate Friends for parents who have lost a child in death. Why not a Wounded Ministers Anonymous organization?<sup>10</sup>

#### **4. Have a strong social life**

Dr. Lawson made this interesting recommendation:

Have a social life that you take ownership of, with email, phone calls, etc. People who are handling the current pandemic best are people who have that kind of social life. I was taught at Bible college that ministers shouldn't have close friends in the church, but I think it was bad advice. You have to have good judgment though. While I was in church ministry, my wife and I accepted invitations, but we only invited others by groups to our home to try to be careful not to be seen as playing favorites. It is possible to avoid playing favorites, but still have a good social life.<sup>11</sup>

The leaders at Higher Ministry stated the importance of a social life in the community in helping a minister deal with the pressures of ministry, saying,

We usually try to get them involved in something outside of their church. It's been hard to do recently because of the pandemic. What is your passion? What do you enjoy doing? It's a painful labor to get them to come up even with something they enjoy. One guy kind of enjoyed golf. He hasn't done it for 10 years. We're trying to get another one in a cycling club. Trying to get them connected to some social circle outside of their church.<sup>12</sup>

#### **5. Practice physical self-care**

Greenfield advised, "Work closely with your personal physician to protect your health. Develop a professionally designed diet and exercise program, including stress management counseling."<sup>13</sup> Julia Mateer wrote, "It is important to find hobbies that you find pleasurable and fun. If you find golf relaxing, then golf. If it's refurbishing furniture, redo furniture. Hobbies can provide a release from the stress and tension that comes from caring for others

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<sup>10</sup> Ibid, 214.

<sup>11</sup> Lawson interview

<sup>12</sup> Higher Ministries interview

<sup>13</sup> Greenfield, 113.

dealing with trauma. This is imperative for your well-being.”<sup>14</sup> Daily physical exercise is a great way to release frustrations.

## **6. Practice mental self-care**

It is important that the minister listen to his own messages. What is he telling his parishioners should be the focus of their lives? Colossians 3:2 says, “Set your mind on things that are above, not on things that are on earth.” Philippians 2:5 says, “Have this mind among yourselves, which you have in Christ Jesus, who, though he was in the form of God, did not count equality with God a thing to be grasped but emptied himself, taking the form of a servant.” The traumatic experiences that are a part of ministry can easily take our focus away from the One Who created us. For the sake of our mental health, we must always seek hope. Romans 12:12 says, “Rejoice in your hope, be patient in tribulation, be constant in prayer.” If the stresses of ministry place a minister’s focus down a wrong path, the minister should not hesitate to seek the help of a counselor who is a Christian.

## **7. Practice spiritual self-care**

Dr. Lawson suggested, “Have a disciplined reading, devotional and prayer life. Beware of a generalized answer to this question, for we are different in what restores us. Generally speaking, I have to get my rest, but it doesn’t restore me. Do something that restores your spiritual fiber.”<sup>15</sup> The disciplines of prayer and bible study can go a long way in feeding the soul of the minister. “It’s healthy to remember that you are not God.” said Julia Mater. She continued:

You are not created to carry the weight of the world on your shoulders. You can’t take someone’s pain away and make their world the way it was prior to the trauma. However, you can pray, support, encourage, listen, and be available. His yoke is easy

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<sup>14</sup> Mateer, “Can’t Care”

<sup>15</sup> Lawson interview

and His burden is light. Let Him carry you as you're helping others, and as you are helping others, point them to the One who carries everything, heals anything, and restores. He's our everything.<sup>16</sup>

In Gernander's lecture to a Lutheran pastor's conference, he said,

The pastor needs daily ordered prayer and meditation upon the Word of God. This is especially true when the demon afflicting the pastor is acedia. Recall that this is what Kathleen Norris wrote from her own experience: "Acedia is a vice that is best countered by spiritual practice and the discipline of prayer." Here is the Lutheran version: "The life of the pastor completes itself in reading, meditation, prayer, and struggle. The means is the word of Scripture with which everything begins and to which everything returns."<sup>17</sup>

## **8. Discipline yourself to take days off**

Mateer wrote,

It's important for your emotional, physical, and spiritual well-being to take regular breaks. At the local church where I serve as the pastor of small groups, each pastor is given a three-day spiritual retreat twice a year. The purpose for the retreat is to rest and focus on God. To prevent compassion fatigue, it is important to get away from ministry to get refreshed and renew your vision. Even if you work a secular job you can take a three-day weekend and get away specifically to rest and focus on your relationship with Christ.<sup>18</sup>

Dr. Hayden, who served six different congregations during his years in ministry, commented, "I have been intentional about taking Thursdays as a day off and honoring it pretty well. I had had some good friends and role models who have taught me by example."<sup>19</sup>

Ministers need a regular day off when they do not go into the church office or schedule church events. Sundays were always exhausting for me personally. My wife and I had what came to be called the "Tuesday Rule." That meant that if she had anything positive to say

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<sup>16</sup> Mateer, "Can't Care"

<sup>17</sup> Gernander lecture

<sup>18</sup> Mateer, "Can't Care"

<sup>19</sup> Hayden interview



about what I said or did on Sunday, she could say it on Sunday or Monday. But if she had some criticism, even though it may be constructive criticism, she should wait until Tuesday to communicate it to me. If her criticism or suggestions came on Sunday, when I still had things to do and groups to meet with during the evening, it would often be destructive and counter-productive. If the criticism or suggestion was valid and worth mentioning, it could wait until Tuesday when I would be more able to listen to it without defensiveness.

When I attended seminary, no classes were held on Monday, since the assumption was that most students had weekend ministries. London, however, suggested that pastors not take their day off on a Monday. He wrote,

Monday may not be the best day off. If you work Monday, get a slow start into your week and do light work. At least for one day per week, be half as good to yourself as you've been to your congregation. The pastor who faithfully takes Monday off, thinks they're doing a good thing for themselves and their families. But too often pastors can't give their families all of themselves on Monday because they are too preoccupied with how the weekend went at church.<sup>20</sup>

## **9. Learn to deal with anger**

Greenfield gave "Seven Steps to Healthy Anger Release: (1) Recognize the anger you are feeling, (2) Decide what made you angry, (3) Give the 'provoker' the benefit of the doubt, (4) Count to ten and cool off, (5) Make your grievance known without attacking the other person, (6) Listen, (7) Forgive."<sup>21</sup>

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<sup>20</sup> London, 176.

<sup>21</sup> Greenfield, 186.

## **10. Listen more; react less**

The children's minister made this observation about dealing with discord and anger in reaction to decisions as to whether to have in-person services during the COVID-19 pandemic:

There are people on both sides of this issue who are angry and hurt. We are trying to love and serve as many people as possible. That's what I want to say, but I just listen. Sometimes silence seems like agreement but I am not going to change this person's mind in this situation. I realize they aren't angry directly at me – they are angry at something bigger. Early in my ministry I would have tried to talk through it and address it. Listening is a big part of dealing with the anger.<sup>22</sup>

## **11. Establish boundaries**

It is an easy trap to work 24/7 in ministry, and usually at the expense of self and family. Consequently, a minister must set some boundaries, some margins, and avoid excessive work. London wrote, "A Margin is something held in reserve for contingencies or unanticipated situations. Margin is the gap between rest and exhaustion, the space between breathing freely and suffocating. It is the leeway we once had between ourselves and our limits." He went on to quote Dr. Richard Swenson, who has written extensively on time management for pastors, when he wrote, "Marginlessness is not having time to finish the book you are reading on stress; margin is having the time to read it twice. Marginlessness is the disease; margin is its cure. Marginlessness is fatigue; margin is energy. Marginlessness is hurry; margin is calm. Marginlessness is culture; margin is counterculture."<sup>23</sup>

Establishing margins and boundaries is a means for a minister to combat compassion fatigue. A minister must practice balance between work and play. Earlier London wrote:

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<sup>22</sup> Children's minister interview

<sup>23</sup> London, 218.

Think about how many people formulate expectations for a pastor's ministry: church members, official documents, colleagues, theological educators, secular literature, ecclesiastical superiors, role models and even TV talk-show hosts. And in discussion of the matter, a seminary professor added, 'Don't forget Jesus and Paul.' That many sources make expectations so muddled that even legitimate demands become confusing or downright contradictory. Consider how expectations from so many different places can affect a pastor's ministry.<sup>24</sup>

## **12. Consider a move to a different population**

Making a move in ministry is easier said than done. A nurse encountering overwhelming stress from working in the emergency room of a hospital can move to work in the maternity ward of the same town or even the same hospital without leaving the nursing profession. Or a nurse can leave the hospital setting and do nursing with the Red Cross or with a private physician's office. In theory in large churches with multi-staffs, it might be possible for a minister to move from one area of ministry such as youth ministry into pastoring or evangelism. During my ministry I moved from working with all ages, from nursery to singles, to ministering strictly with youth, college students and singles.

A more extreme way to resolve the stress of ministry with a particular congregation, however, is to relocate to an entirely new congregation in a different geographical area. This kind of move, however, involves uprooting the entire family and becomes more complicated because it requires children to leave friendships and change schools, and spouses to also find new jobs. To some degree such moving may be merely escaping the present situation without dealing with an underlying personal problem. Nonetheless, moving to a new population, a new mission, a new geography, with the support of the family, is a possible remedy for a minister as opposed to leaving the ministry entirely.

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<sup>24</sup> Ibid., 68.

Another alternative might be moving from work with a congregation to serving in a para-church organization or Christian non-profit. I benefited from a move from the stress of ministry in a local congregation to serving in administration with a seminary. It was a new population, a new mission, new geography, but the work still remained in ministry.

Dr. Hayden was asked whether his father's moves from the preaching ministry to teaching in a Bible college and later, editing a Christian publication, were purposeful. He responded, "I am not sure he knew that at the time. Maybe in part because he was a smart guy with a commitment to ministry and a determination to do it, he shuffled from one spot to another until he found his 'sweet spot'"<sup>25</sup> – in other words, his area of giftedness. When asked, "What would have happened if he had stayed in full-time ministry but continued to be overwhelmed with concern over the problems people encountered in his congregation?" Hayden answered, "He would have had to make some changes. Either he would need to go seeking something else or he would have to undergo some skillful psychological help. Or he would have had to leave. Looking back, to keep going on with the kind of things that he was dealing with in that kind of setting just wouldn't have worked."<sup>26</sup>

### **13. Medication**

The counselor from GracePointe suggested that medications prescribed in consultation with a physician might help with the stresses related to care-giving. Earlier, I described a minister who clearly was suffering from depression. His doctor prescribed an antidepressant. Later he jokingly told me that he would cry at anything both good and bad, but while using the medication he couldn't cry "even if he wanted to." Other medications

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<sup>25</sup> Hayden interview

<sup>26</sup> Ibid.

are available for ministers who struggle with insomnia or panic attacks. Greenfield wrote, “Learn everything you can about clinical depression and don’t be ashamed to take antidepressant medication, if prescribed, since depression largely has medical roots.”<sup>27</sup>

#### **14. Practice journaling**

While it is easy for a minister to dwell on a critical note, a phone call from a disgruntled church member, or an episode when a parishioner made it known that they are leaving the church because of the minister, it is important to reflect on the positive experiences. Some very encouraging things happen during the time a minister serves a congregation. The minister may stand witness to a marriage of a young couple, both of whom have grown up in the church, the baptism of a person the minister has spent hours discipling, the birth of a baby born to a couple, or experience the simple delight in helping a person work through their own personal life crisis. Sometimes those special and positive events risk being forgotten.

Writing those events in a journal can be a great source of encouragement to a minister years after those proceedings take place. When a minister experiences the valleys in ministry that drain energy and compassion, reading the summary of those past positive events can make present burdens much more bearable.

#### **15. Maintain a folder of thank-you notes**

Someone once told me if you have something negative to say to a person, say it to their face, but don’t put it in writing. If you say a negative thing in writing, it will stay with that person as long as that letter or note is still in their possession, and it may further fuel hard

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<sup>27</sup> Greenfield, 113.

feelings. On the other hand, I was told if you have something positive to say, say it in writing.

Through years of ministry, a minister may receive written words of criticism from people who have not heeded this advice. It would be my suggestion that the minister read those notes, consider their contents, but not retain them. Keeping evidence of harm can hamper the ability to forgive. Words of encouragement, however, are to be treasured. For years I have collected such positive notes in what I have called “My File of Joy.” Recently I read several of those notes, some of them going back over 40 years. Many of those notes are from people who have gone to their eternal reward, but their words today mean more than the day I received the notes. Most of the notes are simply saying thanks, and then proceed to clarify that for which they are thankful. It is helpful to know that even when your ministry is at a down time, there were people in the past who appreciated your ministry.

#### **16. Set a personal goal or project**

A personal goal may be a vacation, a trip to Europe, a tour of the Holy Land, moving to a new house, or a project of house improvement. It is always helpful for a minister and his family to have something in the future to look forward to on a personal level.

Greenfield suggested, “Start planning for your retirement *early* in your career and never withdraw from the corpus of your investments for other purposes.”<sup>28</sup> A minister in retirement may find it is a wonderful stage in life, especially if you plan well.

#### **17. Recover from shattered dreams**

When ministers experience compassion fatigue, when they feel they can no longer care, when their dreams in ministry seem shattered, Greenfield suggested the following:

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<sup>28</sup> Greenfield, 113.

- a) Strengthen your faith in God
- b) Listen again to your call to ministry
- c) Be creative
- d) Retool
- e) Revise your resume
- f) Wait on God
- g) Start a new ministry
- h) Revise any dysfunctional core beliefs<sup>29</sup>

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<sup>29</sup> Greenfield, 195-212.

## Chapter 15

### What Churches Can Do to Help Their Ministers

Ministers are not “disposable,” and an insensitive congregation can destroy a minister faster than a seminary can educate one. A compassionate minister, who thereby might be potentially threatened with compassion fatigue, is to be treasured and encouraged.

#### **1. Send and speak words of encouragement**

Dr. Lawson suggested, “Provide notes and words of encouragement. But the expressions must be sincere. They can’t be rote. Someone telling you ‘you are doing a great job’ every Sunday for 20 weeks doesn’t feel like sincere encouragement.”<sup>1</sup> Point out good things and cite them in notes to the minister. With the rise of email and texting, church members have additional ways beyond writing and mailing a note of encouragement to their ministers. A note of praise and encouragement has the ability to be kept by the minister and can nourish his ministry for years to come.

#### **2. Take a minister out to dinner**

Dr. Lawson said, “Extend invitations to dine out or even dine in with the minister and spouse. Have a good visit without an agenda.”<sup>2</sup> My wife and I took our minister and his wife to a restaurant one evening just to get to know them better. We were surprised when our minister said that most of the time when church members took them out to dinner, it was to

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<sup>1</sup> Lawson interview

<sup>2</sup> Lawson interview



inform him that they were leaving the church. Don't air grievances, ask for anything or have an unofficial meeting. Encourage your minister. Dr. Lawson's advice is worth saying again, "Have a good visit without an agenda."

### **3. Insist on and honor a day off**

Lawson again suggested, "Don't make the minister feel as though he has to come begging for time off. The minister needs not only a day off, but time for study, and time for vacation with his family."<sup>3</sup> London said, "I recommend that every pastor make a serious commitment to a weekly Sabbath for himself." Later he wrote, "Most laypeople don't understand how many pastors have a Monday adrenaline loss after a busy Sunday. The issues church members bring to their pastor on Sunday is multiplied since they all come in a short span of a Sunday morning, and they take a toll on many pastors the following day."<sup>4</sup>

Churches can also be intentional about allowing for scheduled down time. The children's minister interviewed said that her church expects her to take days off and to take care of her own mental health, "because they recognize a healthy minister is a better minister and makes a healthy church."<sup>5</sup>

Most church members have two days a week off from their work but many are unaware that the minister often just has one day a week scheduled as a day off. The population in general is even less aware of the pressures of a minister's schedule. When my wife's coworker at an insurance company learned I was in the ministry, she asked my wife, "What does he do the rest of the week?"

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<sup>3</sup> Ibid.

<sup>4</sup> London, 205.

<sup>5</sup> Children's minister interview

#### **4. Allow Scheduling Flexibility**

One congregation I served made it a practice for ministers who had evening meetings or activities to take personal time off during the afternoon. The female children’s minister who had previously been a school teacher observed that during her time teaching, she had a very rigid schedule and a job that demanded total hands-on activity all day long. In coping with the possibilities of ministerial compassion fatigue she said,

Transitioning to ministry, you get much more open-ended time to listen to people and visit with people – there is more space for me to breathe if I need to breathe. There is more space to process in ministry than there was in teaching, which I am grateful for. There is more space in my daily life for prayer, contemplation and for processing the things that I have had to do – and that I am honored to be able to encounter.<sup>6</sup>

She added this statement related to work scheduling:

One of the things that does help is the flexibility of my job. I think it is different for every minister. In my ministry - outside of Sunday morning there isn’t anything I have to be 100% there for. There are pastoral calls, visits (when we could do that before the pandemic) but even those are pretty flexible. Particularly during the pandemic, that has been such a blessing. It has been a relief. My kids are home because school is on-line. I am still working, but I can do it from home.<sup>7</sup>

She added that this flexibility was fully supported by the senior minister and the eldership and “I have seen this with other ministers too – not just female ministers. The male executive minister is the one at home with the kids while school is on-line since his wife works. The flexibility is such a blessing.”<sup>8</sup>

#### **5. Practice a sabbatical**

While it is the rare church that allows their minister to take a sabbatical, those that do reap great benefit in the energy of the minister. A sabbatical is not a day off and is not a

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<sup>6</sup> Children’s minister interview

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

vacation. For some churches it may be a month, an extended period of months, or even a year. A sabbatical practice may be given every 5-7 years by a church. It provides a minister a time for getting away for study, for visiting other churches to gain insights for the church's ministry, or for pursuing continuing education through a Bible college or Seminary.

Usually, smaller churches have difficulty in considering a sabbatical, but large churches with multi-staffs can certainly consider this as a means of preventing compassion fatigue with their minister. London also suggested, "To avoid misunderstandings, a minister should propose a written agreement that he will not look for another pastorate during the sabbatical. Likewise, the church should state in writing that the church won't look for someone else. Agree to stay in your current position at least two years after the minister returns from a sabbatical."<sup>9</sup>

## **6. Share ownership of the job description**

Dr. Roy Lawson said:

I was impressed by the job description provided to me by a church in Indianapolis. The first two bullet points said, "Study, preach." Most of the job descriptions I see for ministers aren't shared ownership. A healthier approach is to say, "This is the job description from which we are operating, but we want to be sure it matches who you are." After a while in a ministry, it doesn't matter what the job description was initially, because over time the job will be molded by who the person is. The minister and church leadership must work together so they can get the most out of the ministry.<sup>10</sup>

The children's minister interviewed said at her congregation "All of the ministerial staff is included in the elders' meetings so that if something is going to happen, the elders want to

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<sup>9</sup> Ibid., 211

<sup>10</sup> Lawson interview

know how that is going to impact all the areas of the church. They are trying to think of the church as a whole, and that's encouraging to me"<sup>11</sup>

### **7. Understand the unique nature of pastor's work**

London said, "Congregations need to recognize that the minister's work is unique, and that the pastor must learn to recharge when he's depleted emotionally or spiritually."<sup>12</sup> Many denominations might invite their area bishop or area minister to visit the church in order to explain to the congregation the vast expanse of emotions involved in the minister's work from weddings to funerals, from hospital emergencies to social contacts. The unique nature of the minister's work also involves a quiet time for study as well as a time for being with people. Churches without a recognized outside leader, may desire instead to invite a respected leader known by the congregation to aid in communicating this understanding.

### **8. Set priorities and goals**

Again Dr. Lawson advised that a church work closely with the minister in setting the priorities and goals for the congregation. Then the church must join the minister in accomplishing those priorities and goals. They are not simply setting forth the work for the minister to accomplish alone.<sup>13</sup>

### **9. Allow for friendships**

As mentioned earlier, Dr. Roy Lawson observed that he was taught at Bible college that ministers shouldn't have close friends in the church. He thought it was bad advice. The ministry can be a lonely profession. It is helpful to have others who walk alongside. Just as

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<sup>11</sup> Children's minister interview

<sup>12</sup> London, 202

<sup>13</sup> Lawson interview

members of the congregations need friends and confidants, ministers do too. Don't be critical of a minister for having friends.

#### **10. Recognize areas of “giftedness”**

Encourage ministers to work in their areas of giftedness, and let others pick up the slack.<sup>14</sup> In describing his father's ministerial journey, working from an area of weakness to an area of strength, Dr. Marshall Hayden observed, “He was closer to his ‘sweet spot.’ He was willing to do it all, but he came to understand himself well.”<sup>15</sup>

#### **11. Do not enable minister abusers**

Greenfield wrote, “To those who may be among the antagonists in your church, I have this to ask of you. Realizing the collateral damage that you are inflicting on your minister, his marriage, his children, his health, his peace of mind, his faith, his retirement, and his idealism, why are you doing this? Why do you want to inflict this kind of damage? Why do you want to hurt someone so much?”<sup>16</sup>

To those who are passive lay leaders who are standing aside and allowing the antagonists and clergy killers to inflict such massive damage on a person and his ministry, Greenfield said, “Why are you allowing this to happen? Why are you not doing something to stop this nonsensical cruelty? Why do you not care what happens to your minister?”<sup>17</sup>

#### **12. Recognize anniversaries of service**

It is common for a minister to feel skittish after serving a church for five years and at this point the minister may be tempted to move elsewhere. A church needs to help its

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<sup>14</sup> Ibid.

<sup>15</sup> Hayden interview

<sup>16</sup> Greenfield, 112.

<sup>17</sup> Ibid.

ministers get beyond the point of restlessness, when ministers may feel like they have accomplished all they can. By five years into a ministry, the “honeymoon period” is over. The minister knows the weaknesses of the congregation and the congregation knows the weaknesses of the minister. The church can address compassion fatigue by honoring the minister at intervals of five, ten, fifteen, and twenty years of service. When a minister has served the congregation for fifteen or twenty years the church might consider giving the minister a special gift, or a trip to someplace special.

### **13. Consider establishing a Staff Relations Council**

The role of the staff relations council should be to encourage and support the ministerial staff. The team might meet with the minister annually or as requested, to discuss his/her work. The annual meeting should not be something to be dreaded -- an evaluation or time of criticism -- but a time of highlighting the good things observed in the minister’s particular area. The team can ask if there are areas of concern that the minister wishes to communicate and should take time to pray for the minister and the work. Ministers have an enormous number of meetings to attend, so this staff relations meeting should not simply be one more meeting that the minister has to attend.

The Children’s minister interviewed for this project expressed appreciation for such a group and the role it plays in supporting ministry. She said, “I haven’t had to make use of it, but if I do have a problem, there is a clear way for me to handle it. I know who to go to. I would trust those people to help me navigate that. There are clear written procedures that have been put in place to help with the kinds of problems I have seen some other churches

have to walk through.”<sup>18</sup> If such a council would be an encouragement to the ministerial staff, consider it.

#### **14. Recognize birthdays**

Birthday recognition should be extended to all members of the ministerial staff. Depending on the number of staff members a church has, a simple birthday acknowledgement may be made in a more private setting through the staff relations team, ministerial council, or other church leader group. The recognition could be a card or even a personal gift each year. One church sings “Happy Birthday” to their minister during the announcement time or at the close of the worship service. The recognition can be whatever is most encouraging and comfortable for the minister.

#### **15. Observe a Sunday of prayer**

Observe a particular Sunday of prayer for the minister. If there are multiple ministers, then dedicate a time of prayer once a month for a particular minister. It would be important for the minister to be present at that occasion.

#### **16. Give a Christmas gift**

Encourage members of the congregation to contribute to a Christmas gift of cash for each minister on the church staff. Additional funds might also be included in the church’s annual budget.

#### **17. Help ministers through staff changes**

When a senior minister leaves, a secretary retires, there is a change in elder leadership, or someone else who has been significant in the chemistry of the ministerial staff departs, the church needs to be aware of how the change can impact all of the ministers at a church.

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<sup>18</sup> Children’s Minister interview

One church I served as youth minister changed senior ministers three times during my tenure, and each time changed the climate and function of the church staff. Churches must be sensitive to how such changes can influence their ministers.

### **18. Recognize the role of other ministerial staff members**

The church must not forget to recognize that there are other staff members beyond the senior minister, and that they can experience compassion fatigue in their ministries as well. Often, they are the forgotten ministers. Compassion fatigue is not just a concern for senior ministers. It is a condition that can affect youth ministers, children's ministers, associate ministers, music ministers, discipleship ministers, evangelism ministers, and the list goes on.

Likewise, it should be stated that compassion fatigue is not just a condition for men in ministry. In discussing this project, Dr. Jack Holland, Professor of Christian Care and Counseling at Emanuel Christian Seminary, stated, "We know that women tend to be socialized in our culture to be nurturing, and focused on relationships. That is why they make good pastors." The children's minister interviewed for this project is a female who spent twelve years teaching in the public school system prior to moving into church ministry. Most of the public school teaching staff was female. When she moved to ministering in her church, she joined a staff that was predominantly male. All members of the ministerial staff are "ministers" who need the encouragement of the congregation.



## Chapter 16

### **Dangers If Compassion Fatigue is Untreated**

A great tragedy in the ministry is when a minister suffers from compassion fatigue, secondary traumatic stress disorder, or vicarious trauma, and the problem is not addressed. A serious danger exists that the minister may give up on ministry and leave the profession. A more serious danger would be if the minister abandons faith altogether.

Many jobs are merely occupations. The ministry is a calling. Some ministers leave the profession with a sense of profound guilt and failure.

The education and skills required for ministry are vast, but the business world often fails to recognize those attributes when a minister seeks something else to do. One minister seeking other work as a fast food restaurant manager was asked, “Have you ever done anything else besides being a preacher?” That implied that ministry didn’t require much of a marketable skill set. Ministers who have left ministry, however, can often be found working in occupations valuing relationships and integrity, as insurance salesmen, investment brokers, or school teachers.

When ministers depart, the church suffers from the loss of some highly-educated, very talented and intelligent leaders. The demand for ministers is acute, but because of the stresses of ministry, fewer men and women are willing to step up to the calling of the profession.

Ministers suffering from compassion fatigue who remain in the profession might contribute to a ministry that degrades to bitterness and whining. Greenfield observed that

wounded ministers can end up preaching their wounds. He wrote, “Don’t let any bitterness, resentment, or anger muddy the waters of your message.”<sup>1</sup>

Ministers overwhelmed by the trauma of others can inflict great damage on their own marriages. The stress they bring home can become stress on their marriages and families. As Greenfield wrote, the discouraged minister is “wounded, hurting, in deep pain, and he has a severely bruised ego. A church that once called him with enthusiasm in the context of spiritual purpose has now rejected him and taken away his perceived reason for existing.” But the author went on to reflect personally, “These negative emotions even destroyed my marriage, especially when my wife showed no sympathy for me, refusing to listen to me ventilate my feelings.”<sup>2</sup>

In reaction to perceived failure, some ministers become “bullies.” Bullying ministers who are hungry for power can tend to throw their weight around to dominate others, especially other ministers of a church staff. When a music minister gets praise for the performance of a spiritually moving concert or cantata, or when a youth minister gets the attention of the congregation for innovative programs that attract young families, they can be perceived as threats to a bullying minister. Compassion fatigue can change the personality of a minister to the detriment of the wider picture of the church’s ministry.

The seventh chapter of Greenfield’s book titled *The Wounded Minister* is entitled “Collateral Damage to Ministers.” In that chapter he listed what damage can be caused by untreated compassion fatigue. He cited the following: damage to the marriage, damage to

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<sup>1</sup> Greenfield, 226.

<sup>2</sup> *Ibid.*, 222.

children, damage to health, damage to peace of mind, damage to faith, damage to retirement,  
and damage to idealism.<sup>3</sup>

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<sup>3</sup> Ibid., 97-112.

## Chapter 17

### What Help Is Available

Even given the independent nature of Stone-Campbell congregations, ministers are not without help as they struggle with the stresses of ministry. Among the many resources for assistance are the following:

#### **Blessing Ranch Ministries**

Since its founding in 1992, Blessing Ranch Ministries has been a pioneer in the field of pastor care and an innovator in identifying and meeting the needs of Kingdom leaders by *integrating theology and psychology*. The heart of Blessing Ranch Ministries is to bless leaders and their families so that they can bless others. All services are tailored to each individual, family, or team by expert staff who are gifted at speaking into their hearts, lives and ministries. Dr. John Walker and Dr. Charity Byers direct the Intensive Counseling Services.

Blessing Ranch Ministries also offers two additional services. Professional Christian Counseling services are available locally in the New Port Richey, FL area, and Professional Coaching Services are also offered to help pastors and Christian leaders to help them take the next steps in their personal and professional lives. Blessing Ranch Ministries can be contacted by mail, phone or email at Blessing Ranch Ministries, 2550 Permit Place, New Port Richey, FL 34655, Phone: 970-495-0920, or [admin@BlessingRanch.org](mailto:admin@BlessingRanch.org)<sup>1</sup>.

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<sup>1</sup> Blessing Ranch website, [www.blessingranch.org/index.cfm](http://www.blessingranch.org/index.cfm).

## Higher Ministries

The Higher Ministries website states:

Many Christian leaders, especially those in full-time Christian service, often feel **isolated and alone**, trying to carry the burdens of their congregation while attempting to juggle family and church responsibilities. They feel held to a higher standard than others but unable to ask for help when they feel life is getting out of control. Admitting to family concerns, financial difficulties, confidence problems, and especially to addictions or crises of faith is perceived as tantamount to professional suicide. Higher Ministries provides an avenue for ministers and their families to meet with a personal mentor or coach within the strict guidelines of confidentiality. Regular sessions facilitate **trust, understanding, and accountability** which are necessary for sustaining long-term, fruitful ministries. Higher Ministries also provides a way for Christian leaders to gain a better sense of personal understanding. Knowing **who you are** and **how God designed you** are invaluable in serving Him and His people.<sup>2</sup>

Higher Ministries can be contacted at 3406 Stoneridge Dr., Johnson City, TN

37604 · (423) 202-4395

## Focus on the Family

Focus on the Family is an American fundamentalist Christian organization founded in Southern California in 1977 by James Dobson; it is now based in Colorado Springs, Colorado. It promotes social conservative views on public policy. The group is one of a number of evangelical parachurch organizations that rose to prominence in the 1980s. Their website states:

Our support line for pastors and their families features fellow pastors and trained counselors who frequently support those in church and ministry roles. These pastoral care specialists can provide an understanding ear, a word of advice, a timely referral or a simple prayer. We know leadership is not easy, and we're eager to come alongside pastors and their loved ones to help meet their needs.

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<sup>2</sup> Higher Ministries website, [www.HIGHERministries.com](http://www.HIGHERministries.com).

At their website there is a link to request a consultation. A free, confidential dedicated line for pastors and their families by trained professional counselors is available from 8:00 a.m.- 10:00 p.m. (EST) at 844-727-8671. This line is associated with the Southern Baptist Convention.<sup>3</sup>

### **Ministers' Support Groups**

If there is not one in your area, consider establishing a group for ministers. It is common now for ministers to group together to work on sermons as a team. Not only has this been a help for sermon preparation, but it has also become a tremendous means of helping ministers dealing with the daily stresses of their profession. During the COVID-19 epidemic, such gatherings of ministers have provided a means for ministers to devise plans for how to lead the programming of the church during difficult times. Support groups can be organized for preaching ministers, but also for youth ministers, children's ministers, or ministers that focus on a specific program in the church. Greenfield wrote, "A ministry peer support group is essential in the life of clergy today. Every minister, whether abused by his congregation or not, needs the insights, encouragement, and understanding of peers who are experiencing very similar challenges. No pastor should be without a peer support group. Wounded ministers especially need one."<sup>4</sup>

### **Older Ministers**

There are ministers all around the country who are now retired, but who have been through the challenges of ministry. Retired ministers are honored to be asked for their insights

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<sup>3</sup> Focus on the Family website: [www.focusonthefamily.com](http://www.focusonthefamily.com)

<sup>4</sup> Greenfield, 184.

and might welcome a phone call, a lunch, or a simple email consultation. The benefit of connecting with these older ministers is that they know the ministry, they know the church, and they understand the stresses that arise in the typical ministry.

### **Professional Counselors**

While many professional counselors may not be familiar with the ministerial profession, they are acquainted with depression, trauma, compassion fatigue, conflict, marital problems, and many of the symptoms and causes that confront the minister. It is important, however, to find a counselor who is a good match for the minister in trouble. If one counselor does not seem to mesh well, don't give up on receiving counseling; try another. To locate the right therapist may require trial and error. The cost of professional counseling is often covered, at least in part, by a minister's health insurance. Local counselors can be found by checking website listings, or contacting insurance providers or personal physicians. The website for *Psychology Today* allows a search by area code to find local counselors. It would benefit ministers if their congregations had a relationship with trusted area counselors who would be available not only to church members but to the ministers themselves.

### **ChurchCare**

According to their website,

ChurchCare understands that Pastors need care as well. The expectations of pastoral ministry are high, and rightly so. However, there is often too little tolerance for anything less than perfection. Sadly, this applies to all areas of leadership, shepherding, and spiritual life even reaching into the affairs of his home. Being a Pastor or other spiritual leader is truly a unique and dangerous calling. ChurchCare recognizes the tremendous weight and responsibility that Pastors carry and realizes that many Pastors have limited options to turn to for help. ChurchCare is concerned and committed to minister to Pastors and church leaders in the following ways. By providing confidential counseling to Pastors in areas of their own personal life and ministry. By acting as a

counseling resource to Pastors who are dealing with challenging circumstances in their church. By offering Pastoral staff and church leadership teams spiritual assessment through difficult times of inter-personal relationship and other ministry changes and transitions.

Dr. Marty Von leads ChurchCare and is passionate about the local church and desires to equip the body to *help people help people* through couples and parenting conferences, counseling, discipleship, and prayer seminars in local churches around the country.

ChurchCare can be reached at PO Box 451182, Atlanta, GA 31145, Phone: 678-871-6866<sup>5</sup>

### **Reading List**

Dr. Greenfield listed the following books as extremely helpful in dealing with the topic of wounded ministers:<sup>6</sup>

Bagby, Daniel G. *Understanding Anger in the Church*. Nashville: Broadman Press, 1979

Carter, Jay, *Nasty People: How to Stop Being Hurt by Them without Becoming One of Them*. Chicago: Contemporary Books, 1989.

Gaddy, C. Welton. *Soul under Siege: Surviving Clergy Depression*. Louisville, KY: Westminster/John Knox, 1991.

McIntosh, Gary L., and Samuel D. Rima Sr. *Overcoming the Dark Side of Leadership: The Paradox of Personal Dysfunction*. Grand Rapids: Baker, 1997.

McSwain, Larry L., and William C. Treadwell Jr. *Conflict Ministry in the Church*. Nashville: Broadman Press, 1981

Smedes, Lewis B. *The Art of Forgiving: When You Need to Forgive and Don't Know How*. New York: Ballantine Books, 1996.

Susek, Ron. *Firestorm: Preventing and Overcoming Church Conflicts*. Grand Rapids: Baker, 1999.

VanVonderen, Jeff. *When God's People Let You Down: How to Rise above the Hurts That Often Occur within the Church*. Minneapolis: Bethany, 1995.

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<sup>5</sup> ChurchCare website: [www.ChurchCare Ministries](http://www.ChurchCare Ministries)

<sup>6</sup> Greenfield, *Wounded Minister*, 235-236



## Conclusion

Compassion fatigue happens, is common and can be dangerous if untreated. Whether it is called “compassion fatigue,” “secondary traumatic stress disorder,” “acedia,” or “vicarious trauma,” it has the potential to result in a minister leaving the profession, or even losing faith.

Compassion fatigue also occurs in non-ministerial care-giving professions. The congregation served by the minister will certainly have members who are in those professions, such as nurses, law enforcement officers, counselors, and people in several professions who are dealing with the COVID-19 epidemic. Their fatigue becomes part of the minister’s burden to help bear.

The ministry is a care-giving profession, and the compiling of trauma encountered in the day-to-day work of the minister, if not recognized and addressed, can become overwhelming. The church desperately needs men and women who will step up to the challenges of the ministry, fully aware of all that ministry involves. Compassion is the calling of the ministry. No church wants a minister who lacks compassion. But the minister also needs to find a way to cope with ministerial demands so that the expenditure of compassion does not become disabling. In a December interview with the minister of the Grandview Christian Church concerning ministering in the midst of the COVID-19 epidemic, he said, “There is the sense that this is just what we are going to have to do. This

is who I am and what I put my life energy into for a couple of decades now and to walk away at this point would be something I would regret.”<sup>1</sup>

It is critical for ministers to be keenly aware of the symptoms and causes of compassion fatigue. Then ministers must take steps to keep the trauma of ministry from destroying their ministry. There are remedies that can be utilized by both the minister and by the church to ensure that the vital work of “bearing one another’s burdens” moves forward.

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<sup>1</sup> Wymer Interview

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## **Appendixes**

### **Appendix #1**

#### **Interview: Compassion Fatigue and the Nursing Profession**

Interview with Dr. Melinda Collins, PhD, RN, May 19, 2020

**1. How would you prefer to be cited when I use your quotes in my research paper?**

“A nurse instructor said...”

In Bibliography: Dr. Melinda Collins PhD, RN, Associate Dean of the School of Sciences and Allied Health Ballard Health Chair of Nursing, Professor of Nursing, Milligan University, Milligan College, TN

**2. How common is compassion fatigue among nurses?**

It depends on several factors – the patients they work with, the number of hours they work, potential circumstances of environment they work in, the environment of their employer, personal life. There are multiple issues at different points in their career. There may be outside forces as well as issues of employment. It is not the norm for nurses to think they will experience compassion fatigue because they enter into nursing knowing that they will be dealing with sick people.

**3. What are typical symptoms of compassion fatigue with nurses?**

There may be internal circumstances such as a lack of recognition or a lack of energy. Nurses know that compassion requires a certain level of energy with people. Not everyone naturally has the level of energy required to be a nurse. It is seldom that nurses drop out of the profession because their level of energy is minimized. It is more common that a nurse may need to move to a different point of nursing. When the stress of the ER or Hospice nursing becomes overwhelming, then a nurse may move to a doctor’s office, or the Red Cross, or home care nursing. Nurses may come to a point where they just need a change; they need something different, but still work within the nursing profession. They may go to a very different patient population. Sometimes nurses need to change the agency or employer-type with which they work. They may need a different employer or a different mission, maybe outside of the corporate arena, like a change from a nonprofit to something like the VA. I have been a nurse for over 30 years and seldom see compassion fatigue as a cause for someone to leave nursing; instead, they recharge by changing the patient population for whom they provide care.

**4. NPR recently aired an interview about a nurse from Idaho going to NYC to work with the COVID-19 crisis.**

I think you are overlying COVID with the usual situation. I don't think it is fair to lump that into the more general situation of compassion fatigue. There are a lot of things in play with COVID – not enough supplies, not enough people, “Will I get sick?” Everyone works in a heightened state of awareness right now, but the situation with COVID is a unique situation. It is more like a 9/11 situation. The stress of what is happening now may be more mental and physical fatigue.

**5. PTSD occurs with soldiers after war and 9/11 where care givers felt they couldn't provide enough. How do you think that might apply?**

I believe that there are many places normally where nurses could move if they need a change. They have alternatives, and may have to make a move.

Nurses don't tend to leave the practice; they simply practice in a different environment or with a different population. Maybe a nurse doesn't see positive outcomes and sees continuing decline in population health in the current work. Working with children might have been the super-happy place to work before, but some things in the culture may cause these things to be stressful now.

**6. What causes compassion fatigue with nursing?**

Other causes besides the things mentioned earlier may be contributors, like the nature of the practice of nursing. The whole ethics of the career of the practice of nursing is compassion, that's the mission. Without compassion at the core of nursing, it can become something just rote. Nursing TV shows make nursing look so exciting, and I hear students say “this isn't anything like I thought it was going to be.” But they learn that is the job.

Nurses do get criticism, sometimes even from patients and their families. Stress in nursing can come from heavy regulations, shortness of staff, the need to do more for more people under higher acuity. In the education process we teach that patients might not behave “like themselves” when they are sick. Stress comes more and more rapidly and continuously; nurses must adapt constantly to new types of medications and procedures.

Nurses need reinforcement that they are doing a good job, but in the education process, we remind nursing students that it's not about us, it's about the patient – and their family. Sometimes there may be a shortage of nurses, but they are doing their best. There is only so much one person can do at a time, and each patient has a different situation. For the nurse, there may be 10 patients, and they must determine who needs the attention first, based on a lot of variables. The evaluation tools and surveys patients are given about the care they received – impact a nurse's raises. Having so much on you all the time is a pressure, and that's just on-site. There are also the families of the health provider. There may be difficult decisions to make. For example, it may be time for me to go home but this patient needs me to stay for this delivery, this procedure. Nurses like many care givers have their own families and their own spouses with whom they have a role. For some nurses this doesn't work well. Often nurses are called, and they have to “go in” to work.



In health care today there are a lot of regulations. Nursing is short-staffed. We have to do more for more people under higher acuity and circumstances. Patients are much sicker. Our sense of accomplishment isn't in our power to do. People are discharged at a lower level of recovery. Lack of positive reinforcement for nurses on a day-to-day basis can cause compassion fatigue. Many times, there are things that are regulatory – do this or you will be suspended. Today, there are many things that must be documented on the computer. There is an ongoing learning curve – new procedures on top of new technology, and that's constantly changing. Nurses can't give their whole focus to a patient because they are trying to adapt to a new computer change again this month.

**7. What do you suggest as possible remedies that nurses can take to avoid CF?**

Patients need nursing care, so nurses must get rest, eat healthy, exercise, have fun, spend time with their family and friends. They must strike a balance. Self-care is critical in avoiding compassion fatigue.

**8. What can medical institutions do to avoid CF with nurses?**

A recognition of the effort. Granted, you just know this is how it is. This is what you signed up for. But there must be recognition that nurses are very high functioning professionals. If those nurses weren't there, how would this facility function?

**9. Do you think pay shows recognition?**

Nurses are paid well, but maybe not from the perspective of stress level, hours of work, and amount of responsibility. Patients, families and the general public do not realize the nurse is many times the first health care provider to identify when a patient has a complication or stops breathing and the first to begin intervention. But you could put that label on almost anything. Recognition on how much they do in the entire organization is critical.

In educating nurses, they are taught that they give nursing care to their patients because they are humans deserving of respect just as Christ would do. Students may have opportunities to work extra hours and make extra money, but we warn them not to get into the trap of working for money to the point that they are going to burn out. Money shouldn't be the entire driving force. We see students going on to graduate school and advanced positions. They wouldn't be able to do that if they had not learned how to balance. At Milligan we try to schedule classes so students have the time for balance. The number one priority for nurses is being sure they are taking care of themselves so they can be compassionate.

**10. How do you address CF when it occurs in nurses?**

We bring it to their attention when we see them overdoing it. We may call in support and try to help others. Sometimes you can "get there" – becoming fatigued - and not even know it. Is something wrong? Is something bothering you? It might not be anything with practice. It might be that they need someone to talk to. They know that just because they have a problem, they can't quit working. Nurses, like all care givers, need someone to talk to, like a counselor they can talk to about stress, or a problem. Maybe their marriage is in trouble. Another thing is the aging of their

own parents and balancing the needs of their own aging parents when they are working 12 hours a day. There are resources where they can get help with.

Nurses need a “safe person to talk to” in the nursing profession, but this is true in many professions, not just nursing. Sometimes people will “self-medicate” for their problems using drugs or alcohol. We want to prevent getting that far down the road. There are counseling opportunities available for nurses and these things are posted in work places. An emphasis on counseling has developed because of the increase of alcohol and drug use. People in health professions are very knowledgeable about drugs and can too easily abuse that. We want to address problems before they get to that level.

The State of Tennessee has a program for anyone who is licensed in the State of TN in a health-related occupation where counseling, rehab, peer assistance, are available to save the license of a nurse or any other health professional. It is called “The Tennessee Peer Assistance Program” (TNPAP). If someone is reported as having a problem and their license is in danger, they can work with the peer assistance program. They have to do a lot of things, but there is support there. Hopefully people won’t get that far down the road. Nurses need to be mindful of keeping a spiritual balance. They are not designed to carry the world. They need to let God be part of the yoke.

**11. Is there anything else you can think of that is important to help my understanding of Compassion Fatigue in nursing?**

There is a multi-variable thing in play with the environment in which the nurse works – the population they work with, societal changes, and the acuity level of patients. It is very important at the educational level and forward that nurses be aware of this. They need to be mindful of compassion fatigue, that it can happen and what we need to do. When it occurs, we may need a change in population or a break, or some physical rest. There is nothing wrong with any of these things. We must be very cognizant of our personal vulnerability and our need for the strength of the Lord to accomplish what we need to accomplish. People who don’t have a spiritual component, probably struggle with compassion fatigue more. The key to this is a recognition of the spiritual guidance and peace that you have to have to do this. Nursing is not for everybody. It’s not just rote activity. A nurse must constantly have a mental and vigilant outlook. Maybe nothing really exciting and big happens (which is good), but you are always watching for something to happen so you can address complications, problems.

## Appendix #2

### Interview: Compassion Fatigue and Law Enforcement

Interview with \_\_\_\_\_ (name withheld by consent), July 1, 2020

Compassion Fatigue is another termed for Secondary Traumatic Stress Disorder which is defined as a condition that can incur when an individual is exposed to people who have been traumatized themselves. It is common among first responders, medical professionals, counselors, law enforcement officers, ministers, and anyone in a care-giving profession.

Acedia: "The worst acedia can do to us: not only does it make us unable to care, it takes away our ability to feel bad about that. We can no longer weep, or desire, or feel pain and grief."

They can no longer care, even to the extent that they feel the need to step out of their vocation.

CF causes a person in a care-giving profession to lose their focus on helping others and focus instead on themselves.

I would think that with all of the anti-police demonstrations going on there may be police officers who might just conclude that they don't need this kind of treatment anymore.

#### Questions:

- 1. If I quote you in my research paper, how should I identify you, i.e., name, title, rank, length of service and with whom?**

A law enforcement officer in the job for almost 25 years, serving in a town of about 60,000, in a department of about 150 officers. Please do not list my name, location or department.

- 2. How common is CF among Law Enforcement Officers?**

I would have to narrow it down. When you first said CF, I wasn't sure if you meant weary of empathy or tired of seeing people in pain, whether it's a victim of violent crime, a person who is injured, or that sort of thing, or if it was more like cynicism. It almost seems like it's more of the latter that you are dealing with.

I think it is common. When I think about earlier experiences, I was more affected by the outcome, by what the person was going through. How they got there didn't affect how I felt. The longer I have been in the job I find myself caring less. When you first start in this work you want to help people, and you think you will be helping people and protecting them from societal predators. The longer you are in law enforcement the more you find that you are dealing with the same

people. Consequently, you tend to not care as much when you are called. You get tired of being the safety net for their reckless decisions.

I asked my wife after one incident, "What's wrong with me?" My partner and I got a call late in a shift, and you know if you get a serious call late in the shift, you are going to have to work overtime. This had been a busy day, the last day-shift before a long break, and it had finally started quieting down late in the shift. We were grateful that things were winding down at last and were looking forward to some days off. And then we got a "man down" call. The caller told 911 that he'd found an intoxicated man lying on the parking lot of an area hotel, and it looked like there was blood on his hands. And I thought, "Oh, great, he's probably one of our local drunks, is publicly intoxicated, has fallen down and/or passed out. We're probably going to have to arrest him for public intoxication, but we'll have to run him by the hospital first to have his hands looked at, because the jail won't take someone with even a superficial injury. This is going to be a long call, and we'll have to work overtime just to save some drunk from himself." We got there and there he was, lying on the pavement quite drunk. The blood on his hands turned out to have been transferred there from his rubbing his ankle that was dripping blood. His ankle looked crooked, and it was lying across a concrete curb. It looked to be badly broken, which didn't make sense for what looked like just a drunk that had fallen down. I asked, "Did you trip over the curb?" He said, "No, I jumped out the window." I looked up and saw an open window on the third floor. I asked, "Why did you do that?" He said, "Voices in my head told me to." Then I noticed that his other ankle was also deformed. Both of his ankles were shattered, and I knew that he would need serious medical attention. And my first emotion was relief that we wouldn't have to deal with him much longer. We called for an ambulance to transport him to the ER. After gaining entry into his hotel room to make sure there was no one else in danger there, we cleared the call with a short written report, and we cleared the call in time to go home when the next shift came on duty. On the way home, I began feeling guilty about my lack of concern for someone who had reached such a point in life that he would jump out of a third story window. When I got home, I recounted this last call to my wife and asked her, "What's the matter with me?" Because my first thought upon seeing that this drunk man had shattered both ankles was relief that this was now a medical call only. Yes, we'd recognized the guy from other calls complaining about some publicly intoxicated man either bothering people or being passed out somewhere in public. All his troubles were self-inflicted, but it bothered me that I'd felt no compassion for him when I saw that he had suffered a very serious injury. I only felt relief that he wasn't my problem anymore.

Perhaps others in law enforcement might be more compassionate than I, even after many years of police work, but for myself, the longer I have been in it the more I've noticed there is a dearth of innocent victims. Most are victims because they have made reckless decisions about who they associate with and the activities they decided to participate in. It is hard to feel compassion for them when things go wrong for them. Even in a great many domestic abuse situations, I often marvel at why a woman will appear to be so surprised and dismayed at being abused by the violent thug she was attracted to and chose to be involved with.

Auto accidents are different. I haven't noticed detachment in myself from feeling compassion for innocent victims. Car crashes have seemed to be that way--especially when they involve young people. I vividly remember a dead 15-year-old girl who, along with her friend, while being driven home by an older man, was killed in a crash. They were all squeezed into the front seat of the truck, and the driver lost control of the vehicle and sideswiped a telephone pole. The teenage girl, whose

arm had been dangling out the window, was killed instantly when that telephone pole ripped her arm from her chest. I was not the first officer on scene. My partner was helping EMS rescue her living friend from the wreckage of the truck. It was late at night, and there was no traffic on this road. So my reason for showing up (to direct traffic around the wreck) wasn't really necessary. So all I could do was stare at that poor girl lying dead and disfigured in the ditch and think, "Her parents have no idea." It just really bothered me.

As for dealing with death – most of the ones I have seen have been natural deaths. Most people have to call the police when a death occurs outside of a hospital or hospice. And most of those deaths I have seen have been elderly people. But some are overdoses or suicides. I felt really sorry for the first suicide "victim" I saw, but that quickly changed over the years as I saw what their reckless act put their friends and loved ones through. However, there was one old man I really felt bad for. His daughter had just moved to AZ and he loved his grandchildren and got to see them all the time and he lived in a very modest home with a room set aside for his grandchildren and his wife had died and he was a lonely old man who just loved to see his grandchildren and he couldn't move with them. And their move would mean the end of his visits with his grandkids and he just wanted out. I felt really bad for him because as a Christian we tend to believe that suicide is the last thing that God can forgive. The man took great pains to be considerate. He didn't want to cause anybody any trouble. He left a long note apologizing to first responders and his family and he cleaned his house and had all his affairs in order and his will on the table and he had a copy of his suicide note in his back pocket, he went out to a shed and laid down on plastic so that the blood from his subsequent gunshot to the head wouldn't make things too messy for everyone. I just really felt bad for that guy.

Most suicides I began to see later did not leave room for much compassion. They were just self-inflicted, and I get weary of seeing it, but you don't lose compassion; it still affects you. Some suicides you don't tend to feel much except "what a jerk" because of the pain they are inflicting on others, especially family members. I have seen plenty of suicides, a murder or two, car crashes fatalities.

### **3. Have you seen people who just wanted to get out of the job?**

A few times. I knew an absolute expert on crash investigation, and he was so good at it that he was an expert witness who would fly all around the country and get paid to testify on traffic crashes. But he told us in one of our classes that he came close to killing himself ("eating my gun") because he just couldn't take seeing so many victims that it really affected him. He had to get some professional help for that. When he finally retired, I was glad for him.

Here is one example. Most police officers who commit suicide do it because they got caught doing something pretty bad and are getting ready to be disgraced. They did something they shouldn't have done and they knew their professional life was over. They knew they were going to be charged and they just couldn't live with that.

#### **4. How do you feel about what's going on with the "defund the police, etc.?"**

It has been very demoralizing. Many of my fellow officers say if they could retire today they would do it. I have a very good friend who is considering retiring. Guys who don't have to stay are thinking about leaving.

#### **5. What are you going to do to protect yourself from "throwing in the towel?"**

I haven't reached retirement age yet. I am stuck. I fear we will lose some younger officers. Morale is very low and just constantly something else happens and you know it is a statistical inevitability that there will be an unjustified killing among law enforcement coming up and the whole profession will be blamed. (*US Bureau of Labor statistic reports over 800,000 law enforcement officers in 2018*) The absolute surety people outside the occupation have about what needs to be done to reform police has been going on for a while. I was hired not too long after the Rodney King incident in LA and officers who had been around for a long time then told me there had been a lot of changes in law enforcement. It seems odd to me that people seem to look back nostalgically about law enforcement in the '50s and '60s but it was much heavier handed then. Your job was to make sure the next law enforcement officer that someone encountered would have an easier time, so police were quick to thump people who were troublesome or disrespectful. Not so now, and it hasn't been like that since some time before I was hired. Most officers my age or younger feel as though they are trained to treat people impartially, being courteous and respectful and to give each person the same effort they would give anybody else (regardless of race, or sex, or whether they are gay or straight). There are all sorts of things well-meaning people will say about racial bias in policing, but I feel we are already handling it well, and it is insulting to me whenever some bureaucrat proposes additional "racial bias" training as a fix for what was either an isolated or controversial bad incident outcome. I have often been accused, by drivers I've pulled over, of having stopped them for "driving while black", even though I can rarely discern a driver's race before initiating a traffic stop. And I can't count the number of times I've heard the phrase, "just because I'm black", added to the end of, "you only stopped me, you only arrested me, you only suspected me, etc."

Living in the Bible belt I noticed how an arrestee's demeanor would drastically change at one specific point. They could be horrible, and they could say the worst, vile things, but when the jailers were booking them in, they used to be asked about their religious preference (just in case the jail needed to call a chaplain for them). I don't think they do that anymore, but I noticed way back when that as soon as an arrestee was asked about their religious preference, they would usually have one. And their demeanor would change as they were suddenly reminded of a religion that would have condemned what they were being arrested for. They would usually show a little bit of shame and become more compliant. I haven't seen that in many years.

#### **6. When you get jaded and lack compassion, does that effect your dealing with people when you don't know what's going on? Are you quick to draw some conclusions?**

I think you learn to retreat behind the law. You will become cynical over time so that you don't dwell on the last call, you just move on. If I go on a domestic call, my responsibility is to determine who the primarily aggressor is and to arrest that person. To learn that, you ask questions. There's always someone who will claim they are the victim. If you can't figure out which one is the

aggressor you can't really justify arresting anyone. You just encourage one of them to leave. It's almost always at night. On any other misdemeanor arrest, I make it based on probable cause. In domestic situations it's hard to determine "probable cause." There is often no evidence on which to base that. An officer will just try to make sure there is no additional hurt. For a period of time we were advised to arrest someone if the other person claimed they'd been assaulted, but I am reluctant to do that, because arresting someone is not something to be taken lightly because of the way it impacts the person's life. There really needs to be probable cause, which is different than reasonable suspicion. You do begin to ask yourself if you can determine probable cause. Or are these people both just quarrelsome?

## **7. What are typical symptoms of CF with the Police?**

Demoralization. Cynicism. You get lied to a lot when you are a police officer. And you get people who will try to persuade you to their side. On many domestic violence calls, the complainant will give you 50 reasons why the other person is bad and needs to be arrested, but all I hear is 50 reasons why the complainant should never have associated with him/her in the first place.

There is a reluctance to make any emotional investment. Remain unfeeling. Do your job. Go to the next call. Someone can tell you something and try to illicit some emotional response -- pity from you -- and it has less and less of an effect on you. It's a form of protection. When you first start out, friends and family are very interested in your line of work. And you would be ready with a story or two and I noticed after 10-15 years I couldn't think of any police story that I hadn't told in the first few years. The incidents that made a big impression upon me in the beginning years of my career, are the only ones I can easily recall, because nothing else makes much of an impression anymore. Maybe that's one way the cynicism helps. You don't think about it outside of work anymore.

I am speaking as freely as I can, but I remember when I first got hired and I was going through my final interview, I got to have a conversation with this doctor who had prepared a psychological profile on me and he described me to a "T." Those tests are about 600 questions long. I just answered everything perfectly candidly. He explained that there is so much evasiveness on these tests, but he could tell that I was being honest. He said "Thank you for coming down here; justifying the validity of these tests; I think you'll do fine. People don't seem to rile you. I think it would help you, since you are married, to confide in your wife about what you see on the job. I see that you don't tend to do that." He may have advised me to, but I don't tend to do that. I'll talk to other police officers. Many police officers don't seem to have non-police friends. I have plenty of non-police friends, but there are some things that I don't tend to talk to those people about -- these are things I talk to other police about. The hazard in confiding only in a police officer is, perhaps, the inevitable confirmation bias; they're not likely to be too critical, having had similar experiences themselves. So, their responses are not likely to be very critical.

I know I must bottle things up, but I never pictured that as a pressure vessel ready to blow. Having been in the military for over 30 years, it has really bothered me how emotionally fragile the younger recruits tend to be. We actually have to go through regular "resiliency training", because the younger generation can't seem to handle conflict and disappointment. I was trained by an army that valued stoicism, and that was how I've tried to conduct myself as a soldier and as a police

officer. Having seen the younger generation in the military, I cannot say how the newest generation of police officers might respond to questions about compassion fatigue.

**8. When you were in the military, did you see PTSD?**

Yes, but I think the numbers are over-inflated. Many people I deployed to Iraq with claimed PTSD upon our return and began drawing a check from the VA for it, but I knew what they had been through, and many of them never even left the wire. Others who had left the wire briefly pointed towards a single scary event. I had a few scary events outside the wire, but police work has involved far more “life and death” encounters for me than my military deployments ever did. I cannot accept the notion that a single traumatic event could leave me emotionally crippled and disabled for life.



## **Appendix #3**

### **Interview: Compassion Fatigue and Professional Counselors**

Interview with John Lawson, LMFT, LSC, Licensed Marriage and Family Therapist, GracePointe Counseling Center, October 8, 2020

#### **1. What is your understanding of Compassion Fatigue?**

The nomenclature that we are dealing with – I don't usually use the term "CP" as a diagnosis. I would say anxiety, depression, and panic disorder. You are talking about people who are suffering from "rub off" from what they do. Professionally I see a lot of that. From one person to another it will look different, in the level of impact on the person, and how chronic it is.

#### **2. Compassion Fatigue is sometimes referred to as Vicarious Trauma. To what degree have you seen this?**

I have seen counselors as well as other helpers who have struggled and I personally have struggled with how much of another person's life struggles affect me.

#### **3. To what extent do you take other's traumas as your own?**

There are struggles that I look at that hit close to home and when I can closely relate with someone's struggles and it is difficult for me to differentiate their struggle from mine it is more difficult for me. That could result in difficulty sleeping, absence of appetite. That can look like anxiety, where I think about what will happen next with them and I own a lot of their worry as my own. To a degree that struggle can be very honorable to that person. I don't know if we would call that compassion fatigue or empathy. You can relate to a person and struggle alongside with them and just be present and attending and listening. That may make you a more therapeutic presence. Some of that makes me better at what I do; some of it makes it worse.

#### **4. What are the symptoms of CF – not in a good way?**

Rumination – you think a lot about it. My profession requires clinical counseling – I have invested in other people who bear my burden and if I am in trouble, the other counselor would be required to tell me that. That is one of the safeguards I have. If I am sharing something over and over with a colleague, I am not going to be a very effective aide to them. That rumination begins – when another person's personal problem becomes my personal. At that point I am no longer helping my patient. Rumination is thinking about a person far more than is helpful after they have left the room.

That can affect your sleep. If at night instead of getting rest and relaxing and unplugging I am turning over and over the last interaction I had with that person, what would be rumination. Having dysregulated moods where I am tenser, I begin to have anxiety – these are signs. If they struggle then I struggle too so I exhibit it too. The wall between “them” and “me” and if I struggle with defining that wall between them and me, then I am in trouble. This may manifest in my having difficulty enjoying things I normally would. If I have difficulty concentrating. If I have weight loss or weight gain. If I’m not eating because I can’t digest as well as I normally would.

I have personally experienced this by it making me become angry. Sometimes my anger helps the people I counsel to progress with their struggle. It might not be all-in-all a bad thing to be angry about their circumstances in their presence. The longer I have been in the practice I have found that you can’t be angry and depressed at the same time.

A little bit of compassion fatigue might not be the worse of things because we call it empathy. What you are talking about is when it goes too far and it impedes the ability to help people across the board. If I internalize that and have irritability with my spouse or colleagues that would be a problem.

If a counselor loses sight of why they are doing what they do, if they have a sense that nothing they do matters – if they are just pouring out and never poured into, that sense of apathy is going to be a present thing.

#### **5. What do you do to keep other people’s trauma from getting you down?**

I take self-care very seriously. My owning their stuff will eventually make me ineffective. When I am in their presence, I will be fully available to them, but when I go home, I go home. I sleep, I church, and I exercise. I have a life that is separate from my work. I need to because if I don’t, I will do damage to people indiscriminately.

There is a little bit of blend with my personal life – people from the church (I attend) call and ask for advice, but I try to keep that separate (from what I deem professional counseling).

The things I enjoy doing are things that I can see that I can get done - finished. A lawn that is mowed. A deck that is stained. In helping professions, you often don’t get that. A person who is broken who is coming in to see you all the time and you don’t see an end. You might not even see improvement. When you are working with people there isn’t often easily accessible “fruit” and a counselor or doctor can feel as though they aren’t an effective doctor or counselor if the person isn’t getting better. If I tell a client to take his pills and he doesn’t, that says nothing about my effectiveness as a clinician. A lot of his struggle may be about what he does after we interact. I will try methods to encourage him to do the right thing, but what he does with that is in his control, not mine.

#### **6. Is your time off helpful for you?**

I wish I stuck to it with better boundaries. Having time that isn’t work time and getting rest is important. Some people I have seen, particularly medical people, have gotten to the point of being suicidal because they own more of their work than they should.

Most of my clients have my cell phone number and most of them don’t abuse it. I do take days off; I leave the office as many lunches as I can. I try to have a different looking life than when I am in the office. I don’t like to be “in work” because that doesn’t make me who I am.

## **7. Do you sometimes work at home?**

Without breaking confidentiality being able to talk to my spouse has been exceptionally helpful.

Exercise, dialogue, is helpful. If you are a caregiver stuck in a house without getting out it can become a prison. I like my office but I shouldn't stay in my office when I am not meeting with people. Sometimes with children I will go out walking while counseling them. I don't do that much with adults. Most adults would be worried about running into someone they know if they are outside during counseling. Children and teens might like to get out in the fresh air and they don't have those worries.

## **8. You are in a caregiving profession. Your wife is too. Do they ever collide?**

We have such different care-giving jobs. If I were married to another counselor, I think my wife would now be my clinical consultant and couples like that have a whole different struggle, where what the other person says might feel like judgement. Because our jobs are so different, it doesn't feel like judgment in her feedback.

Sometimes it feels like the job is 24/7, but not often. I work too much, by choice, but by choice I could exercise control and work less. I have that freedom; I just choose not to do that right now. If I began to suffer relationally or physically or emotionally, I am duty bound to step back in order to help others be healthy humans.

## **9. Other professions are on salary, but when you don't work, you don't get paid. Does that create more pressure to work more hours?**

Mine is not the only care-giving occupation where people get paid by the hour. Nurses get paid by the hour; policemen get overtime. As a counselor who is hourly, I could ratchet back, but I would make less. Lots of colleagues who work in a hospital context are salaried, and that can carry a whole different level of stress because you feel if you don't perform you could get fired, and it's someone else's metric that determines how effective you are. It's really the same animal. I would be paid less if I were salaried, but they have sick pay and vacation pay and I don't. On balance I am probably making what a salaried person is – what I am paying for is that vacation time. I have flexibility that salaried people don't have. It's nice, but it's also pressure because I know how much I have in the account and I see all the names of the people I would have/could have been seeing while I was gone. I should control that time. You keep yourself from burning out. You look at what you need, and what your clients need and you plan accordingly.

## **10. What other terms would you use besides Compassion Fatigue?**

Depression. Anxiety. Panic-disorder. In some cases, disassociate disorder. You don't feel as though you have adequate power to improve upon someone with all the demands upon you. I would align addiction with that. People are self-medicating, with perfectionism to a debilitating nature. If I feel as though I have lost control – I might have marriage problems if I have poor boundaries. My wife is going to feel as though I don't care as much about her as the people I see. Those are all diagnoses. We used to diagnose people with relational problems. Marital problems would have been a diagnosis 5 years ago, even though we don't do that anymore.

**11. It's surprising how often marriage issues come into the topic of compassion fatigue in other occupations**

You talked about symptoms. Symptoms have an origin. Marital problems are a symptom of something else. Compassion fatigue, shoddy boundaries -- there's a difference between "you" and "me." If I am serving you and I am not defining myself as separate from you, the symptom looks like a whole lot of stuff. Clinically if I am treating someone who is a doctor, a nurse, we could really do some damage if all we are doing is looking at symptoms.

We can inform people about what is healthy self-care. PTSD is the name for the outcome of all those causes.

**12. To what degree do you see compassion fatigue occurring in occupations outside of caring professions? Like a Truck driver?**

Right now, with how connected people are through social media, we hear about everything – rioting, violent crime, sex trafficking. It's a horrible thing for public health. There is no discipline to turn that constant exposure off. Social media is a player in (the problems of) nearly every person I deal with. The nature of hearing all the "ugly."

Statistically the count of the times some of these actual problems are occurring may be going down, maybe because we are hearing about it all the time and we are taking more precautions. We always hear about crime, but crime statistically is going down, but we still are suffering. We are taking the hit because we are hearing about it, but does that benefit the problem? No matter what, it's bad. You get it on the front end or on the back end and people are suffering.

**13. How should I refer to you in my paper?**

You can use my name – I don't care. Because we are related you might want to just use my title.

## **Appendix #4**

### **COVID-19 Timeline**

A 5-month timeline of how COVID-19 has unfolded in the US, by Grace Hauck, Karl Gelles, Veronica Bravo, and Mitchell Thorson, USA Today dated June 23, 2020

- 1/17/20 Airport screenings –CDC began public health screening at San Francisco (SFO), New York (JFK) and Los Angeles (LAX) airports
- 1/21 – First case confirmed in the US
- 1/23 – Wuhan locks down
- 1/24 – First cases in Europe; Americans told “risk is low”
- 1/28 – HHS Secretary reports they have been monitoring virus since December
- 1/29 – First group of Americans returned to US from China
- 1/30 – WHO declares global health emergency; US reports first person-to-person transmission
- 1/31 – Trump administration declares coronavirus outbreak to be a public health emergency
- 2/2 – First death outside China
- 2/6 – First death in the US; autopsies of two people who died at home reveal they died of the virus
- 2/7 – Chinese whistleblower doctor dies
- 2/11 – Virus officially designated as “COVID-19”
- 2/12 – First American dies of virus in China
- 2/21 – CDC director tells reporters Pandemic “likely”
- 2/23 – Italy locks down
- 2/26 – CDC reports “community spread,” President Trump announces VP Pence to head Task force
- 2/28 – CDC taking steps to address Flawed test kits
- 2/29 – FDA begins to open up testing
- 3/3 – US surpasses 100 cases
- 3/6 – President Trump tells reporters “anybody that wants a test can get a test”
- 3/11 – Travel ban on Europe; WHO declares pandemic; US passes 1,000 cases
- 3/12 – Director of National Institute of Allergy and Infectious Diseases says testing logjam a failure
- 3/13 – Trump declares a national emergency
- 3/15 – “15 Days to Slow the Spread” – Trump administration issues guidelines calling on all Americans to avoid gatherings of 10 or more for the next 15 days and to limit discretionary travel.
- 3/17 – Trump invokes Defense Production Act to produce critical equipment; report shows virus stable on surfaces
- 3/18 – CDC report shows all ages at risk
- 3/19 – US passes 10,000 cases
- 3/24 – Tokyo Olympics postponed
- 3/26 – US leads the world in cases

3/27 – Trump signs \$2T stimulus package; US passes 100,000 cases  
 3/28 – CDC issues travel advisory to New York area  
 3/29 – White House extends social distancing guidelines through April 30; “The peak of death rate is likely to hit in two weeks.”  
 4/1 – US passes 200,000 cases  
 4/2 – More than 1M cases confirmed worldwide  
 4/3 – CDC recommends face masks  
 4/7 – For the first time, more than 2,000 people die in a single day in the US  
 4/8 – Wuhan, China lifts lockdown  
 4/11 – US passes Italy as country having the most deaths. More than 19,700 people have died in the US from complications of the virus; worldwide the total is 104,000  
 4/14 – All states in the US report deaths  
 4/15 – protests erupt in KY, NC and OK over stay-at-home orders  
 4/16 – White House issues guidelines to states for relaxing social distancing restrictions. 14% of US workforce has filed for unemployment  
 4/20 – TN, SC and GA announce measures for easing restrictions on businesses  
 4/21 – FDA approves home testing kit  
 4/23 – US House of Representatives passes \$484 billion bill; \$320B of this is for Paycheck Protection Program for small businesses  
 4/24 – GA reopens gyms, tattoo parlors, hair salons  
 4/27 – Tyson foods warns of meat shortages  
 4/28 – 1M cases in the US  
 4/29 – US economy shrinks 4.8% in the first quarter  
 4/30 – Trump administration social distancing guidelines expire  
 5/4 – Death projection from model from the Univ of Washington doubles from 72,000 to 134,475 by Aug 4  
 5/6 – White House shelves CDC reopening guidance  
 5/7 – Experts advise against antibody tests, which may give people a “false sense of security.”  
 5/8 – Unemployment at 14.7%  
 5/9 – 3 children die of an inflammatory disease that may be linked to the virus  
 5/11 – More than 15 states set to move forward with reopening procedures  
 5/14 – More than 10M tests conducted in the US  
 5/15 – More than 300,000 deaths worldwide  
 5/18 – Majority of states moving forward with phased-in reopening  
 5/19 – CDC issues 60-page document of guidelines for business, restaurants, schools and other establishments on how to reopen while minimizing spread of virus.  
 “CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again” online- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>  
 5/21 – 5M cases worldwide  
 5/22 – 1/3<sup>rd</sup> of cases asymptomatic  
 5/25 – Memorial Day gatherings  
 5/27 – More than 100,000 deaths in the US  
 5/29 – US ends relationship with World Health Organization (WHO)  
 5/31 – George Floyd protests raise concerns of virus spread  
 6/5 – Economy gains jobs; unemployment drops to 13.3%  
 6/6 – No beneficial effect determined for use of hydroxychloroquine

6/9 – US officially in recession

6/11 – 2M confirmed cases in US; a number of states seeing spikes in cases.

## Appendix #5

### Interview: COVID-19 Compassion Fatigue in Ministry

Interview with Dr. Aaron Wymer, Senior Minister, Grandview Christian Church, July 8, 2020, follow-up December 10, 2020

This research is dealing with Compassion Fatigue among Ministers. I have researched and written about compassion fatigue as it relates to the nursing profession and law enforcement profession, because these are care-giving occupations. Then I am researching compassion fatigue as it relates to those professions giving care during the 9-11 Terrorist Attack in NYC and also fatigue during the COVID-19 Epidemic.

I am trying to discover symptoms, causes, and remedies that could be applicable to compassion fatigue as it relates to the pastoral work of the minister.

Definitions:

**STSD** - a condition that can incur when an individual is exposed to people who have been traumatized themselves. It is common among first responders, medical professionals, counselors, law enforcement officers, ministers, and anyone in a care-giving profession.

**Compassion Fatigue** - "a state of exhaustion and dysfunction – biologically, psychologically, and socially – as a result of prolonged exposure to compassion stress."

**Acedia** - not only does it make us unable to care, it takes away our ability to feel bad about that. We can no longer weep, or desire, or feel pain and grief

**Vicarious Traumatization** - describes how care givers can take on the trauma of others even though that pain is not their own, thus the term "vicarious," meaning secondhand.

I want to interview you to gain a perspective of the challenges you encounter pursuing your pastoral role during the COVID-19 Epidemic

AW – for the most part, I can be quoted by name.

#### QUESTIONS:

##### 1. How has the COVID-19 Epidemic changed the way you go about your pastoral role?

The biggest is that "presence" is more virtual than actual. I'm making phone calls, sending notes, cards, but usually your first instinct as a minister is to go to be with someone. If you have to have a serious conversation, it's harder to do that now. I do less "Zoom" now than early on in the pandemic. I feel more comfortable bringing someone in to a bigger room than meeting virtually. At the beginning staff meeting was on Zoom. For about a month our area ministers' meeting was on Zoom We do it live now. There are about 8 of us meeting to plan sermons and share insights. We



have that meeting here at the church. Now it's in a bigger room. Elders meeting was on Zoom. We had our first live meeting this past month.

**2. How have you pursued your pastoral role in hospitals and nursing homes during the epidemic?**

We are just shut out. We aren't allowed in. The best thing we have been able to do with nursing homes involves going to windows and waving. Crew 56 has done that, and members have, but I haven't had the time to do that. It takes a lot of time and you really don't get to talk. I am sure it helps when people do that. We are asking elders to do phone calls. We break up the list of people in the congregation and have them call and check in on people. We have decentralized that as much as we can. Staff has for a long time tried to take a day of the week to go and visit people. Mostly those were just hospital visits. Sometimes I would make it to nursing homes, but those contacts in particular have become phone calls and mostly to people who are going through something difficult rather than just a polite visit.

When we were first shut out it really hit me as dramatic because family members were shut out too and people died alone in the hospital. In my mind that was not justifiable even in a crisis. I felt as though at least a member of the family could mask up and have their temperature taken and walk in. Since they have allowed us in again no additional deaths have happened again yet.

**3. How have you pursued funerals and ministering to bereaved families during the epidemic?**

With some families you feel you can grab a mask and go by and see the family. For Shirley Brookshire I did a graveside service and did a live stream of the service for church members who couldn't be present. Since the virus there have been 2 deaths in the congregation. In one case the spouse got to go to the window to see the person before they died. They talked about having a service, but this person had two children; neither of them were local. I went to the house immediately. I went to the funeral home. I felt like my presence was more important than worrying about it. They are going to wait to have a service since one child couldn't make it down, and they didn't want to have a service where people couldn't come. The person who died was cremated. They decided about cremation earlier. It was preplanned. I like for someone to go with the person so they aren't alone at the funeral home. The spouse was baptized after the death, but had talked to me about it before the death. The person who died had heart issues, rather than dying of COVID.

I am not aware of anyone local connected to the church who has had the virus yet.

**4. What has been the most difficult part of the epidemic in your ministry?**

Making decisions in a politically charged atmosphere. There is so much talk. There is a divide. Most people at the church believe it is good to take it seriously but some people are frustrated with the decision to wear masks during the service. They think we are being too cautious.

## **5. Is this a divide between Democrat and Republicans?**

I see it less as a Republican/Democrat divide and more of a Trump supporter/non-Trump supporter divide. There are a lot of congregational Republicans who aren't happy with Trump and oddly enough a large part is a generational divide because in a strange twist young people are more in favor of wearing masks than older people. We are asking people to wear masks, but there are people who are objecting to that and coming to services and not wearing masks. I am not willing to throw people out of a service if they aren't wearing masks. Since we have assigned seats, we have had to learn which people might wear masks and which ones might not and seat them accordingly. We have told people to feel free to take masks off when they aren't singing, if they want to do that. In one service at the Buffalo campus, some people were wearing masks, some weren't. In the other service and the Cityview service everyone was wearing a mask.

There has been the pandemic and then the George Floyd death and they have all happened at the same time. The racial strife has added to the politically charged atmosphere. Whether or not to meet for services at all was politically charged. When to come back together for worship. The question of when we start children's programming is politically charged. We have two family units who have said they won't come back if they have to wear masks.

Our first move to address something like racial tension, under normal circumstances would be to come together for some sort of discussion. That is close to impossible right now. What the epidemic has done has taken away our first move as a pastoring body, which is presence. We are trying to do things in a Zoom meeting but it's not as readily possible to see what people's intentions are. It's difficult reading people's expressions because of masks.

We have talked about having a 4–5-part series (related to race) here on campus. We would have brought people together for prayer, open conversations. We are talking about partnering with the Langford center in Johnson City as part of JC Serve. The virus was already going on and it has delayed starting this.

## **6. Do you see a division in the church over the racial situation?**

In conversations I have had with people, I find they believe racism is real, not imagined, and that it is bad. The disagreement comes with what the protestors are trying to accomplish and how they want to accomplish it. So the disagreement is how we respond to racism. It's less Trump-centered and more Republican/Democrat but it's also a generational difference. It's more of a conservative/progressive divide.

I suppose the statue thing could be a problem but I don't think that is much of an issue here because we aren't very much a "southern" church. We don't speak with an E TN accent at Grandview very much.

## **7. How has the epidemic added to your personal stress level?**

I have been by nature and training a consensus builder, or at least I have attempted to be, and it is harder than ever to feel as though you can do that, so there is a feeling that no matter what I do I am leaving people behind and that is stressful for me. We will probably lose some people.

About 40 were at the 9:00 a.m. service, about 75 at the 10:30 service and about 50 at Cityview. A total of about 165. We probably have something in the neighborhood of 500 between on campus and on-line. Figuring out the on-line is sort of tricky. People may be watching on multiple devices or at different times. We have some family members of people from the congregation who watch from out of the local area.

**8. Attendance was running 500-550 before. Do you think after the virus we will lose some people?**

Yes, I think we will lose some. We will gain some. A lot of people are going to switch churches who weren't thrilled where they were; they are going to wander off and choose someplace else. People felt obligated to stay where they were – this gives them an easy out to go someplace else. We will lose some people but we will gain some as well. I think we will lose more than we will gain. That doesn't stress me out too bad. Earlier in my ministry that would have been crushing but now it's not overwhelming.

Learning to do ministry in a new way has not been an anxiety-level stressor. It's a life-stressor. We had to learn to record services. By the time we got the hang of that then we had to live-stream services. I suspect we will build new systems that will look different than they did before. We know we are going to continue to do live-streaming, which wouldn't have happened without the virus because we had to buy equipment and learn how to do it and there are people who didn't like that idea of going to church by TV before this. Now it's better to do it than not to do it.

**9. Has the financial situation been any stress?**

That's been the most encouraging thing through all of this. People have continued to give. It's been remarkable.

**10. One of the terms for compassion fatigue is "vicarious traumatization" where a minister could very well take on the trauma of the members of his church even though that pain is not his own. He takes it on vicariously, secondhand. Are there ways in which during this epidemic you have found yourself taking on other people's pain?**

I don't think any more so than normal. If we get hit hard with the virus and start losing people I think that will be a different story. If I were 31 still, it would probably hit me differently than it does now.

The deaths we have had so far have been the same sort of stress whether there was a virus or no virus.

**11. How have you dealt with this extra layer of stress on top of the normal amount of anxiety that you already carry as a minister, a pastor?**

I don't know. So much of ministry, you just keep pushing. I don't know how different it is. I think I feel more tired and less energized. Early on that wasn't the case because those first few weeks the new challenge gives you energy, but the newness of that challenge wears off. I still try to keep a day off as much as I can. Prayer, of course. I still have a personal prayer time and the staff

has a morning prayer time on Facebook. When this first hit, we still had Lent season morning prayer, and I had to take that on-line and enough people said they liked it that it became another thing and it became regular. Like most people my personal prayer time waxes and wanes.

**12. You used the term “more tired and less energized.” In interviews I have had with professionals in non-ministerial care-giving positions, those exact terms were cited as symptoms of compassion fatigue. So be careful. Take care of yourself.**

I keep my friendships going. Being with staff is helpful. There are my friendships with other ministers. I keep in touch with them. We have plenty of time just to vent and support and pray for each other. The Monday ministry meetings are preparing sermons but also moaning and complaining about how you are going to go on. It's necessary.

The virus has taken some things off the calendar, but where it has taken things off, it has put other things on. The service is just done differently. It takes about the same amount of time. There is a lot of planning and preparations for how we are going to do things differently, like Two for Two.

**13. Do you see any stresses placed on the staff because of the virus?**

The biggest thing from that has been that most of us came into ministry because we value being with people, whether it's worship or discipleship. It occurs to me pretty regularly that this current situation isn't what I signed up for. About a month ago I came right out and said this to the staff. Once things level out some staff might decide they want to do something else.

There is a member of the staff who has left, whose departure was planned for over a year, so it didn't have anything to do with the pandemic, but he will be greatly missed – he added a gravitas and a sense of humor that will be missed in the staff and although we can replace the position, we will miss his personality.

**14. Are there any other observations that you would like to cite as the epidemic has affected your ministry?**

I don't think so. If you were to ask me this question in a year there will be more to say, but right now in the middle of it there is a lot of unknown. The worst is yet to come, in my opinion, in terms of polarization at the church. No matter who wins the (presidential) election there will be angry people in the streets.

## **Follow-up Interview with Dr. Aaron Wymer – December 2020**

- 1. A few weeks ago, you were on vacation in Florida. I was unaware that you were out of town, and I called you to warn you of issue that made the local television news and later the local newspaper at the hands of the spouse of one of Grandview's elders. In all honesty what was your first reaction when your vacation was interrupted with this issue?**

There was a fear that it was going to blow up. It was a coming cultural clash that was just going to get worse. When I got back it wasn't that much of a hornet's nest. (Having cell phones) is something different than in the past. In the past if you needed the minister you had to go through the church office, but people weren't on their phones all the time. Now people think "I have a thought; I wonder what the minister thinks about that."

**2. When I interviewed you in July 2020 about how your ministry has been impacted by the COVID-19 epidemic, no church member had yet been infected. Now (Dec 2020) there are several church members who have come down with the virus. How have you dealt with those persons?**

There hasn't been much change in our approach, because they usually isolate and for the most part people let us know when they are in trouble. There's a phone conversation which is quicker than driving to their home for an hour of visiting. I can even call from home. Prepared meals are in the church freezer for people that need them. But as far as people serious enough to go to the hospital, I don't think we have had anybody else (beyond one initial case) to do that from the church. When you go into the hospital you can designate one family member and that's the only family member who can visit that person. As minister, I can visit (church members who are hospitalized for non-COVID illnesses). I have to sign in and indicate the person I am visiting and the room number.

**3. As the COVID-19 epidemic has become more extensive in the local area, what adjustments have you found it necessary to make since July in the Grandview's ministry?**

We opened worship services in early summer on a more restrictive pattern. That was a big deal, especially with no children's programs. We thought optimistically that this might be over soon, but now we have had to cancel services again until January 10 (2021). We noticed a drop in attendance. People were just not registering to come to worship, so now everything is online.

**4. How has the increase in the spread of the virus impacted your personal life?**

Just more of the same. More worry about whether we should stay open. Now my second daughter has had the virus. There is great frustration that we aren't through this and we aren't close to being over it yet. A man and his wife at First Christian came down with the virus. There was a funeral at their church and they hosted a funeral dinner for the family of the deceased in their house because they could not have it at the church. The wife died, and the husband is in ICU. It was real heartbreaking because they were just trying to do something nice for somebody.

**5. My project is dealing with "compassion fatigue among ministers." It is a condition when a minister struggles to give care to people with problems. Do you ever find yourself getting to the edge of fighting to care when things seem to be overwhelming?**

I quit going to the health club because I didn't have the risk tolerance for that (virus exposure), so I started running on trails. I have found that super-refreshing. It was really good for me physically as well, but then when I went to the hospital myself (for blood clots) that meant I didn't have any workout for two weeks and after that it didn't seem wise. My own health issues made working out

less frequent and I find that has had a negative impact for me being able to manage all that stuff in my head.

I think the overwhelmed feeling is more a head thing. It's not so much a time thing. I can make calls on the phone much more quickly than I can make visits face to face. On the other hand, I just got off a meeting with the staff on how we are going to change our plans for Christmas Eve. We had planned a walk-through program and now we aren't going to do that, so that constant changing in plans boosts feelings of being overwhelmed.

**6. When we talked in July you said, "The biggest thing from that has been that most of us came into ministry because we value being with people, whether it's worship or discipleship. It occurs to me pretty regularly that this current situation is not what I signed up for." How have you adjusted to "being with people" with the limitations placed by this virus?**

We have Zoom (internet) meetings and conference calls. I think our morning prayer on Facebook has been helpful for that, but we have maybe 5-6 people who watch it live. Others may watch it later. I haven't noticed too much more than that.

It's hard to know how many people are watching the on-line services. There is a "count" that registers how many people are logged on but some people are watching on more than one device. The count has stayed pretty steady, 350-450 depending on the Sunday, but it's hard to tell.

**7. When we talked in July you said that one of the difficulties caused by the virus is that of "Making decisions in a politically charged atmosphere" and "I have been by nature and training a consensus builder, and that there is a feeling that no matter what I do, I am leaving people behind, and that is stressful for me." Has that changed? Has it become more intense or is consensus becoming easier?**

Discussion on race relations has died down a little bit (from the height after the George Floyd death). It has become a little less strained. The (2020 presidential) election went about as well as you could hope as far as division (in the congregation), so I am thankful for that. Some of that difficulty with mask wearing – the people who weren't happy with the way we were doing things have for the most part gone away. There are a fair number of people now who don't think COVID-19 was the hoax they thought it was before.

**8. How was the decision made this week to go back to on-line services?**

The decision to not have in person services again until Jan 2021 -- Brandon was on a call with Ballard Health officials. We have had those before and they have tended to be positive, but you could tell this time they were way more concerned that they have been. They project a higher spike than we have seen yet because of Thanksgiving and Christmas. Brandon and I talked on Monday and I hadn't heard the results yet from that meeting but I noted that at the 8:00a service that we only had 3 people registered and we had just 5-6 registered for the 9:30 service (although people showed up) and I could tell people were feeling more and more uncomfortable about coming. I just didn't want to cancel again. I hate cancelling again.

We had a long talk about it at the last elders meeting and some elders were already in favor of shutting down a few weeks ago. I want to respect their wishes, but I wasn't ready to do it then. They said when you are ready to shut it down, we understand. (When we made the decision) we let

the chairman of the elders know and then the staff had their input. The elders supported the decision. There are a number of the staff who are more nervous (about meeting in person) than I am but I am still confident people are safer in our church services on the Buffalo campus than at the local grocery store or a ball game.

**9. A common symptom of compassion fatigue that I have found in studying several caregiving professions, was found in a statement that you made in July when you said, "I think I feel more tired and less energized." How are you 5 months later deeper into this epidemic? How are you addressing being tired and less energized?**

Some of it is just getting used to the new reality and adapting. When we first had the online services, I would come home really tired and when we went to 3 in-person services each Sunday morning that was exhausting because you are preaching 3 services and talking to people before and between, but just like anything else as you do it longer, the better you get at it. Just developing that muscle. I think I'm okay right now. I am going to run in a little bit and see if that clears my head and reenergizes me. There is also the sense that this is just what we are going to have to do. This is who I am and what I put my life energy into for a couple of decades now and to walk away at this point would be something I would regret.

The other staff mean a lot to me and I would hate to add weight to their schedules and their lives by not following through. I think I would be very tempted to "walk away" if I were the only minister on a staff.

## Appendix #6

### Interview: Blessing Ranch Ministries

Interview with Dr. John Walker, Blessing Ranch, May 10, 2020 (970-217-9551)

#### 1. By what title would you prefer to be quoted?

My official title is Dr. John Walker, Clinical Director of Blessing Ranch located in New Port Richey, Florida.

Dr. Walker asked Dan Lawson what his approach will be in his research.

Lawson will first present a biblical understanding of compassion in the life of Christ, and then review any further and theological insights from scripture regarding “compassion,” “the Pastor,” and “fatigue.”

He will define terms such as “compassion fatigue,” “acedia,” “Secondary Traumatic Stress Disorder,” and “I can’t care anymore.”

He will examine Post-Traumatic Stress Disorder especially as it relates to soldiers returning from war zones. Then he will research compassion fatigue among social workers following the terrorist attack in New York City at the Twin Towers. He will also study compassion fatigue among law enforcement and nursing professionals, with special emphasis on those professionals dealing with the current COVID 19 epidemic, to determine if there may be similar symptoms, causes, and solutions that could carry over to that same condition among ministers.

Then his research will examine what conditions cause ministers to conclude that they simply can’t care anymore as it relates to providing pastoral care to their churches. Such a condition often causes many underlying personal issues and soon results in those ministers leaving their ministry completely. I will examine denominational programs for helping ministers and then draw some conclusions as they relate to ministers serving in the Stone-Campbell churches.

#### 2. What is your background and how did it influence your work at Blessing Ranch?

I was ordained in the Christian church. Did undergraduate at Lincoln Christian University. I have an additional degree from Butler University and Christian Theological Seminary. I received a PhD in Counseling Psychology from Indiana State University. Blessing Ranch is multi-denominational. We haven’t tried to ignore the denominations, but it seems to make no difference what the denominational heading is. We deal with over 4,000 ministers and their families; whether the pastor wears label “Methodist,” Baptist”, etc., there isn’t a whole lot of difference. It would be difficult to limit the conversation to solely Stone-Campbell movement. I couldn’t keep it straight in my head where the minister might be from.

Blessing Ranch has served about 40-50%, at most, who might be from S-C churches. The ministry isn’t limited to the US. We have a lot of international visitors. Missionary vs ordained



pastors is a much smaller percent. We have also had indigenous visits. Blessing Ranch began in 1992, but didn't see patients until 1996 – we had to build the infrastructure first. Clients have been seen from about 1996 to the present (2020). A “guestimate” is that half are from Stone-Campbell churches.

### **3. How common is compassion fatigue among ministers?**

I am not familiar with the term “acedia,” and do not particularly use the term “compassion fatigue.” Using the definition of “I don't care,” I would say I see this condition in close to 50% of ministers. That could very well carry through to the 40-50% of the pastors we see from Stone-Campbell churches. I agree that compassion fatigue isn't a clinical diagnosis, and that “I don't care” comes from a lot of different sources. I look for the source of the condition. Ministry is the hardest job in the world. I would agree that the Stone-Campbell ministers I see are definitely struggling with compassion fatigue or a condition that is best described as “I can't care anymore.”

### **5. What are typical symptoms of Compassion Fatigue among ministers?**

It is difficult to give a common answer, but “I don't care” is the common thread accompanied with episodes of depression, from despondence to major depression. There has been a significant increase in all depressive disorders. The megachurch movement, represented heavily in Stone-Campbell churches has increased anxiety. Occasionally we'll see personality disorders – almost always spiritual, sometimes relational. It's not compassion fatigue – it's an inability to embrace the complexity of ministry. Among the symptoms we'll see – we see pastors who could normally be able to embrace everyday ministry, but who can't manage the complexity involved in the large church setting. Inability to hang in there with embracing the complexity of problem solving because they don't have the physical energy, they are exhausted. All of their faculties are tapped – this is just too much. I just can't do it anymore. Larger churches have huge multi-staffs, but many ministers are writing books, traveling, speaking, all outside of their local congregation.

This diverse nature of larger churches brings more complex problems. I don't deal a lot with ministers of small churches. Smaller churches may not see the need for a minister to get “time off,” and I also think it is related to affordability. I read an article about whether the church is embracing psychology – and have concluded that smaller, rural churches, more conservative/independent church leaders have a tendency to have suspicion towards psychology. The assumption is that if you have an education, then you probably have lost your faith. I don't think that is as prevalent as it was 40 years ago, but it's still “out there.” If forced, I might think this would be more the situation in Stone-Campbell smaller, more conservative churches. Smaller church pastors cannot afford to seek help and cannot take the time off to seek help, let alone justify getting help. Even when churches have had growth in size there might still be that feeling among church leadership.

At Blessing Ranch, psychology is a meaningful application of the truth. I am asked, “Are you a believer? Are you a license counseling?” I need to explain the integration of psychology and theology. There's a lot of suspicion surrounding professional counseling.

## **6. What are contributing factors that cause compassion fatigue with ministers?**

Complexity of ministry in today's church. Scripture is central to the heart of the minister. Even though pastors feel compelled to help their congregation draw strength from the scriptures, it often misses the heart of the minister. If you try to deal only with the symptoms, you cannot get to the causes. There is a strong need among ministers to achieve. As long as the minister "succeeds", then he feels good about himself. He achieves because he serves. Achievement is often being thwarted by intra-church conflict, pastors in conflict with church leadership.

Above all else, what is underneath the anxiety, depression, and "I can't care" always starts with problems of the heart. If you just try to treat symptoms and don't get to causes, that doesn't cover it. Changing habits, taking up hobbies, etc. doesn't work because they haven't dealt with the problem of the heart. There may not be an honest incorporating of the scriptures into their own hearts. In scripture we find the parable of the good steward, the parable of the talents. The best result is that I do what I do because I want to serve, not just because I want to feel better about me. Church conflict results in the pastor feeling that he can do nothing right. Half the church is in one camp, half in the other. Compassion fatigue is being fueled, because the pastor just can't get away to "get mojo back." Mojo is the quality that attracts people to you. By the time a minister arrives to Blessing Ranch, they have already tried the surface solutions, time off, hobbies, etc. and are ready to deal with the source of the problem.

## **7. What do you suggest as possible remedies that ministers can apply to avoid compassion fatigue?**

People tend to operate through a lot of experiential truth instead of God's truth. There is a difference between "my truth" and "God's truth." When a minister gets into the pulpit, he feels as though he is on trial, but joining with God in that task changes focus. Ministers have their own stories and a coalition between his truth and God's truth could have great benefit. But a broken, humble, and contrite heart is desirable. Humility is important even in leadership. Ministers can be guilty of a "two-gospel syndrome:" one for everybody else and one for himself. It is easy to apply to the people, but the gospel for the preacher tends to be much more works-oriented. Ministers have no problem seeing that people are coming to Christ through the gospel, but their own gospel may be more preoccupied with "work."

## **8. What can churches do to avoid compassion fatigue with their ministers?**

I think churches can invest in the spiritual and emotional well-being of their pastors. They can try to understand that the world of their pastor is significantly different from other vocational jobs. Ministers feel under-appreciated, that nobody cares about them. Churches need to come alongside the pastor and help the pastor feel appreciated and supported.

## **9. How do you address compassion fatigue when it occurs in ministers you see?**

We try to understand what is underneath the symptoms. We try to look at what are the core issues in the personal life, spiritual life, professional life, that are not equated with the words of Jesus about the yoke "being easy and light." What is competing with ministry being hard is also that

ministry is a calling and an incredible privilege. We go way under the surface to discover beyond the simple answers, the why, where and why things have gone wrong.

While we don't call it compassion fatigue, we might refer to it as Mood disorder, depression, anxiety disorder, non-clinical disorder or stress, or a stressor that is not psychiatric. The major common thread is the major way it manifests itself in an "I don't care" attitude. What drives people out of ministry is when they just can't care anymore.

**10. Is there anything else you can think of that is important to helping my understanding of compassion fatigue among ministers?**

It is significant in how this condition gets described. There must be a theological truth if this is directed to pastors and about pastors. For the pastor to trust that theological truth for himself, it has to have psychological truth in order for it to have application.

## Appendix #7

### Interview: Higher Ministries

Zoom Conference with Tony Marr and Bruce Montgomery, June 16, 2020

Tony and Bruce aren't counselors. Tony's father, John was doing the counseling until his unexpected death. Tony Marr does coaching and conducts the initial meeting 85% of the time. They are trying to work out partnerships with some other licensed counselors to fill in where JM was doing this.

They can be described as "leaders with Higher Ministries" -- A ministry dedicated in helping ministers who are in trouble in the churches they serve. The majority of the work is preventative, working with Christian leaders and the organizations they serve to reach a better understanding of their purpose in mission. They also deal with minister's families.

Higher Ministries – helps ministers in trouble.

About 3 years ago we made the decision that the focus would be on churches 150 or less. Over the past decade we have seen that larger churches either have someone on staff who does what we do or someone in the church or they are going to pay a lot of money to go someplace like Blessings Ranch to do that sort of thing. We made the shift to say the smaller churches are the ones that really need the help because those churches don't have the money or anyone on their staff to do this.

**1. Are smaller churches comfortable with their ministers going to HM? Or do they not know?**

Both. We have dealt with the stigma about "let's meet in my office because if they see us talking at Starbucks I might get into trouble with my church." One guy denied even knowing about our ministry even after they have been meeting with him for a year and a half.

**2. How common is compassion fatigue among ministers?**

Almost every single person we work with has CF in various degrees/levels. Most of the people we work with haven't gotten to the place of quitting, but most are at the place where they are saying if they had another way to make a living, they would leave, but this is all they have done so they are just riding it out until retirement. They don't have hope that anything is going to get better. Deep down they still care, but it's been buried so deep and they have been going through the motions so long.

**3. What are typical symptoms of CF among ministers?**

**Resignation** – this is the way life is going to be.

**Loneliness** – The vast majority would say they have no friends outside the church. They feel isolated, alone and they really feel like they are completely alone.

**Depression** - Depression plays a part in 75-80% of the cases that we work with. People are either on medicine for depression or need to be. Over the years since 2006 they had to walk 3 ministers into a local facility for medical health treatment. That's not a large number, but it was a big deal to them. We are not counselors and don't pretend to be, but the worst case we saw admitted that he sat down with a gun in his hand and thought about killing himself but didn't want that for his daughter. This was one case and he didn't act on it, and we didn't know about it at the time. Everything was taken away from him that he loved. His family had disintegrated and his wife had left and he didn't see any way around it.

**Addiction** – We wouldn't say 75-80% have this problem, but a large number of ministers we are dealing with have addictions of some sort – pornography or alcohol to deal with the loneliness/depression.

#### 4. What causes CF with ministers?

Ministers spend so much time **giving to everyone else and no one gives to them**. Your entire life is dedicated to serving other people and everyone has an expectation of what you should do for them, but nobody cares about you. You are helping other people with their issues, depression, loneliness, grief and then you come home and no one is doing that for you. You are constantly pouring into other people.

With churches and their leaders there are **unrealistic or different expectations on both sides**. The ministers expect they should be doing more and can do more. They have to keep everything hidden. They are trying to keep a false image of being competent and trustworthy and they really weren't. Ministers think they have to be perfect and have an answer to everything. It's self-imposed.

**Unrealistic image of what the church and ministry will be**. Statistics tell us 80% of seminary grads leave ministry within the first 5 years. There is a mismanagement of expectations. These young men and women grow up going to CIY and they think going into ministry is going to be this exciting, great thing and it doesn't line up with what they thought it was going to be. By the time ministers get older they have resigned themselves to the fact that this is the way it is going to be.

**Lack of relationships with people**. Some of the people we work with, there is no one they can share a burden with. They always have to be at the top of their game. They get angry and depressed and they can't talk about themselves or reveal any of this. Part of this is brought on by isolation. The vast majority really don't have any close friends. Nobody they can be open and honest with and nobody they can just hang out with outside of their families. That weighs on them over time.

#### 5. Where would you suggest those ministers find friends?

We have thought about coaching them and creating small groups of ministers who can get together and be honest with each other. They have never had a facility and we haven't had much success doing that. Some ministers from megachurches get together to do that, and to prepare sermons, but you have to be with people you can trust. Most people don't have anybody in their congregations. The things we have seen more recently have been ministers taking a sabbatical. We are seeing more organizations and retreat centers encouraging people to do that. They are trying to

work with and listen to people. John (Marr) counseled ministers and their families and didn't charge them for that. What he did in Higher Ministries is difficult to replace.

**6. What do you encourage them to do?**

We usually try to get them involved in something outside of their church. It's been hard to do recently because of the pandemic. "What is your passion?" "What do you enjoy doing?" It's a painful labor to get them to come up even with something they enjoy. One guy kind of enjoyed golf. He hasn't done it for 10 years. We're trying to get another one in a cycling club. Trying to get them connected to some social circle outside of their church. Sad but true that they can't have a relationship with anyone in their church because it is such a small community. It's very uncommon for have a close relationship with the church, especially in this part of the country. It's very difficult.

**7. What do you suggest as possible remedies that ministers can take to avoid CF?**

They have to find purpose in what they do. Anywhere. For most of the guys we work with ministry is who they are, it's what they do. They can't separate it from anything in their life. They need to find something to do every day that helps them feel they have purpose and that they have something in their ministries where they feel as though they are excited and advancing the ministry of God.

They need to get some time off for self-discovery and self-reflection. They need to rediscover their call to ministry.

**8. What can churches do to avoid CF with their ministers?**

Call Tony Marr for more info.

## Appendix #8

### Interview: Compassion Fatigue among Ministers

Interview with Dr. LeRoy Lawson, Retired Minister, Retired College President, Retired Seminary Professor, World Traveler, Currently Senior Associate Pastor at Northwest Christian Church, Newberg, OR

#### 1. How common is Compassion Fatigue among ministers? Among Stone-Campbell Ministers?

It is common. I wish I had an age-related statistic because in my own case in the early days I “resigned every Monday.” Now I hang on through all kinds of things. I didn’t have a thick skin, and I didn’t have experience and really didn’t know what I was doing. I was in over my head most of the time, and I was overworked. I don’t think overwork was the problem, though; it was the impossibly high standard I set for myself. In the earliest days I was lonely. I was a youth minister when I was 19, and those early days in that job I felt lonely. I think loneliness is an ongoing contributing factor to compassion fatigue. If you feel like you are all on your own, you don’t have anyone to offload on and you carry it all alone. Even when you are in the middle of a church full of people, it’s like the old song “Nobody Knows the Trouble I’ve seen.” Nobody really knows what you are going through, so you have to figure it out yourself. Later in pop psychology the term “imposter syndrome” came up. I think a lot of people suffer from this, because they feel inadequate and they fear they are going to be “found out.” Young ministers think they are expected to have perfect knowledge to be able to answer all the questions that come up. If you feel you are an imposter, that increases the sense of separation from those you work with.

Compassion fatigue isn’t just self-imposed, but it is also church imposed. Young ministers without adequate preparation and education and no experience are expected to approach the congregation as full-blown ministers. That is especially difficult and common in young ministers.

In the Stone-Campbell movement, we are “independent entrepreneurs” and we are not organized for mutual support and protection. We are proud of that, and I don’t think we should be. It is better to have pastor-to-pastor support. In reading Dan’s proposal about his experience talking to ministers, Dan’s ability to leave town in the course of his work meant he was a safe place or safe person for ministers to talk to. Many denominational groups have those safe people, but we seldom have that in Stone-Campbell churches.

#### 2. What are typical symptoms of Compassion Fatigue or burn-out among ministers?

- a. **Exhaustion**, which is separate from compassion fatigue because it can have physical manifestations as well as mental ones. “I am just too tired.”
- b. **Lack of motivation** – “I don’t want to go on. I am no longer engaged enthusiastically in the mission.”
- c. **Defensiveness/Paranoia** “If I am defensive all the time, I am explaining myself, excusing myself, defending myself against real or perceived enemies, it’s because I feel like a fraud or a failure. I feel I am under attack because attendance is down, the baptistery is not being used,

so I throw up my defenses, try to make myself look or sound better, and shift the blame: “it’s your fault and not mine!”

d. **Increasing sense of isolation** – Megachurch ministers may have big programs and staffs, but they really do feel alone because that big church is so much built on their own personalities or productivity and they don’t have peers in the congregation. I think my situation was not common; I did feel as though I had peers. I think that it is a philosophical thing. Most mega-church ministers are lone rangers: they have to do the driving; they have to have the ideas. My style of leadership is consensual and I didn’t have that problem of isolation, but I know a lot of colleagues who do feel that.

It was unheard of in my day for ministers to work together on sermons, but I know that is happening today. If I were still preaching, I think I would be doing that now. Today, unlike the past, I also wouldn’t feel as though I had to be the one preaching every Sunday. Churches used to feel if the minister wasn’t preaching every Sunday, he wasn’t doing his job. Today I see preaching teams and I think that’s a good thing.

### 3 What are contributing factors that cause Compassion Fatigue with ministers?

- a. **Absence of realistic, realizable goals.** The minister himself is responsible for that problem. We are big on the plurality of elders but the reality is that from a practical, operational standpoint the pastor provides the leadership. When I was a young college professor, I studied our president, wondering what a college president does—we seldom saw ours on campus. I finally concluded from observation that the job of the president just had two things he must do: he must articulate the vision and he must abide – stay through thick and thin into the future. Then when I became a president, I added a third requirement: he must raise money! Ministers must also know the requirements of their job, including what the church’s and his personal goals are. A lot of younger ministers have “pie in the sky” goals and the goals aren’t realizable in the circumstances in which they are, so when they set these goals and can’t reach them, they feel like failures.
- b. **Failure to meet goals.** That’s why emphasis should be that the goals set should be realistic and reachable.
- c. **Carping criticism.** When a member of the congregation constantly is criticizing, after a while it feels like there is no satisfying the criticism. There may be incessant, nagging criticism that you can’t do anything about, but it won’t go away. Again, there are coping mechanisms you learn over time, but this is hard on young ministers. If you hear the criticism often enough, you can come to believe it.
- d. **Disappointment with oneself.**
- e. **Being in over one’s head.** You can feel “over your head” because of inadequate education, or incomplete training. Internships could help with this. I was taught the very practical aspects of ministry as early as Christian Endeavor when I was in high school, but I don’t think we are doing that now. We also learned a lot of those practical aspects of ministry in Bible College at Northwest Christian College, like how to baptize



someone, even how to dress and meet social expectations -- all very practical and down to earth ministerial applications.

- f. **Inadequate education/experience.** Internships are helpful. There should be a better relationship between churches and church colleges.

#### 4. How does abuse of ministers relate to Compassion Fatigue with ministers?

Ministerial abuse is a huge contributor. Some churches are toxic. Sometimes this is related to the governance structure; I think most Stone-Campbell churches are organized for abuse. We have a board of elders who call a minister in and say to him “We are giving you the pulpit and we are giving you the church publications,” – I was going to say the mimeograph -- the spoken word and written word. You are the church’s primary wordsmith. You speak on our behalf. But they will not let the minister lead. They set themselves up as the judge and jury of what the minister says or writes. If they feel he is making too many changes or too many mistakes, they take away his authority but still hold him to the responsibilities they have assigned him.

Compassion fatigue and abuse are related, but they are different. If you are motivated with compassion you want to do something to relieve the hurt, hunger, and pain people have. Feeling abused is different, but if you have felt abuse long enough it’s a natural thing to shift your attention from the object of your compassion to your own hurt. The focus shifts. When abuse gets too toxic, then a minister should leave to take another church ministry. The choice seems to be this: stand up to the abuser(s) or leave.

Some churches are simply toxic – perhaps related to the staff structure, or people who are on that staff. Consequently, you have to effect change. Sometimes a minister is feeling trapped and there is no way out -- for example, he can’t leave because of his wife’s job, or his handicapped child needs local treatment, or he simply is not up to another challenge.

#### 5. What do you suggest as possible remedies that ministers can apply to avoid Compassion Fatigue?

- a. Get a **Support group** of older ministers or even outsiders. Do not try to go it alone. You can’t make it on your own.
- b. **Select a wise older counselor.** Find someone you can be open with one-on-one. This is different than having a group for support.
- c. Have a **Strong social life.** Have a social life that you take ownership of, with email, phone calls, etc... People who are handling the current pandemic the best are people who have that kind of social life. I was taught at Bible College that ministers shouldn’t have close friends in the church, but I think it was bad advice. You have to have good judgment, though. While I was in church ministry, my wife and I accepted invitations, but we only invited others by groups to our home to try to be careful not to be seen as playing favorites. It is possible to avoid playing favorites, but still have a good social life.
- d. Have a practice of **Sabbath observance** and sabbaticals. In one ministry I realized I wasn’t taking time off on a weekly basis and it was brought to my attention by my wife,

who said, “I need your day off.” I think there is a difference between a sabbatical and a vacation. A sabbatical is a semester or two getting away from the weekly pressure for study, etc., and doing it in a relaxed atmosphere. A vacation is shorter. A sabbatical is a professional refreshing time. I realize not many churches will allow that. In my experience I have had a sabbatical a couple of times but I feel those times saved my ministries.

- e. Have a **Disciplined reading, devotional and prayer life**. Beware of a generalized answer to this question, however. We differ in what restores us. Generally speaking, I have to get my rest, but it doesn’t restore me. Do something that restores your spiritual fiber.

## 6. What can churches do to avoid Compassion Fatigue with their ministers?

- a. **Share ownership of the job description**. I was impressed by the job description provided to me by East 38<sup>th</sup> Street Christian Church in Indianapolis. The first two bullet points said: “Study, preach”. Most of the job descriptions I see for ministers aren’t shared ownership. A healthier approach is to say, “This is the job description from which we are operating, but we want to be sure it matches who you are.” After a while in a ministry, it doesn’t matter what the job description was initially, because over time the job will be molded by who the person is. The minister and board must work together so they can get the most out of the ministry.
- b. **Insist on a day off**. Don’t make the minister feel as though he has to come begging for time off. The minister needs not only a day off, but time for study, and time for vacation with his family.
- c. **Provide notes and words of encouragement**. But the expressions must be sincere. They can’t be rote. Someone telling you “you are doing a great job” every Sunday for 20 weeks doesn’t feel like sincere encouragement.
- d. **Extend Invitations to dine out** or in with the minister and spouse – Have a visit without an agenda.
- e. **Encourage the minister to work in areas of “giftedness”** -- and let others pick up the slack.
- f. **Work closely with the minister in setting the priorities** and goals, and then join him in accomplishing them.

## 7. Do you have any other insights into Compassion Fatigue with ministers in Stone-Campbell Churches?

Many ministers suffer a kind of fatigue because they are under-employed, which is worse than being overworked. Particularly in a smaller church, I have observed that some ministers don’t have enough to do. These ministers are the guys I see who are the most fatigued, because they are bored on the job.

## Appendix #9

### Interview: Chaplain with Veterans Administration Hospital

Interview with Dr. Mike Woods, Chaplain with VA Hospital in Johnson City, TN, June 11, 2020 (423-926-1171 #7423)

Here is a good source from the VA:

<https://www.ptsd.va.gov/professional/treat/care/toolkits/clergy/pastoral.asp>

If quoted, how should he be identified? - A personal conversation and interview with Dr. Mike Woods a chaplain with the Veterans Administration in Johnson City, TN. Dr. Woods works in the area of mental health, chaplaincy and spiritual care at the VA, educating faith communities about veteran mental health issues and how to care for them in our churches.

#### 1. What causes PTSD?

As it relates specifically to veterans, PTSD is the result of trauma, an emotionally overwhelming event that threatens death. It is an event that is fear-based on an actual or potential event. Whenever we don't feel safe, that is one of the indications that trauma is occurring. Even the thought of fear, based on actual or potential events can cause PTSD. The disorder may be caused in a soldier by experienced incoming artillery, sniper fire, having to drive through a neighborhood in a war zone (combat zone) in which previously a Humvee was blown up, or where perhaps a soldier had to pull a dead or injured buddy out of a vehicle that was blown up. A soldier may be trying to deal with the event that was in front of him, where he felt extremely unsafe.

When your life is threatened, that can cause any normal human being to experience fear and stress. The event was not just something in your head (mentally speaking since there is also traumatic brain injury – TBI, which can be treated but may be a result of artillery blasts). The trauma is first in the body because the physical person-hood is threatened and that response is in a lower functioning part of the brain and processing system. It's not first in the logical frontal lobe, it is the lower part of the brain – triggering the fight or flight or freeze reaction.

#### 2. What are the symptoms of PTSD?

Research says there are 4 major categories of symptoms.

- a. **Intrusive memories** (flashbacks after the fact). For example, veterans don't like the 4<sup>th</sup> of July because fireworks trigger the symptoms that remind them of gunfire.
- b. **Avoidance** – if you want to stay safe you avoid potentially unsafe places, like big crowds, places where you can't see everything going on, where you don't have a quick exit. Sufferers avoid people, places, activities, thoughts that will cause these triggers, anything

that causes bad memories. They just stay away. Because of that they will isolate in order to stay safe. They avoid social gatherings and only meet people under controlled circumstances, like meeting for coffee or in their own home - a place they designate where they feel in control.

### **Would they avoid something like a church service?**

Yes, they would sit in back where they can see the whole crowd. Some churches are like rock concerts, with flashing lights, drums, smoke, loud music. These aren't very helpful for people who have experienced trauma. There is great value in ritual. Church ritual can be very stabilizing for a person who wants predictability, rhythm, things that are in order.

- c. **Negative Emotional swings** – The easiest things that might not bother most people might set them off, snapping at children or spouses, or overreacting to something that isn't too bad to most people. These things are stress inducing to them. They experience manic depressiveness. They are detached, quick to anger, prone to depression, panic attacks, helplessness, poor eating and sleeping habits, all because they can't settle down. Maybe in the combat situation where they tried to protect their comrades at all cost, that didn't happen, so they have a sense of desperation.
- d. **Hyper-arousal, always being vigilant.** When soldiers come back from combat there is still some of that vigilance in them, but trauma exacerbates that. Being in crowds, they are trying to make themselves and others safe, and it is exhausting.

For example – we may go to a festival downtown, but the traumatized person could have difficulty making the same walk through a festival. There are too many unknowns. They are always looking for something suspicious. What is under that person's jacket, in their bag, baby strollers? They can't be fully present to family or loved ones, because they are always on the lookout.

Veterans often move into first responder occupations, because they find those jobs make them feel safe (partially true, but it is actually to feed the need for hyper-arousal, always being the vigilant soldier who protects) because they are constantly vigilant. They also need the work and have skills that fit, but this also takes a toll, and can add to their trauma.

### **3. What can be done to address the disorder?**

One good source is the book *The Body Keeps a Score* by Bessel van der Kolk. The author talks about brain/mind/body combined in healing of trauma. A trauma lives on in the body. It doesn't ever go away or is completely healed. A person will live with that, but how will that person live in a healthy way? There is hope. They aren't yet "cured," but there are some holistic approaches that can help a person.

Whatever approach you take, it has to be holistic because for decades the way trauma was treated was only through behavioral therapy. A Vietnam veteran who returned and joined life tried staying busy - work, family, church etc. Then the veteran retires and has all kinds of down time on his hands and the demons can surface. Two methods have resulted– 1) cognitive behavioral therapy and 2) prolonged exposure, which is going back to the event over and over again until you

have some management over what the event triggers. The trauma lives on in the body and never goes away, but can be managed.

One helpful therapy is EMDR (Eye Movement Desensitization and Reprocessing). This therapy helps people make sense of traumatic events. EMDR involves something that makes the eyes go back and forth or something that causes a little pulse on the hands. You can't just fix trauma in your head. The body has to be engaged. EMDR has shown to be very effective. It is a successful form of therapy for memory and emotions. You process the trauma, while something happens in your body that will help you manage those recurring thoughts better. It helps people make sense of traumatic events through the help of mental health workers. There are doctors and counselors trained in this therapy.

Other therapies include Equine (Horse therapy), Yoga, gardening, physical exercise. The key is to use both mind and body for the healing or the management of trauma. But, in the end it has to involve others, community, social relations. If it isn't holistic, the treatment comes up short.

#### **4. What can happen if the disorder goes untreated?**

If the trauma goes untreated, it will eventually impact a lot of things in the sufferer's lives -- their relationships, their belief in God, their occupation. It can result in high drug and alcohol dependency. All the pain they are feeling and the hyper arousal begin to take a toll, individually, occupationally, religiously, socially, and in all aspects of life.

In the military there is a fairly high rate of divorce and job loss. They can't manage the complexity of a work environment or something in it makes them feel unsafe. If they haven't managed the trauma symptoms it may elicit an emotional breakdown/flying off the handle or losing their job, which adds another source of stress. They may not have the means to manage the circumstance in a mature or healthy way. They may just walk out/leave their jobs, which adds to the stress because job loss adds to the stress in the family. Stress just starts to add up and become unmanageable.

Military sexual trauma is, sadly, way too common. Conservative figures say 30% of all women in the military are sexually assaulted. It is far less reported in men, but just in the sheer numbers there may be far more men assaulted because there are more men in the military. It's rape, which is a trauma, and all the triggers are present. The betrayal by a higher authority in the military is related to the moral injury involved. Traumatized individuals do carry the potential to also inflict more trauma upon others.

When soldiers come home from a war zone, spouses will say "they are not the same." Things they used to enjoy, they never do anymore. It can become intergenerational. Trauma begets trauma.

#### **5. Are there any other insights on PTSD that you have found significant?**

Trauma occurs in the military environment, but it could also be caused by a car accident, a job loss, loss of economic security. The current pandemic will likely cause high incidents of spousal abuse because people can't leave home and go to work. Trauma can occur in all sorts of ways.

I use the attached info graphic on PTSD in my presentations. You might want to explore "Trauma-informed Care (TIC)": <http://traumainformedcareproject.org/>

Good stories on PTSD and recovery are here: <https://www.ptsd.va.gov/apps/aboutface/>  
Resilient communities as response to trauma:  
<https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>

## Appendix #10

### Interview: Observing Vicarious Trauma in a Ministry

Interview with Dr. Marshall Hayden – December 28, 2020.

Dr. Hayden ministered in 6 congregations over 47 years. His final ministry was 27 years. Many of his observations relate to the ministry of his father, who was a preaching minister, a Bible College professor and editor of a Christian publication for over 25 years.

These definitions were relayed, along with initial interview questions, before the interview was conducted:

Compassion Fatigue is another termed for Secondary Traumatic Stress Disorder which is defined a condition that can incur when an individual is exposed to people who have been traumatized themselves. It is common among first responders, medical professionals, counselors, law enforcement officers, ministers, and anyone in a care giving profession.

Acedia: “The worst acedia can do to us: not only does it make us unable to care, it takes away our ability to feel bad about that. We can no longer weep, or desire, or feel pain and grief.” They can no longer care, even to the extent that they feel the need to step out of their vocation.

**“I have heard you talk about the struggles your father went through in his ministry. He was a strong preacher but left the preaching ministry to teach at a Bible College after about 12-14 years. I would like to ask you some questions about this.”**

**1. Do you think your father suffered from compassion fatigue?**

I don't think both of the descriptions you provided would match the situation with my father. The vicarious trauma description is quite exactly what he went through. I don't think acedia describes what he went through. It might have become that with time. I would say yes to the second definition – vicarious trauma. I don't think he ever stopped caring.

**2. If he did show C-F, what were his emotional symptoms?**

I didn't see as many of those because it happened when I was a 5<sup>th</sup> grader when we left his last preaching ministry, but I think the problem came to a head in those ministry years. I wasn't yet perceptive enough to see what was going on. In those days the guy doing ministry didn't carry nearly as much home with him and I am pretty sure that when it came to an acute moment I wasn't aware of that as an 11 year old. Either I wasn't aware or he hid it pretty well if there were emotional symptoms.

### **3. What were his physical symptoms?**

It's the physical symptoms I remember. We went somewhere when I was 11 years old where he was preaching at another church at a revival meeting and I remember we were on our way home from that speaking engagement when he pulled off the road and said "Mother, you are going to have to drive." He laid down in the backseat in the fetal position. He was having a severe gastric symptom. I thought he was going to die. Suddenly I woke up that there was something happening there. I don't recall that he ever had an ulcer but the doctor immediately put him on goat's milk and when we moved to Joplin he was still on goat's milk. It wasn't too long after the move to Joplin where he took a teaching position with the Bible College that the symptoms subsided and I don't think he had to continue drinking goat's milk, but it may have been about a year after we moved that he continued to do that. It was only on that occasion when I was aware of the symptoms. Periodically he would complain that he was having stomach problems.

#### **How did you connect that symptom with his ministry?**

I didn't make the connection of his physical problems to his ministry until later. He did talk about it later. Some of the things happening at the church weren't terribly negative but I was aware that he was telling stories about the crises of people in the church. One woman in the church was deserted by her husband; he fretted about that quite some time.

My youngest sister is 8 years younger than I am, and she recalls asking our dad about his ministry since she doesn't remember much about it, since she was only 2 when he became a college professor. He told her he didn't think he was a very good minister. She was surprised by that, but he went on to say, "People would come and tell me their problems and I would fret and stew about it, and look out from the pulpit into the congregation and wonder how they were doing. Sometimes I think I worried more about their problems than they did."

Maybe after I got to be about 15-16 years of age I did pick up that as he recited stories about conflicts in leadership I began to think that this was not a place where he was doing the kind of ministry that he was emotionally constructed to handle.

It was a cause-and-effect thing. I was reading the effect as a young person and didn't see the cause until later. With hospitalized people on occasion, he would be upset by their crises and this woman and her family – he was upset by what she was going through. He didn't handle those things very well.

**I interviewed a police man who said police struggle with being unable to save people from every crisis they go through.**

Exactly.

### **4. Why do you think he had difficulties dealing with the stresses of ministry?**

I have said only half-jokingly, I think my dad was too good a man to handle ministry. He found it very difficult to separate himself from the pains and crises that other people were going through. Part of it is pure volume. The church in Illinois where he ministered was by definition a big church –

about 300 people. When you are a professor you have quite a few fewer people to deal with on a regular basis. There are different kinds of ministries and people.

**He was assistant minister at one of the largest Christian churches in the country, right out of seminary. Do you think he saw that there?**

No, because he wasn't primarily responsible there. He was taking direction from the dynamic senior minister. He was an assistant minister. He didn't have to carry the burden on his own. The primary minister had his hand on everything. There was probably very little my dad had to handle alone.

**5. He was a good preacher. Why do you think he left the preaching ministry? How did he determine what he would do instead? Did he seek other opportunities, or did he just respond to the other opportunity when it was presented?**

My dad was a very bright guy and seemed to be very confident and in many ways he was. He was the least cocky member of a very cocky family. He had some inherited confidence and some real. He did not leave the preaching ministry at the first opportunity to go to something else and he didn't leave the Bible College until the editorial opportunity came calling very insistently more than once. I am not aware of any time that he went seeking anything else. He continued to preach while he taught, but it was different. He was out at a little church in a weekend ministry. That's different. We drove out on Sunday morning and came home Sunday night. The pastoral care aspect was minimal. He continued to preach at the campus church – just students and a few others. He preached every week until we moved to Cincinnati for him to work as editor.

I think the pastoral aspect he did well, but he didn't handle it all that well.

**Do you think the move to the Bible college was a purposeful move to leave the ministry?**

I am not sure he knew that at the time. Maybe in part because he was a smart guy with a commitment to ministry and a determination to do it, he shuffled from one spot to another until he found his "sweet spot."

It is probably more often that ministers who encounter problems in ministry leave the ministry.

**What would have happened if he had stayed in full-time ministry but continued to be overwhelmed with concern over the problems people encountered in his congregation?"**

He would have had to make some changes. Either he would need to go seeking something else or he would have to undergo some skillful psychological help. Or he would have had to leave. Looking back, to keep going on with the kind of things that he was dealing with in that kind of setting just wouldn't have worked.

When I was 11 years old, I was afraid he was going to die. It could have happened.



**6. Do you think the work change was a good solution for him? If so, how?**

I think it definitely was. He was closer to his sweet spot. He was willing to do it all, but he came to understand himself well and when you look back on it, I think he was unusually perceptive when he left the local church ministry for a teaching ministry where he would have briefer relationships and some distance and less of the emotional closeness. When he went to work as editor, which was even better, he moved into journalism, which was what he was educated for. He could write, and write well, edit, refine and put it in print. And he had the time to do it. He had some perfectionist characteristics and when he could take his time to polish a product and had some distance from the emotional relationships to do it, he kept getting closer to what he was effective at.

Knowing his native giftedness compared with his commitments and rehearsing the same kinds of things that I have seen, the number of people involved and the depth of the involvement – the fact that he could move from the day to day relational into relationship with thoughts and words and ideas. He was a good preacher, but he wasn't a great preacher. He was more of a teacher/preacher. And he was glad to be a supporter of preachers and preaching. As the work changed, he moved into something that was a very good solution for him.

**7. Did he carry the same stresses into his new roles - of teaching, and after that, writing?**

I would say no, except for the normal things. There are some things you have to do. He still preached and related to students, but writing fit his precision and there was intimacy with fewer people, and some breathing time that the earlier work didn't have.

**8. You saw his struggles but you went into ministry yourself and remained in the ministry from college until retirement. Why did you decide to do that after you saw your father's struggles?**

I didn't know exactly how I feel about it. It was the right thing to do. I didn't go to college to go into ministry. Initially I was headed for a law degree. I said I wouldn't go into ministry, not because I had something against it, but just because I didn't want to do the same predictable thing my dad did. My sense of calling was influenced by the families I grew up in. I'll have to say -- mom and dad never did share with us the disappointments in ministry – that a lot of people who grew up in ministry heard. We didn't hear about any disenchantment. Sometime in my junior year at Milligan I was walking up the hill past the library and stopped dead and thought – I am at a place in my life where I want to do ministry. This is the thing to do. This is what I want to undertake. My decision to do that was awfully quiet.

Only after the determination -- that this was the right thing to do, and the conscious decision – I was hopefully making a correct self-assessment.

Over the years I have declined several opportunities for different kinds of things that would have been in a different field of ministry -- administration, academe -- and I feel like I had found the place – the peace of ministry – where I was happiest and most comfortable. I hope that I did it because it was the right thing to do and with a certain measure of self-understanding. Some of my later thinking – having had the experience in my watching that pilgrimage my dad went through; I learned a lot. Watching the things he did well I kept myself from having some of the troubles some

guys have in ministry, I was able to adopt some style, some habits that helped me deal with things in a way that was better than he had. His experience didn't turn me off to ministry – I just didn't want to do what he did because he was my dad. But later I changed my mind on that.

**9. Why do you think you managed the stresses of ministry so long when your father did not?**

Bob Russell and I were on a golf course and I remember commenting to him “I have a redeeming streak of laziness.” I hope that taking myself less seriously has really helped. After watching my dad's stresses, maybe I appreciated more the necessity of emotional separation. If you are going to continue for 47 years in the church, I have been intentional about taking Thursdays as a day off and honoring it pretty well. I have had some good friends and role models who have taught me by example. Cotton Jones said once, “When I visit somebody in the hospital, that person has all of my attention for 10 minutes.” I have had the benefit of the influence of people I respected. Beauford Bryant's quiet reserve. I saw in other people what worked. There's just an awful lot of things that I had the benefit of observing and adopting -- more than a lot of people.

There probably are a lot of things that have been stresses, but I never have become disenchanted with the ministry. I credit the places we have been. We haven't had an unhappy ministry anyplace. I became aware that the style of the people who were the leaders of this church and the style to which I am committed were very similar. We were all pointed in the same direction and that led me to respect the kind of contributions that the other people made because I believed we were in this together. That certainly made possible a lot of the things we were able to do because we trusted each other. I have benefited with great elders every place I have been. I have had some breaks that not everybody gets.

Even back to my first ministry there were some things early on that propelled me forward. One previous minister was at that same church two different times. We were warned that this ½ disciples/ ½ independent congregation was a rough place to be. I wasn't going to mess with this. I decided I am going to pretend there is no split. Had I not watched all that happen with my dad being involved with Disciples and Independent congregations fighting over who owned the building, I might not have been aware of that.

**Do you see C-F very often in ministers?**

I never thought about it all that much. You see guys who short-cut themselves, and who are in and out of ministries pretty quick. I am sure that compassion fatigue plays a significant role. That may not be the biggest problem but it often is a problem. For years I haven't been in the small church situation where I'm the one-man band. We have been pretty selective about where we have gone. We have had staff – that doesn't save any work, but it enlarges the opportunity for ministry. There's a lot to be said for a support group.

We had a ministers' group in Cincinnati – there were 5 of us in the 5 largest churches who met once a month. We had the opportunity to lean on each other. I think you see groups like that a lot more now.

**How would you see the challenge for ministers going through vicarious trauma in Stone-Campbell churches, with no support base?**

I think you would have to tailor some relationships, which is more positive than negative – you get to select your relationships. In denominational settings they have their structure, but you haven't selected those relationships and people. When you can do the selecting, I think you are better off.

**10. What other observations about C-F do you have, based on your own ministry and your observations about the struggles other ministers have faced?**

Sometimes I think we need to take the task of ministry seriously, but not ourselves so seriously. The Lord has a lot more than me and sometimes the Messiah-complex gets in the way of a minister. During the COVID-19 pandemic one minister refused to close the doors of the church or make any changes to congregational gatherings. He concluded -- the people need *me*. No! The people need *Jesus*. You have to realize it just isn't true that *you* are the key.

I do think it helps to get away too. Every year for several years we took the ministerial staff and families to Amish country for three days and I would feel my blood pressure drop 3 points.

You need to be able to switch your mind to the positives, because there are so many.

**11. How would you like to be cited in my project?**

I am comfortable with you using my name. 6 local congregations in 47 years. 28 years in the last one.

## Appendix #11

### Interview on NPR with a Nurse during COVID-19

*All Things Considered*, 2020, Interview with Jessica Schneider by Karyn Miller-Medzon. Aired April 13, 2020 on NPR.

In the last days of March, New York Gov. Andrew Cuomo issued a plea to doctors, nurses and other health care workers from around the country: "Please come help New York now."

Among those who heeded the call is Jessica Schneider, a nurse from Boise, Idaho. She's now working long days at the overwhelmed NYC Health + Hospitals/Harlem in New York, where she says she does her best but cannot deliver nursing excellence.

Schneider says the hospital isn't well-stocked with necessities, such as pulse oximeter machines for tracking oxygen saturation. Now, with COVID-19, the lack of important health care supplies nurses need is magnified tenfold — without certain items, it's "incredibly difficult to do a good job," she says.

Plus, the nurse-to-patient ratios at the inner-city Harlem health care facility are much higher than the country's standard, she says.

Schneider says a typical nurse-to-patient ratio in most parts of the country is 4 to 1 or 5 to 1. But because of the coronavirus and the limited number of health care workers on-site, she says some nurses at the hospital are caring for up to 12 patients at a time, with up to five sick patients crammed into a single room.

"You can't do it. These are total care patients. They can't get up and go to the bathroom by themselves," she says. "I mean, it's a mess."

A lack of beds is plaguing the hospital, so patients lying on stretchers in the hallways have become a common occurrence, she says.

"It's heartbreaking because they're on these stretchers for days at a time," she says. "There's no beds to put them on."

She says she isn't sure if the lack of nursing staff and supplies, at the end of the day, is contributing to a higher death rate. But she says with certainty that the level of care just isn't the same. In fact, she says, it's "greatly" changed for the worse.

"We as nurses are trained for nursing excellence and I am not delivering nursing excellence," she says. "I am getting by."

Despite the daily tensions of working around the clock fighting a highly contagious — and deadly — virus, Schneider says her fellow nurses have been welcoming and the patients have

been “thankful and lovely,” making the exhausting work hours “worth it.” While working, she says she’s witnessed acts of kindness from patients who have very little.

Nurses all across the country have convened in New York, a hotspot for the virus. Schneider says she’s met and worked with health care professionals from all over the country, including Alabama, Florida, Kentucky and South Carolina. She says the nurses who are normally stationed at NYC Health + Hospitals/Harlem have been “all hands-on deck” helping fly-in nurses adjust.

“It’s awesome to see your country come together who are not part of the armed forces,” she says. “We are nurses. We are health care workers. We are so proud to come and to help.”

Back in her home state of Idaho, Republican Gov. Brad Little issued a statewide stay-at-home order. Compared to other parts of the nation, Idaho doesn’t have a huge number of COVID-19 cases — as of April 12, there were 1,426 confirmed cases. However, there are more COVID-19 cases per capita in the northwestern state than in California because the population in Idaho is considerably lower.

Republican state Rep. Heather Scott has referred to the governor’s mandate as “unconstitutional.” North Idaho’s Bonner County sheriff Daryl Wheeler also publicly pushed back against Little’s order.

Schneider says their responses are a lesson in education and lived experiences. She says people who don’t see the cases in their own neighborhoods are more likely to form opinions that contradict the facts during a crisis like this one.

“If it happens in your backyard, you’re going to be utterly devastated because it’s not just going to happen to you,” she says. “It’s going to happen to many, many people, that you know, love and care about. And one minute they will be fine and the next minute they will be dying.”

## Appendix #12

### Interview: Children's Minister

Interview with a female children's minister from a church with a multi-staff. She worked 12 years in public school teaching where most workers are female, and now works on a church staff that is predominately male. Name withheld by mutual consent. January 14, 2021

**My paper has been dealing with compassion fatigue among ministers. I have not written as ministers being either male nor female. But I am making some concluding remarks to highlight the following:**

**When I write about ministers, I want to be sure to acknowledge that the term "minister" should not be seen only in light of the senior or lead or preaching minister of a church. It could very well be a condition that impacts every minister on a church staff.**

**When I write about ministers, I also want to be sure to acknowledge that the term "minister" should not be seen only in light of male ministers.**

**So, I want to include your insights and perspective as a female/non-senior minister of a church.**

- 1. In a communication with Jack Holland regarding CF and female ministers he said, "We know that women tend to be socialized in our culture to be nurturing, and focused on relationships. That is why they make good pastors." What is your response to his reflection?**

I was grateful to hear him say that. Not every woman is the same way, but my experience working outside of ministry was in teaching in an occupation full of women. It does fit the norm that women tend to be more relational. I agree with what he says. I find myself frustrated because I am the only woman on my staff – but I do feel as though my perspective is listened to and appreciated.

When you are teaching, you are dealing with people ready and waiting for you all the time. Kids are there all the time. You are on a class schedule. Whether you are "ready" or not you have to stuff that down and move forward. Transitioning to ministry, you get much more open-ended time to listen to people and visit with people – there is more space for me to breathe if I need to breathe. There is more space to process in ministry than there was in teaching, which I am grateful for. There is more space in my daily life for prayer, contemplation and for processing the things that I have had to do – and that I am honored to be able to encounter.

- 2. As I define compassion fatigue it can also include what is called "vicarious traumatization," where a care giving minister can grow weary of giving so much care and receiving little care in return. How do you keep yourself from growing weary of giving care?**

Having space – having time for prayer. The fact that I am not doing it alone. If I were at a staff where the staff was much smaller or the staff relationships were toxic it would be very hard to do that. One of the things that the church has done has been to establish a culture from the top down of wanting healthy ministers. They know I need to take time off. I should be praying. I should be reading my Bible. The senior minister also models that behavior and reinforces that behavior. When I went to turn in some time off for being with a hospitalized family member, the senior minister said, “No, that’s not time off, that’s time ministering.”

### **3. What has your church done to keep you from growing weary in bearing other people’s burdens in the church?**

We are an elder-led church. They expect us to take days off and to take care of our own mental health because they recognize a healthy minister is a better minister and makes a healthy church. All of the staff is included in the elders’ meeting so that if something is going to happen, the elders want to know how that is going to impact all the areas of the church. They will ask - If we do this, how is this going to impact the children? I realize those people are trying to think of the church as a whole, and that’s encouraging to me. Usually in and around those meetings, someone will ask, “How are you?” “How is your family?” Also, the staff relations team checks in with us, and they are also there. I haven’t had to make use of it, but if I do have a problem, there is a clear way for me to handle it. I know who to go to. I would trust those people to help me navigate that. There are clear written procedures that I have seen that have been put in place that are in place to help with the kinds of problems I have seen some other churches have to walk through.

If I truly disagreed with the minister, the first person I would go to is the Exec minister. Well, actually, first the person to go to would be the person you disagree with, and you work it out. If that didn’t work out, you would go to the Executive minister. Beyond that we would meet with one or two people from the staff relations team. There is somewhere printed material about how we would handle this. We would discuss those things and hopefully work it out.

Beyond getting weary from the actual work, there are things that could make me weary – if I were in constant fear of losing my job. That would be always in the back of my mind. If the church didn’t provide health insurance and I had to constantly worry about how I would pay for it if my kid gets sick – I am glad I have health insurance. Those fears would make it hard to be compassionate with other people’s problems.

One of the things that does help is the flexibility of my job. I think it is different for every minister. In my ministry - outside of Sunday morning there isn’t anything I have to be 100% there for. There are pastoral calls, visits (when we could do that before the pandemic) but even those are pretty flexible. Particularly during the pandemic, that has been such a blessing. It has been a relief. My kids are home because school is on-line. I am still working, but I can do it from home. It has also meant that a lot of the home responsibilities have fallen on me because I am the one with the flexibility. My husband has a job with a schedule every day. So, doctor’s appointments, things that have had to be dealt with for home and family fall to me. (Her child is heard talking in background while she says this). I have seen this with other ministers too – not just female ministers. The male worship minister is the one home with the kids while school is on-line since his wife works. The flexibility is such a blessing.

**4. What is your whole take on CF as a female minister? Do you think women encounter that more than men in ministry?**

That hasn't been my experience. I do think the length of time spent in ministry, the age of the minister, makes a difference in how ministers handle compassion fatigue. It isn't that a long-term minister won't experience it, but I get to work with very young ministers and am friends with ministers who have done this their whole careers. The young ministers have a really hard time separating themselves from people's problems – they have a hard time setting that apart and walking away from it. If somebody comes and is grieving, with the older minister, that hurts me but they know how to create space to grieve.

The thing that wears more on older ministers is petty complaining. Like during the pandemic, people who are upset about changes in services. If you lose a family member and you are hurting and grieving, that's a more direct problem. If you are angry because the church isn't responding the way you think it should – that's more of a spirituality issue, and mostly the person doesn't want to talk about it.

**5. Can responding to anger make compassion more difficult to give?**

Dealing with an angry person is a lot harder than dealing with a sad person. Sunday I was working in the sound booth. The minister mentioned in the service that he was looking forward to the time when the church could get together again. The gentleman in the booth with me was livid. He said -- he thought COVID was real but not as bad as everybody makes it out to be. He was saying – “Why do the goalposts keep moving? This is a plot against the church – it's a way to empty the church.”

I think it's okay to be angry; a lot of people are also tired. It has taken us a while to wear masks properly. I don't think the government is targeting the church. The governor isn't telling people what to do. There are people on both sides of this issue who are angry and hurt. We are trying to love and serve as many people as possible. That's what I want to say, but I just listen. Sometimes silence seems like agreement but I am not going to change this person's mind but in this situation. I realize they aren't angry directly at me – they are angry at something bigger. Early in my ministry I would have tried to talk through it and address it. Listening is a big part of dealing with the anger.

**6. When have you been unable to “give” anymore?**

This has happened a few times where we have had separate families come and they say they have been looking for a church a long time and they have been hurt by a church, and they want to help their kids plug in.

We offer a lot of different opportunities for children and families to participate but I only see your kids 3 hours a week; they live with you. The bulk of their spiritual education comes from you. Their attitude from church is going to come from their home. If you want your kids to build relationships at youth group or kids' church but they don't like to sit and listen to the lesson – we don't just play. We usually get together and serve and pray – not just have fun. If you pull your kid out and it's soccer season and your kid misses 6-7 weeks of church and they feel out of place when



they come back, that's normal. It doesn't mean the kids around them aren't making your child welcome. It means your kids have missed a lot of time and it will take them time to feel in place again.

It's hard when a parent comes to me and says, "I have asked you to help my child integrate, and these kids aren't being nice to my kid. My kid wasn't invited to a birthday party...." You have to be present to build relationships and I am not responsible for all aspects of your child's life at church.

**7. Do you as a female on a ministerial staff have to approach CF differently?**

Yes, in some ways. We have had women who dealt with the aftermath of losing a baby and her body is still prepared to care for that baby. She might continue to produce milk and her body may still be growing and those are physical responses that aren't easy to talk about with men. I have been invited to talk to women who have gone through that. That hit close to home.

Also dealing with parenting issues in general, particularly moms. As a mother I understand you can feel as though you aren't doing this job well. If somebody has a parenting question, they usually get referred to me. And there are judgmental mothers. They come to me more than to the male ministers.