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Rethinking Compassion Fatigue Through the Lens of Professional Identity: The Case of Child-Protection Workers

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Abstract

Compassion fatigue is currently the dominant model in work-related stress studies that explain the consequences of caring for others on child-protection workers. Based on a deterministic approach, this model excludes the role of cognition a priori and *a posteriori* in the understanding of the impact of caregiving or providing social support. By integrating the notion of professional identity, this article adds a subjective perspective to the compassion fatigue model allowing for the consideration of positive outcomes and takes into account the influence of stress caused by accountability. Mainly, it is argued that meanings derived from identity and given to situations may protect or accelerate the development of compassion fatigue or compassion satisfaction. To arrive at this proposition, the notions of compassion fatigue and identity theory are first reviewed. These concepts are then articulated around four work-related stressors specific to child-protection work. In light of this exercise, it is argued that professional identity serves as a subjective interpretative framework that guides the understanding of work-related situations. Therefore, compassion fatigue is not only a simple reaction to external stimuli. It is influenced by meanings given to the situation. Furthermore, professional identity modulates the impact of compassion fatigue on psychological well-being. Practice, policy, and research implications in light of these findings are also discussed.

Keywords

compassion fatigue, identity theory, professional identity, child-protection work

Introduction

Within research on compassion fatigue and child-protection work, subjective features such as meanings given to work-related stress are inconsistently addressed. Relying on identity theory, this article draws on general literature on compassion fatigue and professional identity (PI) to further extend the understanding of compassion fatigue in child-protection settings. Thus, a subjective perspective is introduced into Figley's (1995) compassion fatigue model. Moreover, the integration of PI into Figley's (1995) model allows for the consideration of positive outcomes of performing child-protection work, such as compassion satisfaction, and takes into account the influence of stress caused by accountability. Our demonstration specifically relies on child-protection workers since many studies have suggested that compassion fatigue is a serious issue within this profession and can impact the mental health of these workers, leading to high turnover rates (Anderson, 2000; Cerney, 1995; Horwitz, 1998; Meyers & Cornille, 2002). This article then expands upon sociological studies, particularly Thoits's work (1999), that links psychological states to self-conceptions, while contributing to the sophistication of the concept of compassion fatigue.

To do so, we first present the theoretical background of compassion fatigue and the PI concept. We then articulate the interaction between these concepts in regard to four stressors specific to child-protection work: direct violent victimization, witnessing violent behaviors, exposure to the children's traumatic experiences, and responsibility for professional actions. The three first stressors appeared in Figley's (1995) model of compassion fatigue. The use of PI allows us to incorporate accountability as a fourth type of stressor in the compassion fatigue model. After all, child-protection workers must adopt and apply various codes of conduct that guide their counseling while making them accountable for their professional actions (Osofsky, Putnam, & Lederman, 2008). In addition, the integration of identity theory will consider the possibility of positive reactions to work-related stress, in contrast to exclusively examining fatigue or distress. As argued by Stamm (2002),

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compassion satisfaction, which refers to the pleasure one derives from helping others, is a possible outcome of providing social support or caregiving services.

Background

Public service professions, such as child-protection work, involve constant interaction with individuals who have a wide array of needs and demands (Hawkins, 2001). On a daily basis, child-protection workers must face and deal with child abuse, neglect, family violence, and various traumas. These circumstances may lead to stressful encounters with the clientele (Littlechild, 2005a, 2005b), all while child-protection workers are being held accountable for the professional decisions they make (Osofsky et al., 2008). Because the encountered problems are complex, clients have difficulties in their interpersonal relationships and situations are highly emotional, providing social services in this context may generate anxiety (Strozier & Evans, 1998). Nevertheless, social interactions in this professional relationship are constrained by the needs of the patient and the mandate of the professional. As such, the inherent adversity of this type of work occurs in microsituations and is closely linked to the meanings that participants assign to them. Examples of such situations include social workers getting verbally harassed (Macdonald & Sirotich, 2001), behavior technicians in juvenile facilities being exposed to violent tantrums (Geoffrion & Ouellet, 2013), and child-protection workers listening to children's recounting of traumatic experiences (Ferguson, 2005). Such workplace features result in child-protection work imposing considerable demand on the worker.

Figley's (1995) compassion fatigue is currently the dominant model in work-related stress studies that examine the consequences of caring for others on therapists. Figley (1995) defined this concept as the accumulation of primary, secondary, and vicarious traumatic stress caused by exposure to work-related stressful interactions. If stress becomes excessive, the therapist may develop compassion fatigue which, in turn, may jeopardize his or her professional sense of self while negatively impacting on psychological well-being (Craig & Sprang, 2010). Thus, many studies have shown that providing social support and care may cause a profound change in a worker's personal and PI (Figley, 2002; Jenkins & Baird, 2002; Kadambi & Truscott, 2004; McCann & Pearlman, 1990). Pearlman and Saakvitne (1995) described a profound shift in personal outlooks that altered and possibly damaged helping professionals' fundamental beliefs about the world by being repeatedly exposed to traumatic material. A negative transformation of self-perception and environment-perception is often associated with psychological distress (Thoits, 1999).

However, child-protection workers are not automatically traumatized by their daily encounters with abused children or reluctant parents. In other words, child-protection workers give meaning to work-related stressful situations and then act accordingly to these interpretations. Meanings given to these stressors are thus pivotal to the experience of distress in a given work environment (Dewe, 1991, 1992; Dick, 2000; Eden, 1990; Large & Marcussen, 2000; Marsella, 1994). Influenced by identity, these meanings can dampen or amplify the impact of stressors on the person experiencing them (Thoits, 1999). Therefore, the individual can frame his or her interpretation of the situation in order to maintain psychological well-being; he is not condemned to suffer from a stressful situation. A cognitive process must then be considered in assessing compassion fatigue since identity and meaning are crucial to understand compassion fatigue. In this vein, the present article aims to improve upon the compassion fatigue model by accounting for subjective experiences as well as considering external factors.

The majority of studies on compassion fatigue have focused on correlations between work-related stress and the psychological distress of workers (Alderson, 2004). These studies have therefore relied on environmental factors in order to explain the mental state of therapists. Consequently, they objectively addressed the impact of providing social support or care, interpreting workers' suffering as a response to stimuli. Since the identification of external causes on its own does not explain the psychological impact of stressors, an increasing number of researchers are including self and identity concepts in their studies on mental health (Thoits, 1999). In the present article, the notion of PI is introduced in order to consider the impact on meaning in the understanding of the development of compassion fatigue among child-protection workers.

PI refers to a system of meanings associated with worker roles (Skorikov & Vondracek, 2011). Shaped through professional socialization, it encompasses the worker's past experiences, the occupational culture, and the influence of organization (Åkerström, 2002; Dick, 2000). It guides the way in which workers think, act, and interact in their professional settings (Fagermoen, 1997). In other words, PI provides a framework of meaning specific to a profession and a work environment that a worker can then adapt in order to define a work-related situation. Thus, the notion of meaning is at the heart of this concept.

According to Dick (2000), the few studies that have emphasized the role of meaning associated to work-related stress all agreed that the meaning of stressors varies across individuals and circumstances. Even though meanings are subjective, Dick (2000) evoked that they are nevertheless influenced by social structures. Thus, meanings are located within and influenced by a broader social and specifically context and are therefore at least partly socially constructed.

Hence, this article proposes a framework that encompasses the worker's subjective perspective as well as organizational and occupational influences. By doing so, we will be able to understand how meanings given to stressful situations, which are guided by PI, differentially affect the development of compassion fatigue and thus, the psychological well-being of child-protection workers. Derived from identity theory, the concept of "PI" is incorporated in the compassion fatigue model (Figley, 1995). It is proposed that PI acts as a modulator of child-protection compassion fatigue as it guides how workers define and act toward work-related stress.

Put simply, integrating identity theory into compassion fatigue will enhance Figley's (1995) model by considering the role of cognitions. Indeed, identity serves as a subjective interpretative framework which guides the interpretation of work-related situations. Shaped and developed through work-related experiences and interactions, PI also incorporates the influences of contextual factors such as occupational culture and organizational context. Therefore, compassion fatigue is not only a simple reaction to external stimuli. It is influenced by meaning given to the situation.

Compassion Fatigue

Compassion fatigue refers to the cumulative effect of working with survivors of traumatic life events, or perpetrators, as part of everyday work (Osofsky et al., 2008, p. 91). Figley (1982) affirmed that compassion fatigue is the ''cost of caring'' and the accumulation of primary and secondary traumatic stress and vicarious trauma (Figley, 1995). Primary traumatic stress refers to direct trauma experienced by the child-protection worker. Here, he can be the direct victim or witness of an extreme event such as being assaulted by a patient or experiencing an uprising in a facility. Secondary traumatic stress occurs when the child-protection worker is overwhelmed by exposure to an extreme event directly experienced by another person. The difference with primary traumatic stress is that, in this situation, the child-protection worker is exposed to another person experiencing a potentially traumatic event. Vicarious traumatization is bearing witness to another person's traumas through listening to their stories. Compassion fatigue is therefore a reaction that emerges from the child-protection worker's overexposure to human suffering. Building up over time, the child-protection worker will feel less empathy for his clients as well as less compassion in other spheres of life.

The Consequences of Compassion Fatigue. Compassion fatigue has a wide array of consequences (Figley & Stamm, 1996). Preoccupation with the recounted traumatic events, avoidance and numbing, an increase in negative arousal, lowered frustration and tolerance, intrusive thoughts of client's material, dread of working with certain clients, a decrease in the subjective feeling of safety, a sense of therapeutic impotence, a diminished sense of purpose, and a decreased level of functioning in a number of areas are examples of symptoms.

Berzoff and Kita (2010) listed some other consequences based on cognitive, emotional, or behavioral impacts on the therapist. On a cognitive level, compassion fatigue can result in the therapist's lowered concentration, decreased self-esteem, apathy, negativity, depersonalization, minimization, and thoughts of harm to the self or others. On an emotional level, therapists may feel powerlessness, guilt, rage, fear, survivor guilt, depression, an emotional rollercoaster, and depletion. On the behavioral level, this may result in impatience, irritation, sadness, moodiness, sleep disturbances, nightmares, hypervigilance, accident proneness, and the tendency to lose things.

Some studies have also shown that exposure to stressors can alter neuroendocrine and hormonal systems (Boscarino, 1997) as well as neuropsychological process by downregulating the sensory processing elicited by the perception of pain in others (Decety, Yang, & Cheng, 2010). Ultimately, the therapist who suffers from compassion fatigue has absorbed the emotional weight of his clients' traumatic experiences in ways that have negatively affected his or her PI, personal self, and existential state (Berzoff & Kita, 2010; Figley, 2002). Compassion fatigue is therefore associated with psychological distress (Adams, Boscarino, & Figley, 2006).

Only Negative Effects? Other authors have argued that caring for others as a job does not only result in negative outcomes. In fact, providing such care can be both highly rewarding and highly stressful (Ohaeri, 2003). Stamm (2005) reported that compassion satisfaction refers to the pleasure one derives from being able to do his or her work as a therapist effectively; it is the pleasure and fulfillment that one gets from helping others and a sense of making a contribution to the welfare of others and society (Stamm, 2002). In this vein, some studies revealed that supporting or caring for people in need provides more beneficial outcomes than negative consequences for social workers, human service practitioners, and child-protection workers (Conrad & Kellar-Guenther, 2006; Lonne, 2003). In addition, compassion satisfaction may mitigate the impact of work-related stressors (Pottage & Huxley, 1996). Therefore, some researchers have questioned whether negative effects have been overestimated or overgeneralized at the expense of positive outcomes (Kadambi & Ennis, 2004; Van Minnen & Keijsers, 2000).

Conceptual Confusion and the Ambiguity of Prevalence. Depending on their field of study, researchers have synonymously used the term compassion fatigue, burnout, secondary trauma, secondary traumatic stress, and vicarious trauma in order to depict the negative consequences of providing social support or care (Bride, 2007; Figley, 1999; Jenkins & Baird, 2002). Consequently, no uniform conceptualization currently defines the extent of compassion fatigue and this leads to considerable variability in the prevalence of compassion fatigue from one study to another (Sabin-Farrell & Turpin, 2003). In healthcare professions, for example, the conceptual confusion of compassion fatigue results in prevalence ranging from 16% to 85% (Beck, 2011). In a study with child-protection workers, Cornille and Meyers (1999) found that 37% of them manifested clinical levels of emotional distress associated with compassion fatigue. In their research with humanitarian aid workers who work on the frontlines of trauma treatment, Shah, Garland, and Katz (2007) reported that 100% ($N = 76$) of their respondents reported compassion fatigue.

Facing these discrepancies, recent studies have clarified some aspects of this concept. Adams, Boscarino, and Figley (2006) argued that compassion fatigue is specific to work-related stress; it is not another designation for negative life events, past trauma, lack of social support, or low mastery. It

is then a hazard associated with therapy work (Adams et al., 2006; Berzoff & Kita, 2010). Berzoff and Kita (2010) also contributed to a more precise definition of compassion fatigue by contrasting it to countertransference. First, compassion fatigue emerges from the experience of providing caring services to those who suffer, while countertransference arises from the intersubjective relationship between the client and the clinician unveiling the therapist's unconscious worlds and past psychic wounds. Second, compassion fatigue develops over time while countertransference is immediate and ubiquitous. Third, compassion fatigue tires the therapist by undermining his ideals and disturbing his hope and meaning resulting in emotional exhaustion, while countertransference does not necessarily fatigue the clinician. Fourth, compassion fatigue is not essential to therapeutic work where countertransference is; actually, compassion fatigue can interfere with the therapist's ability to help his client.

Why Do Some Child-Protection Workers Develop Compassion Fatigue?. Osofsky, Putnam, and Lederman (2008, p. 92) cites Figley (1995, p. 3), who identified risk factors of compassion fatigue: ''Measuring your self-worth by how much you help others; having unrealistic expectations of yourself and others; being self-critical and a perfectionist; fearing others will judge you if you show 'weakness' (e.g., seek help or express your feelings); being unable to give or receive emotional support, overextending yourself; and letting work bleed over into your personal time.'' Saakvitne and Pearlman (1996) have also proposed personal and situational factors that contribute to the appearance of compassion fatigue. From an individual perspective, current life circumstances, personal history, coping style, and personality type will influence the development of compassion fatigue. Doing work that others avoid, helping people that are not valued in our society such as sexual delinquents, the glamorization of violence, workplace negativity as a result of burnout, and general unhappiness represent some of these situational factors. The problem with these factors proposed by Saakvitne and Pearlman (1996) is that they confound conceptual elements, bringing back countertransference predictors in the prediction of compassion fatigue.

Craig and Sprang (2010) identified several studies that revealed different variables associated to the emerge of compassion fatigue: working on the frontlines (Shah, Garland, & Katz, 2007), female gender (Kassam-Adams, 1999; Meyers & Cornille, 2002; Sprang, Clark, & Whitt-Woosley, 2007), younger age (Ghahramanlou & Brodbeck, 2000), increased exposure to traumatized clients (Kassam-Adams, 1999; Schauben & Frazier, 1995), longer length of time providing sexual abuse treatment (Cunningham, 2003), occupational stress (Badger, Royse, & Craig, 2008), and clinician's own maltreatment history (Nelson-Gardell & Harris, 2003). Craig and Sprang (2010) also mention studies that revealed variables which dampen compassion fatigue, such as access to clinical supervision (Rich, 1997), training for new and experienced clinicians (Chrestman, 1999), perceived coping ability (Follette, Polusny, & Milbeck, 1994), emotional separation (Badger et al., 2008), disengagement (Figley, 2002), amount of clinician experience (Cunningham, 2003), self-care strategies, and social support (Chrestman, 1999; Rich, 1997; Schauben & Frazier, 1995). In addition, Schauben and Frazier (1995) found that active coping strategies like problem-solving, humor, and asking for emotional support and advice lead to fewer symptoms. Finally, it seems that therapists who assimilate traumatic material as told by their patients in their cognitive schemata or adapt their cognitions to the reported stories better cope with traumatic stress related to their work (Van Minnen & Keijsers, 2000).

Craig and Sprang (2010) have also investigated factors which lead to burnout, compassion fatigue, and compassion satisfaction in a random, national sample of 532 self-identified trauma therapists. Overall, only 5% of their respondents were at high risk for compassion fatigue. Their results showed that increased percentages of individuals with post-traumatic stress disorder on the caseload predicted compassion fatigue. According to these authors, this finding supported the idea that the ''dose of exposure'' is what matters when trying to understand who will develop negative consequences from his helping professional relationships (Galea, 2007). In the same vein, an increase in the number of years of clinical experience and use of evidence-based practices were significant predictors of compassion satisfaction. Craig and Sprang (2010) therefore suggested that maturity and professional experience may act as buffers to compassion fatigue. Consistent with the findings of Walsh and Wigens (2003), evidence-based practices seem to increase compassion satisfaction by strengthening the therapist's self-confidence in his or her professional decisions and interpretations of work-related situations. Relying on Fonagy (1999), Craig and Sprang (2010, p. 335) stated, ''the use of evidence-based practices may, in fact, improve therapist confidence and competence by creating the necessary boundaries and structure for the therapeutic work to be successful.''

Other researchers have focused on the organizational factors that influence compassion fatigue. Meadors and Lamson (2008) found that a ''culture of silence'' in which stressful events are not spoken of, lack of awareness of symptoms, and poor training regarding the risks of high stress jobs are all associated with high rates of compassion fatigue. Supervision, on the other hand, decreased the impacts of compassion fatigue (Foy et al., 1996; Litz & Roemer, 1996; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995). Regehr, Hemsworth, Leslie, Howe, and Chau (2004) claimed that organizational factors are the strongest predictors of compassion fatigue.

Osofsky et al. (2008) in their review article listed these organizational factors as playing a role in compassion fatigue for child welfare workers: high case load, little support from supervisors, being placed in situations with conflicting roles, expectations or values, lack of peer support, inadequate resources to meet demands, being forced to assume personal liability for job-related decisions and actions, excessive workload or paperwork, too many interruptions during critical or demanding tasks, physical risks or concerns about personal safety, limited job recognition, and shift work.

Introducing Accountability Stress, Positive Consequences, and Subjective Input. Child-protection workers are accountable for the decisions and actions they take in the course of their work (Osofsky et al., 2008). Accountability for decision making and risk management (e.g., granting provisional release to a juvenile delinquent, removing a child from his or her family, etc.) adds to the complexity of social work (Bennett, Evans, & Tattersall, 1993; Dollard, Winefield, & Winefield, 2001; McLean & Andrew, 1999). If the decisions of child-protection workers result in serious consequences for the client, such as suicide, they may have to justify their decisions in these particular cases. However, the actual compassion fatigue model does not consider this work-related stressor. This additional stressor should be incorporated in our understanding of compassion fatigue, at least for therapists who work in the context of authority, such as child-protection workers. Stress coming from accountability is, to this day, a phenomenon sparsely studied in social work.

The compassion model should also include positive outcomes since many studies have demonstrated that cumulative exposure to work-related situations may result in satisfaction for a child-protection worker and fatigue for another. In order to understand how providing social support or caring affects the child-protection worker, we need a model that covers a response continuum ranging from fatigue to satisfaction.

The common denominator of studies on compassion fatigue is that they take a deterministic approach, focusing mainly on external factors (Alderson, 2004). Even the study of cognitive aspects only refers to the consequences of compassion fatigue on cognition or the adaptation of cognitions in order to cope with traumatic exposure. As such, they do not consider the subjective view a priori of the child-protection worker that gives meaning to the adverse experiences in his or her work. They do not mention the role of cognition *a posteriori* in the appraisal and management of stressful situations. Only a few studies have considered the use of active cognitive coping strategies such as problem solving and cognitive restructuring by child-protection workers (Anderson, 2000; Parry, 1989). These studies demonstrated that child-protection workers are more likely to cope well with the use of these strategies. Therefore, subjective input must be included in the understanding of compassion fatigue among child-protection workers.

In light of this literature review, three limits of Figley's compassion fatigue model appear: It omits the stress engendered by accountability, it excludes positive outcomes, and it ignores the influence of subjective appraisal of work-related stressors. Therefore, we argue that meanings given to work-related stressors must be included in the compassion fatigue/satisfaction continuum in order to understand differential responses to the "cost of caring."

Identity

Mead's (1934) symbolic interactionism is the starting point for creating the foundations of identity theory. First and foremost, the individual is seen as a pragmatic actor rather than a determined person. Society and self are then created through the process of communication and interaction. In this process, the human being is a symbol-user. Indeed, his mind allows him to manipulate significant symbols. These symbols represent common meanings about "objects" shared by participants of an interaction which allow them to behave according to the definitions given to this "object." Blumer (1969) summarized the three premises of this perspective. First, humans act and behave toward things on the basis of meanings they attribute to them, on how they come to define them. Second, meanings are derived from and arise out of social interactions that an individual has with other, with himself and with society. Third, these meanings are dynamic: They can be modified through an interpretative process used by individuals while dealing with a given situation. By this reflexive process and the symbolic character of social interactions (shared meanings), individuals are able to "take the role of the other" that allows individuals to think reflexively about themselves making the self an object to itself (Mead, 1934). This way, they also internalize the responses of others with whom they interact. These social processes are crucial in shaping one's self-conceptions.

More recently, Serpe and Stryker (2011) summarized the basic tenants of identity theory. Identity theory is based on the premise of structural symbolic interactionism which stated that "society" impacts "self" which impacts "social behaviors". Social action takes place in a reflexive process of developing shared meanings from society, person, and others. The self is a complex structure of multiple identities or internalized role expectations (father, husband, scholar, marathoner, fly fisher, etc.) which are determinants of social behavior. The link between identities and behavior is seen as both facilitated and constrained by the location of persons in the social structures constituting organized society. Human experiences are thus socially organized, not randomly distributed.

Human beings have many identities structured in oneself. Some of these identities are central to the individual while others are more peripheral and easily malleable. Depending on salience and commitment to a particular identity, it will be more or less central, consistent, or changing from one situation to another (Stryker, 1980). These identities may be independent, aligned with, or in conflict with one another (Serpe & Stryker, 2011). In this way, expectations or roles linked to identities may be compatible or conflicting. Role and identity conflicts may then emerge from the interaction with others or with the self.

Serpe and Stryker (2011) and Thoits (1999) likened identity to cognitive schemata that have the capacity to affect behaviors and that can be applied in different situations, as defined by Markus (1977). The self is therefore seen as a structure of identities that are cognitive representations of positions in which persons are embedded. Once again, roles are attached to these positions and guide social behaviors. Identities are thus internalized meanings of structural positions in the form of role expectations. Self-descriptive and self-defining (Thoits, 1999), identities guide life paths and decisions (Kroger, 2006). They do not only answer the question "whom you think you are" but also answer "who you act as being" (Vignoles, Schwartz, &

Luyckx, 2011). Therefore, identity encompasses a subjective and objective perspective: "Viewed through the lens of an individual person, identity consists of the confluence of the person's self-chosen or ascribed commitments, personal characteristics, and beliefs about herself; roles and positions in relation to significant others; and her membership in social groups and categories (including both her status within the group and the group's status within the larger context)" (Vignoles et al., 2011, p. 4).

Where these propositions differ from structural symbolic interactionism is that they incorporate the notion of emotion. For Stryker (2008, p. 20), "persons are seen as having multiple identities [self is understood to include affective and conative as well as cognitive aspects (Stryker, 1968)], with persons having, potentially, as many identities as there are organized systems of role relationships in which they participate." Thus, when studying role distancing, role involvement, and role satisfaction, Stryker and Statham (1985) found that identities carry an emotional freight. Sentiments and emotions are important to an individual during interactions, thus to the self, and may amplify how stimuli are perceived and experienced. Meanings associated to the experience of these affects can play a significant role in the way an individual will define the situation, how the self will be organized, and how the person will act (Stryker, 2004). Consequently, identity theory recognizes the importance of affect in the contribution to commitment to the hierarchical ordering of identities since emotions may amplify commitment (Serpe, 1987; Stryker, 1987, 2004; Stryker & Serpe, 1982). Therefore, commitment is not only based on rational thought but it has an affective component that ties the person to an identity. Consequently, the theory proposes that commitment impacts identity salience, which in turn impacts role choice behaviors (Serpe & Stryker, 2011).

Identities are then both personal and social in their content as well as in their processes; in this way they are formed, maintained, and changed over time (Vignoles et al., 2011). Since they are social constructs, they can be deconstructed and revised. Even though identity processes are influenced by contextual factors, the active role of the person in this process must not be ruled out (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987).

PI. PI is used synonymously in the literature with the concept of occupational identity in order to refer to a system of meanings associated with worker roles (Skorikov & Vondracek, 2011). Brown, Kirpal, and Rauner (2007) have identified important features of occupational identities: they are both in continuity and change; they are shaped by the changing system of interpersonal relationships around which they are constructed; individuals make a significant contribution to the construction of their occupational identity while they are constrained by social structures and processes; and there is considerable variation in the salience of occupational identity within the person's overall sense of identity.

According to Schwartz (2001), occupational identity is often a central identity for individuals. In this vein, theorists have argued that a strong occupational identity contributes to psychosocial adjustment, well-being, and life satisfaction (Christiansen, 1999; Kroger, 2006; Vondracek, 1995). In empirical studies with working adults, the strength (or commitment) of occupational identity was found to be a strong predictor of lower levels of depression and anxiety while predicting higher levels of life satisfaction (McKeague, Skorikov, & Serikawa, 2002; Skorikov, 2008).

Fagermoen (1997) proposed in a study with nurses that PI guides nurses' thinking, actions, and interactions related to their profession. Thus, it plays a critical role in the way an individual interprets and acts toward work-related stressors. Moreover, studies have found that the more an individual is committed to his or her organization or profession, the more he or she will interpret work-related situations according to the organization's ideology, values, and culture (Mael & Ashforth, 1995; Rousseau, 1998).

The concept of PI, or its synonym occupational identity, has been articulated in study with police officers and caregivers in order to explain how these workers deal with workplace violence. Dick (2000) found that policing identity operates at the collective level to "normalize" some emotional responses and "pathologize" others that are contrary to police organizational culture. Graef (1990) argued that police culture promotes so-called masculine values such as being able to handle potentially violent situations and thus cope with the negative impact of exposure to such stressors. As for caregivers, Åkerström (2002) observed that caregivers will downplay violence from the patients in order to preserve their identity as caregivers and the boundary of their work. In fact, they reframe these stressful situations according to the framework of their job, restoring the normalcy of these aggressive behaviors, and allowing them to keep on offering caregiving services to their patients.

Work-Related Stress. A number of researchers have studied the influence of identity on the psychological health of workers. Based on symbolic interactionism, Kelchtermans (1999) conducted qualitative interviews with several teachers. Analyses of these interviews revealed that identity is actually a subjective interpretative framework, such as glasses, which protects teachers from or precipitates them toward burnout. The outcome depends on how they define their occupational stressors. While teachers do experience exposure to traumatic stressors via students, they are not trained the same as child-protection workers. However, this study demonstrated that psychological impact of stressors depends on meanings given to the situations, and on how identity will lead a person to appraise the stressor (Thoits, 1999).

Thoits (1999) explained different ways in which identity may affect the impact of stressors on mental health. Initially, she recognized that stressors that damage or threaten self-conceptions, or identities, are likely to predict emotional problems since one's self-conception is closely linked to his psychological state. However, obstacles faced by individuals become problematic only if they threaten their central identities. Simply put, the effect will depend on the salience of the

identity threatened. She then argued that identity negotiation, such as change in the hierarchical ordering within the self, may become a stress-coping strategy. In this way, if an individual has other identities in which they may invest themselves and experience positive affect, the impact of a stressor on the self may be countered. The abandonment of a problematic identity can then be the ultimate way of relieving chronic stress. However, if identity loss may be a coping strategy, it may also be a stressor in itself since it impacts the self. Still, identity loss or abandonment is often caused by cumulative exposure to stress.

Emotions should also be considered in these relations. The more the identity is salient, the more the emotional reactions to stressors will be intense and, the more it may impact mental well-being (Thoits, 1994). Extreme events such as physical assaults can then be serious threats to the integrity of identity and eventually, to the self (Stryker, 2004). According to Stryker (2004), role performance assessments also generate emotions. Performances meeting role expectations may create positive effect for the performer, and the other person involved in the interaction which will strengthen the commitment to this identity. On the other hand, performances failing to meet expectations may produce negative effects for both the performer and the other. This bad performance may jeopardize commitment to the related identity, compromise the psychological well-being of the performer while undermining the relationship between the antagonists; Stryker (1980) then refers to interpersonal role conflict. In other cases, some persons may face cognitive and emotional dissonance if their structural positions generate identity or intrapersonal role conflict (Stryker, 2000, 1980).

Child-Protection Workers, PI, and the Structuring of Compassion Fatigue

In this section, it is suggested that PI modulates the experience of work-related stress on compassion fatigue of child-protection workers and thus, on their psychological well-being as reviewed. First, integration of PI in Figley's (1995) compassion fatigue model will be discussed. Second, possibilities offered by the import of identity theory into the understanding of occupational stress will be addressed. In order to make these propositions clearer, possible relations and extensions will be applied to the child-protection work context.

PI and Compassion Fatigue

First, PI introduces a subjective dimension to stressor outcomes on compassion state. PI will influence a priori how significant the stressor is to the worker. If the stress is important to the individual, it will then be appraised *a posteriori* according to PI. Depending on this appraisal, it will or will not impact compassion state. This is represented in Figure 1 as a continuum going from compassion fatigue to compassion satisfaction.

However, even if they contain a subjective component, organizational and cultural factors related to the work environment considerably influence how a worker will define what he or she is experiencing. As such, a child-protection worker may have been assaulted by different clients in the course of his or her career without developing compassion fatigue. Depending on past experiences with aggressive patients, training in such situations, his or her clinical interpretation of the situation, employer support facing aggressive patients, the presence of a supporting colleague with whom to debrief, and the shared meanings given to violence in the workplace, the child-protection worker will interpret the stress experienced. If, like Åkerström's (2002) nurses, he or she frames this experience according to the boundaries of the profession, he or she will put the situation in context and interpret it in a way that will not affect compassion state. For example, he or she will see this assault as a result of impulsivity, lack of social skills, a conflictual personality, and all other clinical assessments focusing on the client's difficulties instead of seeing this as a direct assault to his or her person. Defining oneself as a child-protection worker trained to handle such behaviors will allow one to help the client, whereas defining oneself as a victim may lead to completely different emotions and behaviors such as initiating legal proceedings or simply ceasing to provide this client with caregiving services. If a child-protection worker can reframe stressors in coherence with his or her PI, he or she may be less likely to develop compassion fatigue and thus, maintain compassion satisfaction. This relation can then be applied to secondary, vicarious and accountability stress. Thus, by determining possible meanings given to work-related stressors, PI modulates compassion fatigue.

Since the notion of PI involves social structures, accountability stress may be easily introduced in the compassion model. Many codes and regulations influence how a child-protection worker may provide social support and security. Laws restrain what he or she can do and what he or she cannot do. Laws not only restrain what, but also where, when, how, and for how long. Professional orders as well as institutions to which the worker belongs will control the way he provides help through codes of conduct, supervision, and demands for the justification of clinical decisions. Ultimately, a child-protection worker must report to the Youth Chamber. He or she must respect the boundary of the profession or face sanctions by different instances. Once again, the way the worker will interpret this accountability may affect his or her compassion potential since it can be perceived as another obstacle or as a reasonable way to control use of legal power. In this vein, and especially in child-protection work, PI in itself and the role expectations attached to it may lead to compassion fatigue. This adds another variable to Figley's (1995) model. Child-protection workers must help their clients while controlling them. They have the authority to restrain contact between parents and their children but must at the same time help these parents resolve the problematic situation. Caring and controlling at the same time may then lead to intrapersonal or interpersonal conflicts that may create additional stress which in turn amplify compassion fatigue (Boyd & Pasley, 1989). Thus, caregiving and policing may be two identities that are difficult to combine within oneself. It may also be hard for the parents to accept that the one who took their child away from them is actually trying

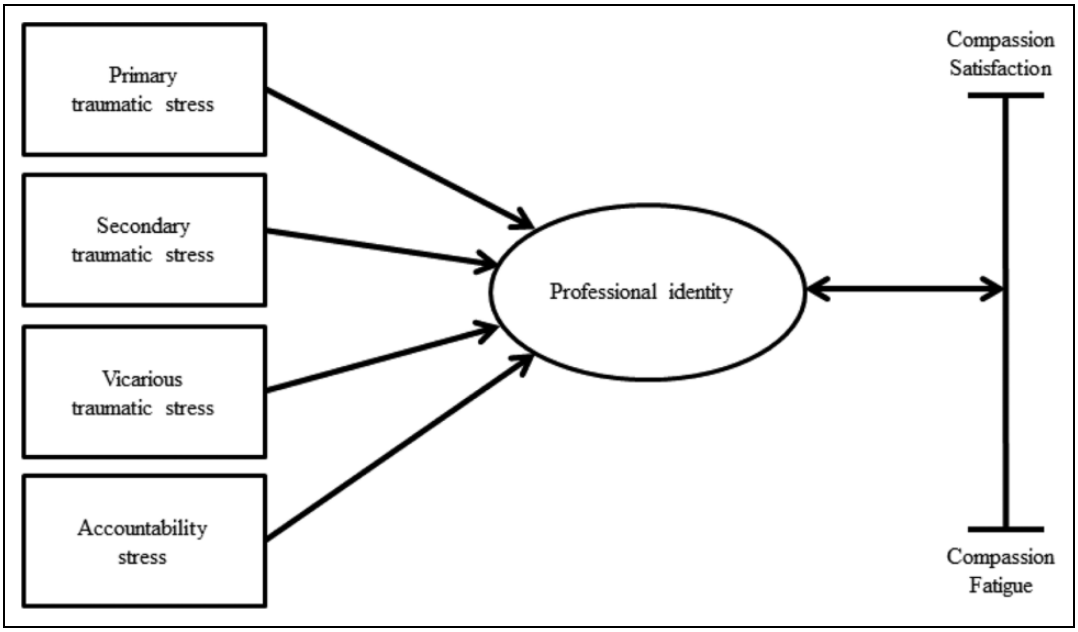

Figure 1. Professional and compassion model.

to provide help. In the same vein, studies have shown that caregivers who trespass the boundaries of their work in interaction with their clients are more likely to be assaulted by their clients since they do not act according to their role, they diverge from role expectations (Morrison et al., 2002; Yassi, Tate, Cooper, Jenkins, & Trottier, 1998).

Another proposition derived by the integration of PI to the compassion model is that the outcome may be satisfaction or fatigue. Figure 1 presents a continuum that ranges from fatigue to satisfaction. Depending on circumstances, the position of a person on this continuum may change through time. An important aspect of this proposition is that the relation is bidirectional. Thus, compassion state will also have an influence on PI. Compassion fatigue can undermine how a child-protection worker assesses his professional efficacy, which may in turn affect meanings given to stressors.

Therefore, the main proposition derived from our model states that the PI of a worker modulates his compassion state. If his PI is consistent with the interpretive framework proposed by occupational culture, organizational values, and role expectations, it allows the child-protection worker to face the adversity inherent to his work and keep the satisfaction of compassion. On the other hand, if it is inconsistent with this interpretative framework thus misinterpreting his role and the needs of his clients, it can amplify the negative consequences of his work. In other words, the boundaries defined by the social structures in such a workplace promote a PI adapted to the constraints of the job and allows workers to cope with these constraints. Still malleable, it then depends on how work-related meanings are incorporated in this PI and impact professional interactions. Negotiating the "fit" of this particular identity is therefore at the heart of maintaining compassion satisfaction. Hence, the proposed framework may account for how child-protection workers differentially deal with the inherent adversity of their profession.

Compassion Fatigue, Identity, and Psychological Well-being

The richness of associations derived from identity theory also reveals possible links between compassion fatigue and psychological well-being. As mentioned by Adams et al. (2006), compassion fatigue is often associated with psychological distress. Just as work-related stressors are modulated by PI, the impact of compassion fatigue or satisfaction on psychological well-being is modulated by the self. According to identity theory, we must first assess how committed the person is to his or her PI in order to know how salient an identity is to the self. Being aware of this salience, we may then evaluate how it will impact the self and his psychological state. Like Thoits (1999) argued, only adversity that threatens core identities will impact psychological well-being. Still, the outcome is not necessarily negative. Compassion satisfaction may increase a commitment to PI which promotes psychological well-being. Figure 2 summarizes the possible relations between compassion state, the self, and psychological well-being.

Another way the self may moderate the impact of adversity is by restructuring the hierarchical order of identities. For example, a child-protection worker may suffer from compassion fatigue but have positive role performances and positive affect in his identity as a father. In order to diminish the impact of compassion fatigue on the self, he may relegate his PI to a peripheral status and increase commitment to his identity as a parent. Figley (2002) has already suggested that disengagement, which refers to the capacity of the therapist to distance himself from the misery of his client between sessions, may

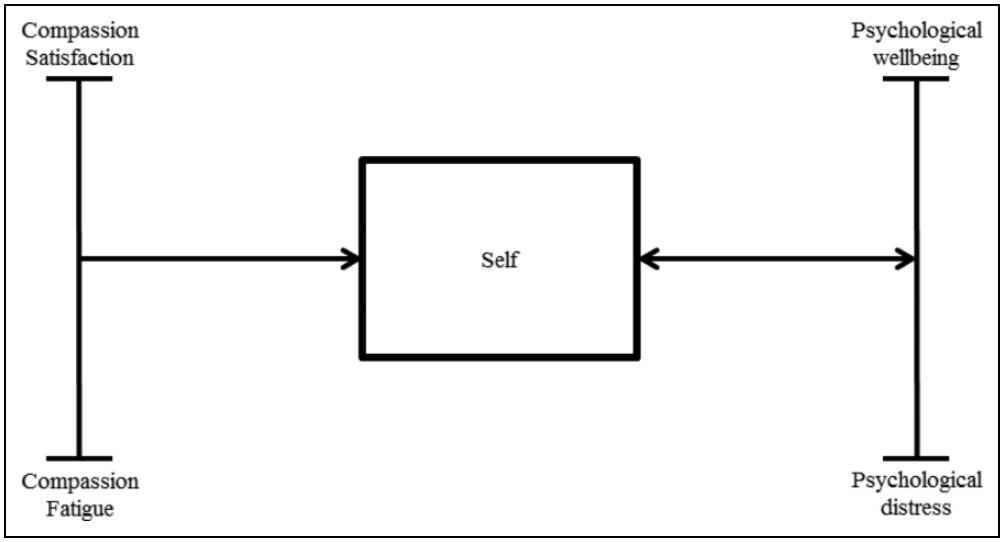

Figure 2. Compassion on psychological state.

diminish or prevent compassion stress. Thoits (1999) explained that psychological distress is often caused by the absence of other positive self-conceptions generated by other identities.

Once again, the relation between the self and psychological state is bidirectional. If the self can modulate compassion state, psychological state can influence self-conceptions. Thus, in a situation of psychological distress, one may be more vulnerable to compassion fatigue or resistant to compassion satisfaction. In this way, psychological state affects self-conception which in turn influences meanings given to the situation.

The Impact of Highly Emotional Events. Child-protection workers may experience extreme events that are highly emotional. For example, a worker may grant a teenager weekend leave permission from foster care. During the weekend, the worker receives a call stating that the teenager has committed suicide or that he is in the hospital following an assault by gang members. The resulting guilt and emotional freight of this situation may exacerbate the commitment to PI and therefore affect psychological well-being. Thus, even if he tries to give meaning to the situation in such a way that would dampen the impact of the work-related stress, the emotional freight could be so high that it jeopardizes the organizations of identities and thus the self (Serpe, 1987; Stryker, 1987, 2004; Stryker & Serpe, 1982). The child worker will then question the adequacy of his or her decision and assessment of the situation, whether he or she intervened enough toward this youth, or whether he or she misinterpreted certain behaviors. In addition, his employer, his colleagues, the parents of the youth, lawyers, judges, and others will demand an explanation for his decision. Was he sufficiently aware of the situation before he granted the leave? Did he respect the boundaries of his legal authority? Did he forget a step in the procedure? Is he still competent for the job? All these stressors within a single situation may therefore disorganize the self and create psychological distress.

Conclusion

This article revisited Figley's (1995) compassion fatigue model. It has been argued that the deterministic approach present in this model excludes the role of cognitions a priori and a posteriori in the understanding of compassion fatigue. It also exclusively focuses on external factors and omits the role of subjective stress appraisal. Moreover, it only considers the negative results of providing social support and care. Consequently, this model cannot explain the fact that some individuals develop compassion satisfaction instead of compassion fatigue.

We have proposed the integration of notions from identity theory into Figley's (1995) model. Conceptualized as a subjective interpretational framework, identity adds a subjective perspective to this model. Specifically, identity guides how workers define their work-related stressors, which in turn guide their actions. Thus, workers possess a certain level of control on how they experience these stressors as they may interpret them positively or negatively. Meanings given to situations may protect or accelerate the development of compassion fatigue or compassion satisfaction. Implicitly, we argued that a compassion model should consider negative outcomes (fatigue) as well as positive consequences (satisfaction). Furthermore, compassion must be understood as a continuum.

By considering the impact of specific aspects of social structures, such as codes and regulations, on the self, PI suggested the integration of a fourth variable in the compassion model: accountability stress. Since compassion fatigue is specific to work-related situations (Adams et al., 2006), we proposed that this type of stress can affect child-protection workers as much as other traumatic stress present in Figley's (1995) model. In this vein, PI showed that role conflicts might emerge for certain child-protection workers who have two different and incompatible mandates. Whether these experiences are intrapersonal or interpersonal, these conflicts may lead to compassion fatigue.

Table 1. Summary Table of Critical Findings.

1. Integrating the notion of professional identity to Figley's (1995) compassion fatigue model, as it adds a subjective perspective, allows the consideration of positive outcomes and takes into account the influence of stress caused by accountability.
2. Meanings derived from professional identity and given to situations may protect or accelerate the development of compassion fatigue or compassion satisfaction.
3. The impact of compassion fatigue on psychological well-being is modulated by professional identity.
4. The relation between professional identity and compassion fatigue and the relation between professional identity and psychological well-being are bidirectional.

Finally, based on identity theory, we have proposed that the self modulates the impacts of compassion state on psychological well-being. Once again, a bidirectional relation was demonstrated. The way workers negotiate their identities may soothe or exacerbate the impact of compassion on their mental health. On the other hand, psychological state may affect the organization of the self and how individuals perceive encountered situations, making them more vulnerable or resistant to compassion fatigue.

These propositions, summarized in table 1, were articulated around child-protection work since this type of profession allows for the integration of all suggested concepts and relations. Implicitly, we have proposed that the influence of social structures specific to the child-protection profession helps workers face the adversity of their job. By influencing the meanings given to work-related stressors and interactions, child-protection workers can interpret difficult situations in such a way that they foster compassion satisfaction while dampening compassion fatigue. However, it has been acknowledged that extremely emotionally charged events may mitigate the effects of positive appraisal by jeopardizing salience and commitment to PI and thus to self-equilibrium.

In addition, the focus on child-protection workers allowed for the adaptation of compassion fatigue to the contingencies of this profession. Although the generalization of this article to other professions is limited, the suggested model might be adapted to other occupations sharing similar issues. PI and our proposed model of compassion may therefore be useful for other types of work involving care or support for others. In fact, all therapists develop a PI that allows them to offer their services. Even if they are not constrained in their work as much as are child-protection workers, they are still to some degree accountable for the services they offer. Furthermore, the integration of meanings and the notion of PI may explain the high variance of prevalence in compassion fatigue from one study to another by unravelling the conceptual vagueness that hinders this phenomenon. On a more practical level, this finding suggests that cognitive-behavioral therapy may be relevant to help child-protection workers who develop compassion fatigue by reframing meanings given to work stressors in a way that is consistent with professional boundaries. Table 2 summarized the implications of this article on practice, policy and research.

Table 2. Summary Table of Implications for Practice, Policy, and Research.

1. Subjective input, positive outcome, and accountability stress must be considered when studying compassion fatigue in order to help therapists cope with stress inherent to their profession.
2. Cognitive behavioral therapy may be relevant to help therapist who develop compassion fatigue by reframing meanings given to work stressors in a way that is consistent with professional boundaries;
3. Since this article reviewed the different concepts associated with compassion fatigue, it offers a clearer definition of compassion fatigue and its principal features.

Therefore, since compassion fatigue affects helping professionals, it is crucial that researchers pursue the development of our understanding of this problem.

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Steve Geoffrion is a PhD student in Criminology at the Université de Montréal. Geoffrion is also an assistant to the scientific direction of the VISAGE research team (Violence At work, according to Sex and GEnder: http://www.equipevisage.ca/en/home) of the Research Centre of *Institut universitaire en santé mentale de Montréal* (IUSMM). In the VISAGE research team, he takes part in action-oriented studies in the workplace to improve clinical and organizational support for workers at high risk for violence. His studies focus on the effects of work-related stress on child-protection workers, on trivialization of workplace violence and on barroom violence.

Carlo Morselli is a professor at the École de criminologie, Université de Montréal and he is the deputy director of the International Centre for Comparative Criminology. His research focuses on criminal networks and organized crime, with recent studies aimed specifically at illegal firearm markets, synthetic drug markets, collusion in the construction industry, and denunciation. In 2011, he was awarded the Outstanding Publication Award from the International Association for the Study of Organized Crime for his book *Inside Criminal Networks* (Springer, 2009). He is also the author of *Contacts, Opportunities, and Criminal Enterprise* (University of Toronto Press, 2005) and a series of articles that have been published in *Criminology*; *Journal of Research in Crime and Delinquency*; *Critical Criminology*; *Crime, Law, and Social Change*; and *Social Networks*. Since 2011, he has served as the editor-in-chief for the journal *Global Crime*.

Stéphane Guay holds a doctorate in clinical psychology, specializing in the study of the management of victims of severe violence, in

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