Are Empathy and Compassion Bad for the Professional Social Worker?

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Abstract: *Recent studies have shown that social workers and other professional helpers who work with traumatized individuals run a risk of developing compassion fatigue or secondary traumatic stress. Some researchers have hypothesized that helpers do this as a result of feeling too much empathy or too much compassion for their clients, thereby implying that empathy and compassion may be bad for the professional social worker. This paper investigates these hypotheses. Based on a review of current research about empathy and compassion it is argued that these states are not the causes of compassion fatigue. Hence, it is argued that empathy and compassion are not bad for the professional social worker in the sense that too much of one or the other will lead to compassion fatigue*.

Keywords: *Compassion fatigue, secondary traumatic stress, empathy, compassion*

Empathy has for a long time been considered an essential part of good, professional social work (see Gerdes & Segal, 2011). Compassion has perhaps been looked at with a bit more hesitation, but there are some who have claimed that it also can be of use for the social worker (Figley, 2002; Radey & Figley, 2007). In the last decades, however, some researchers have pointed to a potential danger with empathy and compassion. This is that the empathic or compassionate social worker runs a risk of falling victim to compassion fatigue (Adams, Boscarino, & Figley, 2006; Conrad & Kellar-Guenther, 2006; Dill, 2007; Jacobson, 2006; Jenkins & Baird, 2002; Radey & Figley, 2007; Simon, Pryce, Roff, & Klemmack, 2005).

"Compassion fatigue" is a term that was introduced into social work research largely through the work of Figley (1995). Figley, along with Pearlman (1995) and others, raised awareness of a new phenomenon observed in people working with traumatized persons. What was observed was that some helpers, due to being exposed to these persons and the stories of their traumas, came to experience symptoms of post-traumatic stress themselves. Pearlman (1995) called this phenomenon "vicarious traumatization," whereas Figley (1995) referred to it as "compassion fatigue" or "secondary traumatic stress."

In the current literature all three of these terms occur, and they are used in many different ways. Different writers disagree both with respect to how they define the symptoms of the state and with respect to how they specify the ways in which the symptoms are caused. Most researchers define the symptoms as similar to those of post-traumatic stress disorder (PTSD) (e.g., Bourassa, 2009; Bride, 2007; Bride & Walls, 2006; Figley, 1995; Jenkins & Baird, 2002; Naturale, 2007), but there are some who characterize them in terms of stress (e.g., Figley, 1995; Jacobson, 2006), suffering (Rotschild & Rand, 2006), and a reduced capacity for being empathic (Adams, Boscarino, & Figley, 2006; Dill, 2007). While the symptoms are most often described as the result of being exposed to a traumatized individual and his or her descriptions and reactions to a traumatizing event (see, e.g., Bourassa, 2009; Figley, 1995; Jenkins & Baird, 2002; Naturale, 2007), sometimes they are said to be the

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result of working in a helping profession (Rothschild & Rand, 2006) or of helping or wanting to help other people (e.g., Figley, 1995; White, 1998).

This diversity in the definitions of "compassion fatigue" can sometimes be found in one and the same writer. In his oft-cited definition from 1995, Figley writes: "We can define STS [secondary traumatic stress, which Figley used as a synonym for "compassion fatigue"] as the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 7). Here Figley describes both the symptoms and their causes in at least two different ways. Focusing on the causes, we can see that they are said to be, on the one hand, the result of "knowing about a traumatizing event experienced by a significant other," and, on the other hand, a result of "helping or wanting to help a traumatized or suffering person." Presumably, Figley's intention was that these phrases should be taken to mean the same thing. However, taken by themselves they certainly do not have to be read in this way: the first phrase is easily interpreted as saying that compassion fatigue is caused by the mere exposure to a traumatized individual, whereas the latter phrase could be taken to indicate that compassion fatigue is rather a frustration over not being able to help. Although Figley's definition is ambiguous, in the actual text it is clear that he used "secondary traumatic stress" and "compassion fatigue" to denote symptoms of PTSD caused by exposure to a traumatized individual.

Figley has later proposed to distinguish compassion fatigue from secondary traumatic stress, using "compassion fatigue" to denote a state containing two components: secondary traumatic stress and job burnout (Adams, Boscarino, & Figley, 2006). A similar strategy can be found in Stamm (2010). According to her, compassion fatigue is a complex state consisting of two parts: burnout, which "is associated with feelings of hopelessness and difficulties in dealing with work or doing your job effectively" (Stamm, 2010, p. 13); and secondary traumatic stress, which is described as symptoms characteristic of PTSD caused by secondary exposure to traumatic events (Stamm, 2010).

Secondary exposure to trauma should be distinguished from primary exposure. According to Stamm (2010), the latter is when a traumatic event happens to you directly. Disaster responders and other professional helpers, who literally put their lives at stake as part of their jobs, run a constant risk of falling victims to such primary exposure. Secondary exposure, on the other hand, is when you are exposed to traumatized individuals and their trauma. This happens to any professional helper who works with traumatized people and takes part in their stories. In some cases, but certainly not all, such exposure gives rise to traumatic stress. When it does, and when the stress is caused only by the secondary exposure, it is a case of, what Stamm (2010) calls, "secondary traumatic stress."

The focus of this paper is secondary traumatic stress in Stamm's sense of the term, i.e., a state in which an individual experiences symptoms similar to those of PTSD as a result of secondary exposure to a traumatic event. However, in this paper both the term "secondary traumatic stress" and the term "compassion fatigue" will be used to denote this state. This should by no means be taken as a criticism of Stamm's nomenclature. It is only done for variation, and because both terms occur in the

literature to be discussed (see, e.g., Adams, Boscarino, & Figley, 2006; Conrad & Kellar-Guenther, 2006; Dill, 2007; Jenkins & Baird, 2002; Radey & Figley, 2007).

Among those who take compassion fatigue to be caused by secondary exposure to traumatic events it is sometimes suggested that empathy or compassion are the responsible mechanisms (Adams, Boscarino, & Figley, 2006; Conrad & Kellar-Guenther, 2006; Dill, 2007; Jacobson, 2006; Jenkins & Baird, 2002; Radey & Figley, 2007; Simon, Pryce, Roff, & Klemmack, 2005; Stamm, 2010). When it comes to compassion it has not been specified exactly how this works, but the idea seems to be that since compassion is a state of suffering with another person, too much compassion will result in too much suffering, and, in the end, compassion fatigue. When it comes to empathy there is at least one theory. According to Hoffman (2000) compassion fatigue is empathic over-arousal. This is defined as "an involuntary process that occurs when an observer's empathic distress becomes so painful and intolerable that it is transformed into an intense feeling of personal distress, which may move the person out of the empathic mode entirely" (Hoffman, 2000, p. 198). Thus, according to Hoffman, compassion fatigue is a state which is brought about when a person experiences too much empathy with a person in distress, i.e., a state in which the distress felt as part of having empathy with the other becomes so strong as to turn into an actual personal distress.

Although it has never been substantiated that empathy or compassion are causes of compassion fatigue, the suggestion that they are certainly raises a worry concerning the proper role and function of empathy and compassion within professional social work. If either of these states is responsible for the emergence of compassion fatigue, and if compassion fatigue is bad for the professional social worker, then there is ground for claiming that empathy or compassion are, or at least can be, bad for the professional.

The aim of this paper is, therefore, to consider and evaluate the suggestions that empathy or compassion are causes of secondary traumatic stress. Put more specifically, the aim is to examine Hoffman's (2000) idea that compassion fatigue is caused by having too much empathy with a traumatized individual, and the related idea that compassion fatigue emerges as a result of feeling too much compassion for such an individual.

The way to investigate these issues has been to review influential contemporary research about empathy and compassion. This is a blossoming field, with lots of research currently being performed within, e.g., social psychology and the neurosciences. Obviously, it is beyond the scope of this paper to give a full review of this research. Here focus has been on presenting findings and theories that pertain to what empathy and compassion are, and that are relevant for determining whether or not too much empathy or compassion can give rise to compassion fatigue.

When it comes to empathy, a further complication is that different researchers use "empathy" to refer to many different states or processes. Batson (2009, 2011) has counted eight different phenomena that the term has been used to denote, ranging from knowing about another person's internal state to feeling concern for another in distress. In this paper, however, "empathy" is reserved for one, and only one, of the phenomena enumerated by Batson, namely states in which an individual feels what another person is feeling, or could be expected to feel, but in which the former does not necessarily feel any concern for the latter. (Usually it is also assumed that the

empathic feeling is caused in a special way. More on this later.) "Empathy" will be used in this way mainly because this is how Hoffman (2000) uses the term (Batson, 2009; Davis, 1994). Hoffman is, however, not alone in this. This usage is not uncommon among researchers in social psychology and the neurosciences (see, e.g. Batson, 2011; Davis, 1994 for references).

"Compassion," on the other hand, will be used to refer to a state of feeling concern for a person perceived to be in distress. This is by far the most common way of defining "compassion" (for examples, see Blum, 1994; Eisenberg, 2002; Goetz, Keltner, & Simon-Thomas, 2010; Hoffman, 2000; Snow, 1991). However, as we shall see later, many researchers have used other terms to refer to this state. Batson, at one point, actually used the word "empathy" (Batson, 2009; Goetz, Keltner, & Simon-Thomas, 2010). Today, Batson (2011) and others (see Davis, 1994; Eisenberg & Eggum, 2009; Thomas, 2013) talk about it as "empathic concern."

Compassion Fatigue and Empathic Over-Arousal

This section investigates the hypothesis that compassion fatigue is caused through empathic over-arousal, i.e., the hypothesis that the emotional plight that constitutes compassion fatigue arises as a result of having too much empathy with a person in distress (Hoffman, 2000). This idea will be evaluated against contemporary research and theorizing about empathy. In doing this we shall see that there are problems not only with the hypothesis, but also with the notion of empathic over-arousal itself.

However, before looking at the problems we should note that compassion fatigue, in the sense we are interested here, bears some striking similarities to empathy, on at least one common understanding of the term. As we have seen, compassion fatigue has been described as a reaction of traumatic stress caused by secondary exposure to a traumatic event. This means, firstly, that the symptoms are caused by the knowledge or perception of another individual's state or situation, and, secondly, that in many situations the person suffering from compassion fatigue will experience an emotion or affect that is similar to what the other person is experiencing or could be expected to experience.

Both of these features are prominent parts of empathy, on at least one understanding of the term. As already mentioned, "empathy" is used in many different senses in contemporary research, but according to one popular understanding empathy is a state in which you feel what another person is feeling (or could be expected to feel), and in which you feel it because of your knowledge or perception of this other person and her state or situation (see, e.g., Decety & Jackson, 2004; Eisenberg & Eggum, 2009; Hoffman, 2000; Nilsson, 2003).

Given these similarities it is easy to see the rationale behind the claim that empathy is what gives rise to compassion fatigue. It almost seems as if compassion fatigue is a kind of empathy, albeit one with a particularly negative effect on the empathizer. However, if we look more closely at how the term "empathy" is defined in the literature we shall see that, according to the views of some researchers, it is impossible to describe compassion fatigue as a kind of empathy. Although these researchers characterize empathy as being caused in the same way as compassion fatigue, they have a way of describing empathic feelings that makes it impossible for such feelings to constitute compassion fatigue. This is because they define empathic

affects so that they cannot, at least not by themselves, constitute a plight or burden for the empathizer.

This view can be found in Decety and Jackson (2004).[1] According to them there are three functional components that together give rise to empathy in humans: (1) emotional sharing between the self and the other; (2) awareness of the distinction between self and the other; and (3) "mental flexibility to adopt the subjective perspective of the other and also regulatory processes" (Decety & Jackson, 2004, p. 75).

Emotional or affective sharing is a necessary component of the experience of empathy. Unless you experience an emotion or affect that is similar to what the other is experiencing (or, perhaps, what the other could be expected to experience) you cannot have empathy. However, not any kind of emotional sharing will do. According to Decety and Jackson, the empathic affect must also be coupled with an awareness of the distinction between self and other, and also be regulated in certain ways:

> Empathy, as presented in our model, necessitates some level of emotion regulation to manage and optimize intersubjective transactions between self and other. Indeed, the emotional state generated by the perception of the other's state or situation needs regulation and control for the experience of empathy. Without such control, the mere activation of the shared representation, including the associated autonomic and somatic responses, would lead to emotional contagion or emotional distress. (Decety & Jackson, 2004, p. 87)

Decety and Jackson (2004) describe emotional contagion as the phenomenon of "sharing emotion without self-awareness," something "which takes the form of 'total identification without discrimination between one's feelings and those of the other' …" (p. 75). Thus, emotional contagion is a state in which you do not simply experience a feeling as a result of being exposed to someone in a certain state or situation, but in which you also experience this feeling as one of your own, and, presumably, act accordingly. Empathy, on the other hand, is a state of emotional sharing in which you continue to be aware of the distinction between yourself and the other, and of the other as the origin of your feeling.

It seems natural to assume that, given this characterization of emotional contagion, a person who is infected by someone else's distress or suffering will experience personal distress, i.e., he will take himself to be in an aversive state and he will take steps to relieve himself of his suffering. Hence, it would seem as if self/other-awareness is an important tool for preventing emotional sharing from developing into personal distress. However, in relation to distress, Decety and Jackson mainly point to the importance of emotion regulation. As they note, there are studies showing that people lacking in emotion regulation – i.e., who tend to be overwhelmed by emotions – are prone to experience personal distress when being exposed to a person in need, whereas people who have the ability to regulate their emotions are not (Decety & Jackson, 2004).

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[1] See, however, Decety and Lamm (2006) for a different view. In this paper "empathy" seems to be defined in a way which does not put any restrictions on how painful or distressing it can be to empathize with a person in need. I am grateful to an anonymous referee for pointing this out to me.

The main thing to note here is that according to Decety and Jackson (2004) empathy is, by definition, a state of emotional sharing that does not involve emotional contagion or personal distress. This means that you cannot empathize with another individual and experience personal distress as part of your empathic experience. Hence, since compassion fatigue is naturally taken to involve personal distress in the view of Decety and Jackson, it cannot be described as a kind of empathy.

It is important to note that this is a matter of definition. It is because Decety and Jackson define the term "empathy" in the way that they do that it is impossible, i.e., conceptually impossible, to claim that compassion fatigue is a kind of empathy. While Decety and Jackson are not alone in defining "empathy" in this way (see, e.g., Nilsson, 2003), there are others who do it differently. Hoffman, for example, defines "empathy" as "an affective response more appropriate to another's situation than one's own" (2000, p. 4), but he does not seem to put any restrictions on the intensity or painfulness of this affective response. As he himself writes, empathic distress, i.e., the empathic feeling that you experience when you empathize with someone in distress, can be so intense and aversive so as to "divert the attention of observers from the victim to their own very real distress" (Hoffman, 2000, p. 198). Thus, for Hoffman there seem to be no sharp conceptual boundaries between, on the one hand, empathy and empathic distress, and, on the other hand, emotional contagion and personal distress.

Another researcher, whose view on empathy lands somewhere between those of Hoffman, and of Decety and Jackson, is Eisenberg. She defines "empathy" as "an affective response that stems from the apprehension and comprehension of another's emotional state or condition, and which is similar to what the other person is feeling or would be expected to feel" (Eisenberg & Eggum, 2009, p. 71). By itself this definition does not say anything about the nature and intensity of the affective response. However, when discussing Decety and Jackson and their view on the importance of emotion regulation, Eisenberg states that regulation of vicarious emotion is essential for empathy (Eisenberg & Eggum, 2009). Nevertheless, Eisenberg has, alongside with Hoffman, been a proponent of the view that there is such a thing as empathic over-arousal.

However, from Eisenberg's view of empathy it is not so easy to see how empathic over-arousal is possible. According to her, such over-arousal occurs when too much unregulated emotional sharing with someone in distress evolves into personal distress (Eisenberg & Eggum, 2009). Her hypothesis is that whereas unregulated empathic distress may lead to personal distress, regulated empathic distress may instead lead to sympathy and empathic concern. This hypothesis seems plausible given the finding that people who lack in emotion regulation are more likely to react with personal distress when being exposed to a person in need than are people who are good at regulating their emotions (Eisenberg & Eggum, 2009).

The problem is that this idea of empathic over-arousal is difficult to combine with Eisenberg's claim that emotion regulation is essential for empathy. To see this, consider the view of empathy, expressed by Decety and Jackson, that empathic over-arousal is impossible, since empathy is constituted by a regulated affect. The latter implies that there cannot be "too much empathy" or "too much unregulated empathy." Empathy is by definition regulated. Therefore it cannot turn into personal distress or, for that matter, compassion fatigue. Since Eisenberg claims to agree with

Decety and Jackson that emotion regulation is essential for empathy, it should follow also from her view that empathic over-arousal is impossible, i.e., personal distress cannot arise as a result of too much empathy.

Therefore, as long as "empathy" is defined as a state of emotional sharing that is regulated in such a way that the empathic affect cannot amount to personal distress, empathy cannot turn into compassion fatigue. Obviously, "empathy" must not be defined in this way, but, as the previous discussion has shown, if we do not adhere to this definition, there are still reasons to believe that a regulated type of empathy does not lead to personal distress or compassion fatigue. Hence, there is reason to believe that empathy, or at least regulated empathy, is not bad for the professional social worker in the sense that it can give rise to compassion fatigue.

Fatigue from Compassion

While there is a theory of how empathy may give rise to compassion fatigue, there is nothing similar to be found regarding compassion. Although there are writers who have suggested that compassion can give rise to compassion fatigue (Radey & Figley, 2007; Stamm, 2010), it has never been spelled out exactly how this would work.

However, since compassion is often described as a state of suffering with or for another person, it seems natural to assume that the idea is that too much compassion involves too much suffering, and, therefore, that too much compassion will lead to compassion fatigue. Thus, the idea would be analogous to the idea of empathic over-arousal, only in this case compassion fatigue consists in a "compassionate over-arousal."

In contemporary research compassion is standardly described as an emotional concern felt in response to an individual perceived to be in need (see, e.g., Blum, 1994; Eisenberg, 2002; Goetz, Keltner, & Simon-Thomas, 2010; Hoffman, 2000; Snow, 1991). As already mentioned, most researchers distinguish between compassion and empathy by claiming that the former necessarily involves a concern for the other and a desire to relieve that person's suffering, whereas the latter does not. Some also claim that compassion necessarily involves an experience of sorrow or suffering on the part of the person feeling it – to feel compassion for another person is to suffer with or for that person (Blum, 1994; Eisenberg & Eggum, 2009; Snow, 1991).

Presumably it is this suffering that has led some to believe that compassion may be responsible for compassion fatigue. However, whether or not too much compassion can lead to compassion fatigue depends on what kind of suffering is involved in compassion. Is it a type of suffering that is a plight or a burden for the person experiencing it, or is it some other type of suffering?

As we shall see, a review of current research strongly suggests that the suffering of compassion is not a plight or burden for the person feeling it. This is suggested not only by empirical research, but also by some more philosophical considerations. It is, for example, clear that on our ordinary understanding of the term "compassion," the suffering of compassion is not necessarily experienced as a burden. This is shown by the fact that there is no contradiction or oddity in saying "I feel compassion, and I do not mind it." Ordinary suffering, on the other hand, is by logical necessity

experienced as a burden, since it is ordinarily a contradiction to say "I suffer, but I do not mind it" (Hare, 1981; Nilsson, 2011).

There are also anecdotal observations suggesting that people do not in fact experience compassion as a plight. Suppose, for the sake of argument, that they did. In that case we would expect them to avoid and regret feeling compassion. We would expect them to, at least sometimes, seek our compassion in response to their compassion, and we would, at least sometimes, be willing to grant them our compassion and sympathy on account of them feeling compassion.

However, it seems fairly clear that people rarely, if ever, react in these ways. We do not avoid or regret feeling compassion because we take compassion, in and of itself, to be a burden for us. Neither do we expect others to commiserate with us because we feel compassion, and we never feel compassion for someone solely on account of them feeling compassion for someone else. Hence, there are *prima facie* reasons for believing that compassion is not a plight or a burden for the person feeling it (see Nilsson, 2011 for a more detailed version of this type of argumentation).

Further support for this claim comes from a series of psychological experiments performed by Batson and colleagues (for an overview, see Batson, 2011). These studies show that there is a significant difference between two responses to a person in need: on the one hand, what Batson nowadays calls "empathic concern," which is the same as sympathy and compassion, and, on the other, what Batson calls "personal distress," which is a self-focused state wherein a person takes him- or herself to be the victim of plight (Batson, 2011).

That there is a significant difference between these reactions is suggested, firstly, by one study showing that people who, after being exposed to a person in need, describe themselves in terms indicative of empathic concern (as being, e.g., concerned, softhearted, and compassionate) tend not to describe themselves in terms indicative of personal distress (being, e.g., alarmed, upset, disturbed, distressed), and vice versa (Batson & Coke, 1981). Other similar studies have shown that compassion is experienced as distinct not only from distress, but also from sadness (see Goetz, Keltner, & Simon-Thomas, 2010).

More support comes from Batson's long line of experiments showing that people who report feeling empathic concern tend to be motivated to help the other person for altruistic reasons, whereas those who report feeling personal distress tend to be motivated to help from egoistic reasons. Thus, whereas those who feel empathic concern are motivated to help the other person for his or her sake, those who report feeling personal distress are motivated to help the other for their own sake, i.e., for the sake of relieving themselves of their distress (Batson, 2011). This also suggests that compassion is in fact distinct from personal distress, and that the suffering of compassion is not experienced as a plight or burden.

Based on these findings Batson (2011) is skeptical of the idea of empathic over-arousal. However, it is important to note here that although Batson mentions Hoffman and Eisenberg as proponents of the idea of empathic over-arousal, what Batson is talking about is, strictly speaking, something else. He is skeptical of the idea that empathic concern, i.e., sympathy or compassion, can become so strong as to turn into personal distress. In other words, he is skeptical of the idea of *compassionate* over-arousal.

Given that personal distress and empathic concern seem to be two distinct emotions, each lying, as Batson (2011, p. 65) says, "on its own continuum," it is difficult to see how too much of the latter could turn into the former. Regardless of how strong or intense your feeling of compassion is it cannot, by itself, become a plight or burden for you. Hence, there are no reasons for believing that compassion fatigue emerges as a result of feeling too much compassion.

This conclusion is further strengthened by a recent study performed by Thomas (2013). This study is unusual, and at the same time highly relevant, since it was an empirical study designed to actually investigate the correlations between, on the one hand, compassion fatigue, and, on the other hand, personal distress and empathic concern. "Compassion fatigue" was defined as symptoms similar to the symptoms of PTSD, "which are all work-related and associated with secondary exposure to stressful events" (Thomas, 2013, p. 372). It was measured using the Professional Quality of Life Scale-Fourth Edition, Revised (ProQOL-IV-R) developed by Stamm (Thomas, 2013). Personal distress and empathic concern were measured using Davis's Interpersonal Reactivity Index (IRI) (Thomas, 2013). This is an instrument based upon a multidimensional view of empathy. It measures a person's dispositions for perspective taking, empathic concern, personal distress, and fantasy, understood as a person's tendency to imaginatively transpose him- or herself into different situations (Davis, 1994). Unfortunately the IRI does not measure a person's tendency to experience empathy in the sense in which the term has been used in this paper. However, according to Davis (1994), the empathic concern scale should be taken to measure an individual's disposition for compassion. Thomas's study, which was conducted on a group of clinical social workers, showed a significant correlation between distress and compassion fatigue, but none between empathic concern and fatigue (Thomas, 2013). Hence, Thomas's findings support not only the claim that compassion fatigue does not emerge as a result of compassionate over-arousal but also the more general claim that compassion is not a cause of compassion fatigue.

Concluding Remarks

This paper has sought to show that there are reasons to believe that compassion fatigue does not arise through empathic or compassionate over-arousal. As this short review has shown, the evidence at hand suggests that compassion fatigue does not emerge as a result of having too much empathy with, or feeling too much compassion for, a person in distress.

However, strictly speaking this review does not show that empathy or compassion play no role in the emergence of compassion fatigue. What it shows is that there are reasons for believing that neither empathy nor compassion turns into compassion fatigue. One can, however, imagine other ways in which empathy and compassion may cause compassion fatigue – if it is impossible or unlikely that empathy and compassion can turn into compassion fatigue, perhaps a certain amount of empathy or compassion for someone in distress has the capacity to cause a separate feeling of personal distress?

To investigate this issue is beyond the scope of this paper. It should, however, be noted that there does not seem to be any empirical evidence confirming the existence of such a causal reaction. Furthermore, the available research clearly suggests that personal distress arises under different circumstances and in different ways than

empathy and compassion. While the latter two tend to arise when you have a clear grasp of the distinction between, on the one hand, yourself and your current situation, and, on the other hand, the other person and his or her situation, personal distress tends to arise when the distinction between self and other is blurred. While empathy and compassion go hand in hand with the ability to regulate one's emotions, evidence suggests that those who lack in their regulatory abilities are more vulnerable for personal distress. Finally, it should be noted that there are a number of studies showing that a subject instructed to imagine what it is like for another person to be in distress is likely to react with empathy or compassion, whereas a subject instructed to imagine what it would be like for oneself to be in the other's situation is likely to react with personal distress (Batson, 2011; Hoffman, 2000; see also Decety & Lamm, 2009 for a neuroscientific perspective on this). These findings all suggest that personal distress arises through a different causal pathway than empathy and compassion. Hence, the available evidence makes it reasonable to believe that empathy and compassion are not bad for the professional social worker in the sense that they put him or her at risk of developing compassion fatigue.

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