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# Empathy at Work in a Social Service Agency: Individual Experiences and Systems Theory

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"You know, there used to be more"

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Abstract

This thesis explores empathy within interpersonal relationships at a social service organization. I conducted a research study to explore theoretical concepts and individuals' experiences of these concepts in their work setting at a social service agency in New York City. I conducted observations and interviews through a lens of ecological systems theory and the relational-cultural approach. In this paper I review guiding concepts of empathy, attunement, and compassion fatigue, as well as the Sanctuary model. I share first-person accounts from interviews conducted during the research study to explicate individuals' experiences related to the above concepts in their own words. I then provide concluding notes and ideas for change based on the data and my experience as a researcher.

*Keywords:* Empathy, attunement, compassion fatigue, ecological systems theory, relational-cultural approach, Sanctuary model

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## Introduction

In this thesis project I am interested in taking a deeper look into empathic relationships within an organization.  I am interested in these relationships because I think they have significant effects on the experiences and outcomes for clients and staff.  Anecdotally, throughout my experience in nonprofit organizations, there have frequently been informal dialogues among staff and among service users regarding a lack of communication, understanding, or respect in either the services being provided, or in the relationships between service users and providers.  Throughout the research conducted for this thesis, interpersonal relationships were cited as having major impacts on individuals, and subsequently, on the agency as a whole.

The purpose of this thesis is not to find a singular theory that would cover individuals' experiences of empathy and attunement, but rather to explore these concepts and individuals' experiences of them as they exist in the setting of a child welfare agency. I will review core guiding concepts-empathy, attunement, compassion fatigue-as well as guiding perspectives, including ecological systems theory, feminist theory, and the Sanctuary model. I will then discuss the research project, why and how it was approached, and the findings. Empathy, attunement, and compassion fatigue will be discussed with explication from direct interactions with participants in the study.

## Concepts

While reviewing literature for this thesis, I found that the terms empathy, attunement, and intersubjectivity were all connected to what this thesis was trying to explore. While these three terms are discussed in literature about psychology and human development, empathy, as a term, has the widest audience outside of this academic focus. Often the word empathy is used in many different ways, and these will be discussed below. Attunement and intersubjectivity will also be reviewed in the context of this thesis and the three terms will be delineated for clarity.

| Term | Focus | Example |
| --- | --- | --- |
| Empathy | Feeling, the ability to sense or understand and share the feelings of another | Putting yourself in the shoes of another, feeling "with" |
| Attunement | Feeling + transformation, sharing of inner feeling | Responding with appropriate and matching behavior based on another's emotional state |
| Intersubjectivity | Mutual, two-way | Having a shared, common agreement in the definition of an object |

**Empathy**

One of the guiding concepts at the onset of this thesis was the notion of empathy and how it was experienced in the work setting. Empathy is accurately perceiving another's feelings and perceptions without losing sense of oneself.  Empathy is an ability that provides insight into someone else's perspective and can foster a sense of connection or feeling of being seen

(Josselson, 1992). Still, because of the many complex definitions of empathy and how at its core it is subjective, it can be difficult to assess and measure.

Although difficult to assess or measure, empathy is a concept discussed widely in the context of childhood development and in social work, and is considered a "crucial component" in the context of the therapeutic relationship between clinician and client, and in human development (Freedberg, 2007, p. 251). While it is a widely known and heterogeneous concept, definitions and understanding of the concept of empathy vary greatly. Carl Rogers developed a description of empathy, and his studies on the subject have become a standard among social workers (Freedberg, 2007 p. 251). An early definition by Rogers (1980) on empathy is below:

> The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition. (p. 140)

Moving forward in his work, Rogers (1980) adapted his definition of empathy and described it as a process, rather than a state of being.

> An empathic way of being with another person has several facets. It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive…it means temporarily living in the other's life, moving about in it delicately without making judgments; it means sensing meanings of which he or she is scarcely aware, but not trying to uncover totally unconscious feelings…it includes communicating your sensings of the person's world…it means frequently checking with the person as to the accuracy of your sensings, and being guided by the responses you receive. (p. 142)

Rogers (1980) adds,

To be with another in an empathic way "means that for the time being, you lay aside your own views and values in order to enter another's world without prejudice. In some sense it means that you lay aside your self; this can only be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange or bizarre world of the other, and that they can comfortably return to their own world when they wish". (p. 143)

In the social sciences, researchers began to see the concept of empathy as a way to help them to understand individuals' experiences from their own point of view, as opposed to understanding from the outside looking in (Howe, 2013, p. 9). Empathy has now been recognized for many years as a skill needed to relate to others (Howe, 2013). As discussed previously, the notion of empathy is a heterogeneous concept that is dependent on a subjective experience. Still, it cannot be confused for a passive process, but rather it is an active effort (Howe, 2013). "Being empathic is a complex, demanding, and strong—yet also a subtle and gentle—way of being" (Rogers, 1980, p. 143). To be empathic is to continue to exercise that muscle, and not solely through affective states, but cognitively as well (Howe, 2013, p. 173). Both "cognitive and affective processes [are] at work in empathy" (Howe, 2013, p. 13). Affective empathy would be along the lines of, "I feel your pain", or what is commonly understood as an empathic response (Howe, 2013, p. 14). Cognitive empathy involves "actively thinking about the other's mind coupled with the capacity to feel the other's feelings" (Howe, 2013, p. 14). In addition to these two facets of empathic understanding, another component Howe cites that a component of empathy, like Rogers, is communicating that understanding back to someone (Howe, 2013, p. 14). Empathic understanding differs from typical understanding

and trying to "fix a problem" or search for answers, in that it is understanding without wanting to analyze or judge (Rogers, 1980, p. 272).

In social work the concept of empathy is crucial in constructing and maintaining a "helping relationship" (Freedberg, 2007, p. 251). "If we think, however, that empathy is effective only in the one-to-one relationship called psychotherapy, we are greatly mistaken" (Rogers, 1980, p. 155). For instance, in an organizational context, when supervisors and directors show evidence that they understand the meaning of the work experiences of their staff, staff may then feel understood and work better. Mutual empathic practice also requires institutional support and change in how practice is carried out, which takes these ideas to the meso and macrospheres (Freedberg, 2007).

It is important to include that there is no such thing as "perfect empathy" because of the subjective, varying, and complex nature of individuals (Freedberg, 2007, p. 255). In fact, the idea that there could be perfect, standardized empathy sits counter to the dynamic, individual process that it is. What can aid in the empathic process is communication, reflection, and allowance for shared, mutual empathic regulation (Freedberg, 2007; Howe, 2013).

Empathy has been discussed in different ways in the literature-as a process of relating in a nonjudgmental way, as a way of being and connecting, as reflection and communication-and it is in these ways that will be considered in the research study.

**Attunement**

Attunement is connected to empathy and includes a transformative or adaptive dimension. Affect attunement involves a response to another's inner state, that is not an imitation, but a "performance of behavior that express the quality of feeling of a shared affect state" (Stern, 1985, p. 142). In order for this to occur, an awareness of and ability to share an

inner feeling is required. This definition of the concept echoes the definitions discussed in the above section; while affect attunement may express feelings of a shared state, there still exists secure, separated individuality.  As with the concept of empathy, attunement can also be experienced in terms of affective and cognitive states. For the purposes of this thesis and the research portion of the study, attunement will continue to be the term discussed in the context of literature, and the term responsiveness will be used in the course of the research study for clarity and to utilize the language of the participants.

Affect attunement, as a skill, may go unnoticed because it is embedded in expected behaviors, in behaviors that are "working".  Affect attunement "shares with empathy the initial process of emotional resonance" (Stern, 1985, p. 145).  This would be along the lines of someone saying "I feel your pain".  Where attunement and empathy differ is that attunement "takes the experience of emotional resonance and automatically recasts that experience into another form of expression…it is a distinct form of affective transaction in its own right" (Stern, 1985, p. 145). There is a transformative dimension to attunement, and this transformative dimension can be spoken about in conversation as responsiveness-it is feeling with and then reacting. While the literature employs the word attunement, in the results section of this paper, the word responsiveness will be used as this was the vocabulary used by respondents. What connects these concepts is a genuineness, or "congruence" (Rogers, 1980, p.160).  Rogers (1980) states "…congruence is probably the most important element.  Congruence, or genuineness, involves letting the other person know 'where you are' emotionally. It may involve confrontation and the straightforward expression of personally owned feelings—both negative and positive. Thus, congruence is a basis for living together in a climate of realness" (p. 160).

**Intersubjectivity**

Another related concept useful in keeping in mind when exploring these relationships is intersubjectivity, both related to and involving empathy and attunement.  In fact, according to Jordan et al. (1991), "intersubjectivity could be thought of as a relational frame of reference within which empathy is most likely to occur" (p. 83). Intersubjectivity means that something is shared between two beings—it highlights the social aspect—having a shared meaning or experience which is influenced by relating and is dependent on shared meanings and understandings. Intersubjectivity refers to shared interactions that are dependent on shared meanings and understandings. Intersubjectivity is a mutually influential system for both clinician and client (Lesser & Pope, 2011, p. 73). This can be taken a step further to other relationships, such as between agency and staff person.  Intersubjectivity is dependent on a mutual understanding between people—it is not attributed to just one party, and this idea can also be seen on a larger scale in terms of organization and program structure and development.  There is an idea of intentional communication, requiring both the recognition and control of supportive intentions while at the same time supporting an individual's understanding.  Intersubjectivity in organizational relationships can exist because the system of client and worker, or worker and agency, is an intersection of the two distinct beings—the exploration is not solely in the individual participants, it is in the relationship between them.  Still, the purposes and complexity of the attunement between worker and client is not to be equated with the degree and purposes of the attunement between caregiver and infant (Stern, 1985, p. 220).

**Compassion Fatigue**

While the focus of this thesis is on staff persons' individual experiences of empathy and connection in the workplace, it is important to note that underlying the work that is spoken about in the interviews, there is trauma that staff either witness or more often hear about on a daily

basis. The agency in this study provides foster care services for children, and the prevalence of working with individuals who have or are experiencing trauma is particularly true for the direct care providers in the agency.  Compassion fatigue is a reaction to helping individuals who have suffered from traumatic events (Abendroth & Figley, 1999, p. 113). Compassion fatigue can look like a pre-occupation with clients and their experiences, and it can result in burnout and departure from the workplace (Abendroth & Figley, 1999). While empathy is considered a strength and a beneficial tool for a staff person's toolkit, the issue of compassion fatigue highlights the need to balance empathy and empathetic connections with judgment, self-awareness, and support (Abendroth & Figley, 1999). Because the trauma involved in the work of participants in this study involves working with traumatized children, participants are particularly vulnerable to compassion fatigue (Abendroth & Figley, 1999). Also discussed by Abendroth and Figley (1999), a provider's "declining ability to provide empathy…is a key factor in compassion fatigue" (p. 115).

**Systems**

In addition to the theoretical concepts discussed above, there are also larger perspectives which gave the research an initial perspective and provided an initial guide from which to approach the study.

**Ecological Theory**

While this thesis looks at individuals and groups within the context of a child welfare organization, it is important to keep in mind that there are many influencing factors outside of these interactions that have a profound effect on how individuals perceive and are perceived by others.  In this thesis study, which took place at a specific organization, the system as organization has its own perspective. Working off of this, the organization as system resents change, because it, too, is a system trying to maintain homeostasis and inherently works to reinforce its own mental model.

Uri Bronfenbrenner (1979) developed a theoretical perspective for human development, an ecological model; the "ecological environment is conceived as a set of nested structures, each inside the next, like a set of Russian dolls" (p. 3).  Bronfenbrenner (1979) defines the ecology of human develop as follows,

> The ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded. (p. 21)

Bronfenbrenner (1979) writes that different levels of systems are actively involved—the micro, meso, and macro—and that social interactions, even between individuals, do not exist in a

vacuum, but within these systems and larger social structures. As individuals, our meanings are interconnected and created through our own experiences, our backgrounds, and the world in which we live (Byrne, 2001, p. 830). Throughout this, our individual mental models work to maintain themselves, reinforcing our own narrative.

**Relational-Cultural Approach**

The relational-cultural approach…views empathy as a central ingredient in the helping process" (Freedberg, 2007, p. 254). Relational-cultural theory "evolved out of the work of feminist theorists" and applies that work to practice, and "is concerned with…growth-fostering relational activities…" (Freedberg, 2007, p. 252). In the work done by the Stone Center for Developmental Studies and Research on Women, the "'relational-self' concept is evolutionary in that the self is seen as developing within mutually empathic relationships…" (Freedberg, 2007, p. 254). The relational cultural theory puts emphasis on mutual relationships and the "dynamic of reciprocal interaction" (Freedberg, 2007, p. 254). In this concept, an individual's sense of self is an ongoing process that occurs while the individual maintains "emotional connectedness" to others (Freedberg, 2007, p. 254). This reciprocal dynamic concept can then be seen outside of just a therapeutic intervention—mutual empathy reflects "an underlying belief about the nature and quality of the…relationship based on mutual respect, maximum possible relational equality, a belief in the capacity to participate in growth-promoting relationships, and the motivation for emotional connectedness with others" (Freedberg, 2007, p. 255).

This approach builds on concepts of empathy and the ecological theory of development. Surrey et al. (1990) argued the "impact of cultural forces and power" and suggest that those points of impact can be used as "starting point[s] in using empathy to build a more authentic, open, and mutually empathic relationship (as cited in Freedberg, 2007, p. 257). Freedberg

(2007) also acknowledges that "true mutual empathic practice" requires the support of the organization, and a "possible change in the way social work practice is carried out" (p. 258).

Related to the dynamic of growth-fostering relationships, this concept can be seen to work alongside theory which guides the Sanctuary model, and an anti-rigid hierarchical model; cultural hierarchies are reinforced in interactions both explicitly and implicitly, and these interactions reinforce and mislead a hierarchy of cultures (Tannen, 1990).

**Sanctuary**

The Sanctuary model is an evidence-supported and trauma-informed organizational model (Bloom, 2013a). This model is "an attachment-based organizational approach" (Bloom, 2013a, p. 80), which means it is designed and thought out to be employed throughout an entire agency, not only in the direct work with the clients. Originally, the Sanctuary model was used strictly in closed settings, such as an in-patient hospital unit, but it is now used in a variety of health care and social service settings.

The Sanctuary model has seven commitments; the commitment to nonviolence, the commitment to emotional intelligence, the commitment to social learning, the commitment to open communication, the commitment to democracy, the commitment to social responsibility, and the commitment to growth and change (Bloom, 2013a). A major component of the Sanctuary Model is that at its core it is trauma-informed. This is an implementation of the concept of empathy and shifts one's mindset to "what happened to you" instead of "what's wrong with you". The Sanctuary Model also exists as a model for organizational change, with a focus on the belief that organizations are living creatures, not machines, which is the way in which they are seen in most system change methods (Bloom, 2013b).

Human service delivery organizations function as living, complex systems (Bloom &
Farragher, 2011, p. 25).  Organizations are living creatures, and like human beings, they can
"have a mind of their own" and can be "amazingly frustrating" (Bloom & Farragher, 2011, p. 23-
25).  Organizations function as adaptive systems and, like individuals, share similar issues such
as resistance to change (Bloom & Farragher, 2011, p. 25). Within organizations, the individual
interactions and that social relationships that develop become an organization's operating system
(Bloom, 2013b). The resulting culture that develops and changes within these social relationships
determines the ways in which the organization operates and the ways in which change does or
does not take place (Bloom, 2013b.).

Like human beings, organizations use mental models.  Mental models are ways our
brains organize important information subconsciously (Bloom & Farragher, 2011).  A resulting
issue of mental models is that individuals often pay more attention to information that fits in with
their preexisting model, which then provides reinforcement of their own mental models (Bloom
& Farragher, 2011, p. 25).  Because of this, individuals' mental models work to reinforce what is
familiar and expected, rather than work to change and adapt. This is an automatic process that
occurs without awareness (Bloom & Farragher, 2011, p. 25).  Mental models can also be
explained as deeply held assumptions that individuals hold and are unaware of until they are
challenged by an idea that is different (Bloom & Farragher, 2011, p. 25).  In terms of
organizations, there are at least two different mental models—organizations as machines, or
organizations as living beings (Bloom & Farragher, 2011, p. 25).

The concept of organizations as machines falls more in line with a typical concept of how
organizations function; power and authority are centralized, and decisions are made and
communicated through a top-down "chain of command", sounding as though each link is implied

to be the same and a part of a machine (Bloom & Farragher, 2011, p. 26). In this view of organizations, a manager's primary job is to control, and tasks are specifically broken down and fixed according to rules and regulations. In a machine model of organization, control and order are essential to the organization's functioning; empathy, attunement, and trust are not. In a machine model, there is also a "focus on past success", and a tendency to respond to crises, not prepare for them (Bloom & Farragher, 2011, p. 26). In a machine model, the direction and goal for the way the organization is to function is imposed from the outside, or from above. In this model, "people are not expected to learn" (Bloom & Farragher, 2011, p. 27). While organizations in various fields have changed their operating styles, this type of mental model is still dominant in human services fields (Bloom & Farragher, 2011, p. 27).

For years, health and service delivery systems have come under criticism and have frequently mutated—services have been fragmented, decreasing safety and negatively impacting the recovery of clients they were intended to support (Bloom & Farragher, 2011). What follows the fragmentation of service delivery, the increased bureaucracy within service delivery, and the lack of prioritization of human services, is organizational trauma, which reflects back the trauma from which clients seek relief (Bloom & Farragher, 2011). In health care and social service provision there has been a move towards a managed care system. A move to this new model of health care provision will change the types of services agencies are able to offer, and also how they are offered. In order for an agency to stay not only relevant in the field, but to legally provide services to clients, there needs to be criteria for the certification of its workers. Professionalization can aid in the empowerment of workers' rights and protection of both worker and client, yet at the same time, professionalization and certification can be detrimental to both service users and providers. "As soon as we set up criteria for certification--…the first and

greatest effect is to freeze the profession in a past image" (Rogers, 1980, p. 244). Who decides the criteria for certification can also have a substantial impact on the work, on what is highlighted in the profession, and on what is ignored or not deemed significant.

In some sense, the methods of running a business and forming a community are in opposition.

> In ordinary life, a course of action is ordered by authority, and unless it outrages us, we tend to obey the order, follow the rule…all the complex reactions are hidden…but in a workshop community, where persons feel a sense of their own worth and a freedom to express themselves, the complexities become evident…such a process can be seen as—and often is—a cumbersome, complicated, irritating, frustrating way of arriving at a decision. After all, does the wish of *everyone* have to be considered? And the silent answer of the group is that, yes, every person is of worth, every person's views and feelings have a right to be considered…the process seems slow, and participants complain about 'the time we are wasting'. But the larger wisdom of the group recognizes the value of the process, since it is continually knitting together a community in which every soft voice, every subtle feeling has its respected place. (Rogers, 1980, p. 195-196)

The "social context" of an organization has an impact on the quality of services and on staff retention; culture and climate are linked to "service quality, service outcomes, worker morale, staff turnover, the adoption of innovations, and organizational effectiveness" (Glisson, 2000, 2007; Glisson & Green, 2006; Glisson & Hemmelgarn, 1998; Glisson & James, 2002, as cited in Middleton & Potter, 2015, p. 198).

**Related Studies**

One study, which researched the correlation between vicarious trauma and staff turnover, posited that "child welfare supervisors could be screened and hired in regard to their ability to provide trauma-informed supervision" (Middleton & Potter, 2015, p. 210).  This same study also highlighted the relevance of organizational work, "organizations could provide ongoing training opportunities to caseworkers and supervisors regarding trauma-sensitive supervision and/or collaborative supervision strategies…In particular, as discussed in the empirical literature, intervention approaches that encourage the use of peer mentoring might be considered due to the conceptual link between collegial support and reduction in trauma symptoms among helping professionals" (Middleton & Potter, 2015, p. 210). "Specifically, training could teach child welfare professionals to change their vocabulary and the way that they characterize the cases they are exposed to on the job. In this way, workers will not simply "vent" to their peers, which promotes contagion, but they can apply intentional debriefing skills to make meaning of their experiences in a healthy fashion" (Middleton & Potter, 2015, p. 211).  Looking forward to this thesis' findings, some participants talked about allowing the importance of allowing for humanness in their work interactions, but also the importance of not allowing negative speech and feelings to overtake and overwhelm—there is a balance of expressing an issue and moving, with dialogue, towards a positive outcome.

## Methodology: Phenomenological Model

For this research study I decided to use phenomenology as a research model. Phenomenology was chosen as a research model because of this study's concern with exploring the phenomena of empathy and attunement from the perspectives of the individuals involved in the work.  The model of phenomenology and the concept of empathy acknowledge both the presence of the facilitator, or researcher, and the individual genuineness of individuals and their experiences (Rogers, 1980).  Another reason phenomenology was chosen for this research process was because the model aligns with the idea that the researcher is not a "blank slate" or an otherwise unbiased party—the researcher cannot be detached from his or her presuppositions, and these presuppositions should not be ignored (Groenewald, 2004, p. 7).  Through the use of a phenomenological method interviews were transcribed and explications were drawn from the themes and wholeness of the participants' interviews.  As part of the research process, it was important to bracket themes found in the data, but not to remove them from the wholeness of someone's experience.  For this reason, the process of analysis will instead be referred to as an explication of the data.  This process involved actively being aware of the interest to highlight and explore individual themes coupled with the aspiration to portray as full an experience as the research itself allowed, thereby trying to provide both general and unique themes (Groenewald, 2004).

Interpretative Phenomenological Analysis (IPA) was selected, as the aim of IPA is to explore an individual's perspective of an issue—it is concerned with the perspective and subjective experience, rather than an objective account of events (Smith, Jarman, & Osborn, 1999, p. 218). This concept to approach and explicate the findings was selected because of its focus on individual experiences and respect that the individuals are the expert on themselves.

**Overview of Research Study**

The purpose of this study was to explore individuals' experiences of working in the organization. The agency employs a multidisciplinary staff and provides services to individuals and families.  The data for this study were gathered at a non-profit child welfare agency in New York City, with a focus of gathering data on functions relating to the foster care division.

**Recruitment**

The interview participants all worked at the same child welfare agency.  Their roles within the agency varied from direct care workers to managerial and administrative staff. Interview participants were either requested or self-selected following meetings that were observed earlier in the research process and by word of mouth.

**Procedure**

For this thesis, I conducted a research study at an organization where I was completing my field placement as part of a social work degree program. Initially, I observed meetings with staff and clients, and from these meetings I spoke with individual staff persons about participating in the research study. I observed several types of meetings within the agency- program staff meetings, team meetings, director and administrative meetings, and family team conferences and client meetings, which involved both staff and clients. In the beginning stages of the research study I obtained verbal consent, or written consent where appropriate, to observe these meetings. Following these observations, I conducted individual interviews with staff to explore their experiences of empathy and responsiveness in the workplace, in their own words and drawing from their own experiences.

For this thesis, I observed meetings with staff and clients, and conducted individual interviews with staff. For this paper, I will go into the interviews that were conducted and the

findings will help to illustrate the experiences with firsthand accounts. A qualitative research process was chosen to collect data for this thesis, because of the ability to provide in-depth, subjective accounts. "Qualitative research demands a more systematic, thorough, and nonjudgmental form of observation than the necessarily self-interested and selective observations one makes in daily life" (Padgett, 2008, p. 89). Before conducting the study, I read about interpretive phenomenological analysis and used this process as the working model for the thesis.

A total of thirty-one interviews were conducted. The interviews lasted between thirty minutes and an hour and a half. The interviews followed a semi-structured format and focused on exploring the individual's experiences of empathy at work. For the interviews, a digital voice recorder was used to capture the content of the interviews for those participants who gave consent to be audio recorded. The audio recordings were transcribed into text following the interviews for further exploration.

Due to the semi-structured format and the differences between individuals' experiences, each interview was different. Still, throughout the interviews there were themes or issues discussed that were common among many of the interviews. While it is not possible to cover everything mentioned in each interview, some of the disparate yet connected themes that arose during the interview process are discussed below. While these topics of focus may not overtly name the terms empathy or attunement, they represent components that have an impact on, or are pieces of, the terms discussed above.

**Consent and Confidentiality**

Due to the participation of human subjects and vulnerable populations, I submitted a research proposal to the Sarah Lawrence College Institutional Review Board (IRB). I also

confirmed the study with the appropriate staff at the agency at which the research was to be

conducted to obtain approval prior to the study.  It was determined that there would not be

greater than minimal risk for any participants involved in the study.  Written parental or guardian

informed consent, and youth informed assent, was used when conducting observations involving

client and client families prior to any information was gathered.  Verbal informed consent was

obtained prior to staff participants' participation.  In the case of interviews, written informed

consent was obtained prior to the interview from the participants, both for consent to an

interview and consent for either written note-taking or audio recording of the interviews.  I

clearly informed all participants of their right to ask questions, their right to withdraw any and all

information gathered, and their right to contact myself or the chair of the Sarah Lawrence

College IRB committee with any other questions or concerns.  I informed all participants that

their choice to participate in the research study would not affect the services they receive from

the agency, or their relationship with the researcher or agency.

I strived to maintain confidentiality throughout the research process.  Research records

were kept in a locked file, and all electronic information was secured using a password-protected

file.  Pseudonyms, and no actual names, were used in records.  I assured participants that I would

not include any information in anything that may be published that would make it possible to

identify them, neither the individuals nor groups.

**Experience as Researcher**

The experience of being a researcher in this setting was a curated one. While I was

welcomed initially to observe most meetings involving program, or direct work, staff, I was not

as freely welcome to observe meetings with higher-level leadership staff.  This felt as though it

was meant to be a protective measure for the higher-level staff, and as though those meetings

were private.  This sense of privacy and guardedness around some higher-level staff meetings, but not all, seemed to be an example of a sense of disconnect that some staff people discussed in the interview process, in meetings, and in other informal conversations.

When I observed different groups and meetings, I was able to focus on different individual's speech, nonverbal interactions, the physical space, but when I was a part of the interview process, I was less observant, and realized later, through transcribing the audio recordings and processing the interviews, that there were often moments that I did not pick up on during the interview, but could clearly note as spaces for more questions, explanation, or simply pause, in my later review of the interviews.  There were also moments during the typing and review of the transcripts where I was embarrassed of these moments of a lack of inquiry, and also of moments where the questions I did ask seemed to be an attempt to word something as insignificant so as not to lead the staff person, but was actually an enactment of a misattunement.

During the interviews I was surprised to find that gender was not brought up by more participants.  In much of the reading and research I did prior to conducting my own research study, much of the literature on care work, on empathy, and on attunement focused on gender and gender differences influencing the work relationships and the understanding between individuals.  During the interviews though, only two individuals brought this up, and only when asked if they thought there were any other factors that influenced their work relationships.

**Limitations**

There are limitations of the research design used for this thesis.  There were many logistical constraints, including a lack of scope and the limited timeframe of the study.  Logistical constraints also existed due to the difficulty or impossibility of using multiple types of data collection due to agency guidelines or restricted access to information.  In addition,

the study is limited in observations in terms of which staff and clients were being observed. The limitations in terms of the meetings I was or was not approved to observe by the agency may also tie in to feelings of disconnect and unevenness in staff relationships that participants spoke of during the interviews. Due to this there is also a lack of various perspectives, unable to be documented without more interviews of individuals or additional data collection methods.

In addition, the entire study is filtered through my own personal experience, biases, and previously held expectations. Initially, I believed that the impact of trauma and power would be explicitly discussed in interviews with the majority of research participants. I expected more individuals to speak about being a woman in their role, about the impact of the differing demographics between the staff and individuals running the agency and the clients being served, and I expected more individuals to speak about the impact of trauma on their experiences.

## Participants

I conducted a total of thirty-one interviews. The individuals interviewed ranged in job description, time spent at the agency, and education experience, among other indicators. I selected key informants to interview following observation of agency meetings. I then recruited additional participants through snowball sampling-many of the interviewees approached me after hearing about the study through word of mouth.

### Participant demographics.

Following the interviews, participants were sent a questionnaire to be completed. 21 out of 31 interview participants returned the questionnaires. The questionnaires inquired about participants' demographics—age, primary ethnic identification, gender identification, parent or guardian identification, education, time in current position, time at agency, time in the field— leaving space for individuals to write in responses. The data below is taken from their responses:

- The participants ranged in age from 24-70 years old

- 16 participants identified as female

- 17 respondents had completed or were currently enrolled in post-graduate education

- 9 participants identified as parents or guardians

- 6 participants identified as African American or Black; 3 participants identified as Latino/a or Hispanic; 1 participant as West Indian (Caribbean); 12 participants identified as White or Caucasian

- Time at agency:

| Time at agency | # of participants |
|---|---|
| Under 1 year | 3 |
| 1-4 years | 8 |
| 5-10 years | 5 |
| Over 10 years | 5 |

- 12 respondents had worked in this field prior to working at this agency; 9 participants have worked at this agency since they began working in this field

## Results

As reviewed, empathy is a heterogeneous concept that is difficult to measure. It is also difficult to label concretely in practice, as evidenced in the interviews for this study, where participants more often identified empathy conceptually rather than with examples.  While interview participants varied in their individual narratives, a discussion of empathy seen in work relationships and seen over time, as well as interacting with compassion fatigue, were themes seen in each narrative. The themes noted in the interviews that will be discussed below include empathy and compassion fatigue.

### Experiences of Empathy

Participants identified their own experiences of empathy along with the experience of seeing someone else, usually someone who is newer in the role or a younger individual, experiencing difficulty separating themselves from the work. Participants also saw changes in their own empathy over time.  From what participants spoke about in the interviews, it seems their understanding of empathy became more about seeing that you cannot relate to everything— that you do not understand everything—and to see the strength in admitting that you don't know something, or that something may not have a positive outcome—as opposed to comments of newer workers having a "fix it" or "save the world" mentality. This mentality corresponds with some participants noting the blurred lines between empathy versus sympathy that newer workers often experience. Participants also spoke about the need to have outlets and support in order to not get pulled under by the trauma of the work. This will be discussed more below.

In the interviews, participants discussed empathy as changing over time, from their experience of being a newer worker—or of observing newer workers—to having more experience:

…when you see new social workers come in you see a more blurred line with empathy

versus sympathy because you know social workers wanna save the world…I think with

new workers in terms of wanting their clients or families to *like* them…*But*, it's also very

empowering to see that freshness, save the world mentality come in, especially for

somebody, like me, who, I hate the word jaded, but I do feel like, is a little bit numb to

some of the trauma (Participant 30, 5-10 years in the field)

Some participants spoke about the way someone's empathy can increase the risk of

becoming enmeshed in the work.  Empathy is often spoken about as a skill, but it is also can

make someone more susceptible to taking on trauma of those that they work with, as considered

below:

…you really do have to think about self-preservation…you don't want to bring it home,

bring some of these horror stories home…and let it affect you.  Because I guess being

empathetic could also mean that a lot of this depression and trauma can really kind of

seep its way into you…if you feel like there's nothing you can really do about it, for me, I

sometimes struggle thinking about well what is-I can't stop this from happening or

something happening right now that we don't know about…And like, it can get

depressing if you try to relate to it so much." (Participant 23, 1-4 years in the field)

Other participants identified themselves as becoming less shocked as they have gained

experience in the work, and more accepting that they do not have control over the experiences

their clients have had.

Like in the beginning I was like oh my god I can't imagine this, I can't imagine that, and

now that I've been doing it for three years it's like…oh you know, I've heard that

before…I hope at least, that it's not me losing empathy, it's just me kind of like,

hardening to the position…so I've learned now to kind of separate, and I hope it

hasn't…meant that I'm losing empathy towards everyone…I think it's just

accepting…that there's not gonna be like control in a lot of stuff?" (Participant 13, 1-4

years in the field)

Another participant differentiated empathy as they experience it for clients versus for

staff, relating their own prior experience of doing direct service.

I think it's probably easier for me to experience a lot more empathy for clients…with

staff I…I get in their shoes a lot in the sense that I know that the work they do is *so* hard.

And I respect everything that they do. I've done direct service before and I chose to get

out of it because it was extremely...challenging and I couldn't do it for the rest of my life,

you know? So I *highly* respect people that do direct service, um and I empathize with

them when they have so much going on, and you know, not only are they reporting back

to me but they're also serving these clients directly…But I think my empathy is different

because I know that we're all in the same boat, you know we're not direct service

providers, like, while we're busy and this is hard work, like we're *all* busy and this is *all*

hard work…I think I try to…with my staff…get a good sense of balance. So making sure

what everyone's assigned is doable, um, because I would empathize if that had too much

on their plate, cause I frequently do. (Participant 19, 1-4 years in the field)

In the interviews, empathy was spoken about as something staff appreciated when they

felt from peers and when they felt empathic towards clients. Conversely, many staff spoke about

feeling that there was a lack of empathy between "upper management" and "direct care" staff.

This was spoken about more in the case of management staff that had not had similar work

experiences as the direct care staff. When participants spoke of this, they discussed not feeling seen or valued by "upper management" or staff outside their own department.

**Compassion Fatigue**

Compassion fatigue encompasses burnout and secondary traumatic stress.  Many of the interviews discussed the underlying components—attunement, or alignment between individuals and perceived support of agency, peer support, authenticity, turnover, environment—that can impact compassion fatigue.  The chart below breaks down elements that either compound or decrease compassion fatigue, as drawn from the interviews.

| Elements that compound compassion fatigue | Elements increase empathy/decrease compassion fatigue |
| --- | --- |
| 1a. Turnover and distrust | 2a. Peer and supervisor support |
| 1b. Lack of attunement | 2b. Connectedness |
| 1c. Physical space | 2c. Professional development |

**Elements that compound compassion fatigue.**

*Turnover and distrust.*

Staff turnover can be a result of compassion fatigue, as discussed in interviews and through observation. But repeated staff turnover can compound compassion fatigue in other individuals, as there is less continuity, stability, and support. Participants spoke about being on both ends of this—some spoke about not relying on others or seeing clients not open up to them because people will leave, while others spoke about being newer in their roles, and not feeling as though they are taken seriously or being invested in.

It just makes it hard, because the kids don't-the kids, the families, the foster parents build

relationships with these people and if there's…a higher amount of turnover they stop

trusting people and the work doesn't get done. (Participant 1, 1-4 years in the field)

Staff noted that the engagement and investment of individuals affects the larger program

or workspace.  Participants spoke about this affecting staff communication and bonding, which

subsequently affects the work needed to be completed for clients.

…every few months there's a handful of new social workers. And it's been hard to really

work with the ones-when I first started there was a bunch of ones, I didn't realize at the

time, but they had one foot out the door they were mentally checked out, and I wasn't

getting responses from them and I was wondering well this is something that I need to

take care of on my own. (Participant 23, 1-4 years in the field)

Frequent staff turnover disrupts bonds and connectedness.  More than knowing the work

and having a degree or years of experience, adapting to or embracing the culture of the agency

was noted as enhancing connections and support, or a sense of workplace collegiality.

…but what gets in the way of that is when there's a lot of turnover. Because that keeps

disrupting relationships and sense of connection to people…And when you have new

people young people, or people who-either young people who don't have any

commitment yet or orientation to the kind of um…the culture, of-of collegiality. If they

don't have that, or they come from another *agency*, I think it's even harder for folks who

come from a different agency, where they think they know the work, they do know the

work, and they come in and expect to just do the work here, but what they don't know is

the culture. (Participant 18, over 10 years in the field)

This lack of connectedness and frequent turnover was spoken about both in terms of staff relationships and in clients' experiences.

Well, what you hope is that more veteran staff acculturate the new staff and are the kind of senior resources in every way-knowledge wise, emotionally, and all of that-*but*, what the risk is, in a time of change, is that the senior staff…*don't* invest in the new staff because they're licking their wounds from all the people that have left…the experience of loss means that I don't invest again-the way that our kids do, again and again and again-not invest in a new foster home because I've been in six of them already um and so then you have the risk of veteran staff saying you know, not gonna really invest in relationships with the new staff cause who knows who's gonna stay and who's gonna leave. (Participant 18, over 10 years in the field)

### *Lack of attunement.*

Throughout the interviews, many participants spoke about disconnects they felt between staff within the agency. Individuals spoke about being dismissed by supervisors or other staff, or about feeling as though doing the right thing was in direct opposition to a manager's words or an agency mandate.  A lot of the discussion about misattunements indicated a lack of transparency or openness in communication.

One participant described an instance when she felt a clear disconnect between "doing the right thing" and a manager's focus on numbers.  This individual highlighted what some other participants also spoke about, where doing what is helpful for the client does not match up to a manager or program's focus. This kind of misalignment was spoken about in terms of keeping the "census" as below, but also by other individuals as the hesitancy they saw by the agency in "stepping up" the level of care for a client, because this would be seen as a failure of the agency

in the case of an audit.  In both situations, there was a misattunement in serving the client versus serving the agency.

> I remember a time when…I was making great progress in finding permanency…I got a kinship approved, I did a return to parent for six children, um, and, did I-did I complete an adoption? …And um, and I got a comment from higher up that says, oh my gosh you're lowering my census…And so, for that to be said…it just infuriated me to know that I was doing what I was hired to do. And aside from just being hired to do it, it's something that has to be done for families that have been torn apart**…**And so to be called out *for* doing the right thing, in a negative way, whether it was a playful comment or not…It really just took me back like, what are we here for… (Participant 22, 1-4 years in the field)

During the interviews and in the conversations observed during the research study, misattunements between individuals and between different departments were discussed. Multiple participants spoke about a disconnect that they experienced, particularly as discussed in a lack of understanding between upper management and direct care staff, and also between different departments.  This was a common thread throughout the interviews.

> …I feel such a disconnect between like supervisors, staff, and then everybody else. And I was like that's so interesting that there's that, that there's a real disconnect…I found that it's either a let's problem solve it and I don't want to deal with your crap or I'm gonna minimize your feelings…there's no middle ground. (Participant 5, 5-10 years in the field)

This was also seen in the way changes were implemented, without transparency, and in the individual interactions between staff or between staff and clients.

Like you can't just like spring something on me and expect for me to be happy-give me

time, and let me think about what you're saying, and give me time to mentally prepare for

whatever it is that you're doing…I would…give people the same courtesy. (Participant

20, 5-10 years in the field)

Another individual described occasions where they were told that their feeling was not

valid by another staff person.  "I was reassured my feelings were not accurate" (Participant 8, 5-

10 years in the field).  This was a glaring example where an individual's own experience was not

valued because it did not reflect the experience of another and was not thought by that other

person to even be a possible reaction to a situation.  This was an example where someone

described feeling a strong disconnect between their reality and the response of the individual,

and spoken about more generally, of the response of the agency.  This type of reaction can shut

down future discussions between staff and can lead to decreased communication.  Disconnects in

staff to client interactions and staff to staff interactions were discussed in many of the interviews.

   ***Physical space.***

The physical environment of the setting and how it could affect relationships was

discussed in multiple interviews and could also be seen by the researcher during observations.

As the agency is spread across multiple facilities, many of the staff had experience working in

various office settings.

Going from this office to that office, which does have fluorescent lights all over,

everyone does have an attitude, and then you come over here and you're like on a

beach…and the setting is taught in the [Sanctuary] training so it-it kinda does help. Cause

once your client comes into your calm, serene office and sits down with you, they're

kinda like shocked initially? And they kinda-throughout-it-it helps them calm down.

(Participant 22, 1-4 years in the field).

Participant 13 (1-4 years in the field) spoke about what might inhibit developing

comradery or staff responsiveness, "I honestly think that a lot of times, it could be something as

stupid, as like a layout, you know what I mean…Being like a, like more secluded hallway might

stop that". Participant 8 (5-10 years in the field) spoke about another office compared with his

current space, saying "people pass by and won't say hi" and "workers keep doors closed", which

is not as "welcoming".

…in terms of the work space, I think it is really really important for people to feel

comfortable, and safe, and just overall happy. (Participant 30, 5-10 years in the field)

The physical environment, not just doors being open or closed, was seen to have an effect

on coworking interactions and relationships and on workers' relationships with their clients.

Individuals spoke about the connection between physical environment and factors such as

lighting or temperature as having an effect on communication between workers, and between

workers and clients.

**Elements that increase feelings of empathy.**

*Peer and supervisory support.*

The comments about peer support-an element that was cited by many-often came with

acknowledging the trauma that is involved in work.  Peer support was cited most frequently in

the interviews with participants as positively impacting feelings of support and understanding.

Participants spoke about peers sharing similar experiences and therefore being more able to

empathize with what they go through in their work. While some participants spoke about the

agency as a whole not being supportive, they felt that their peers "had their back".

…one of the great things about [this agency] is the social network, the huge network of

social workers. Like it's very rare that there are so many people that have like the same

background…so to me that's one of the reasons why I've stayed here so long is because

the people are fabulous and…it allows you to really…develop those peer relationships.

Not just as friendships, because that happens, but also like the peer support in terms of

like dealing with the trauma and dealing with like, it was always fun to go out and get a

drink with your coworkers (Participant 30, 5-10 years in the field)

This was also discussed in relationships between supervisor and supervisee—those who

had been in the roles-as a social worker, for example—were seen to have an understanding of the

issues, concerns, and priorities of those workers.  Many direct care staff spoke about feeling

supported by their supervisor or director because the supervisor or director had previously been

in their role.

I feel that there's empathy with my supervisor, because she's been in my shoes

before…She was a social worker, so she und-you know, she understands the-the nature of

the beast I guess. (Participant 21, under 1 year in the field)

Both supervisors and supervisees pointed to this shared experience as a factor positively

impacting their interactions. Seen above, other shared experiences that were spoken about as

strengthening relationships and decreasing compassion fatigue include informal activities with

coworkers and between departments.

I feel like my coworker relationships are great, um…I'm the type that I can't sit in my

office for too long, I have to go out and say hi to people, and talk to them and get to know

them um, everybody knows that they can rely on me. Um, and the chances of me

probably saying no to helping out another staff member is very slim…but I feel like it's a

great atmosphere, we have each other's back, it's a family setting here…So everybody

understands. And we're able to vent to each other about how we're feeling about certain

things which is great. (Participant 10, 1-4 years in the field)

These comments about support included speaking about the relevance of genuineness and

how much that helps in a working relationship, which goes back to attunement and feeling

congruence in the expression of individual, authentic relationships.  The quote above also

demonstrates that the support is seen in peer connectedness in that there is a social aspect, but

also that there are others that they can vent to, because they have this shared experience of doing

the work in this environment.

Seen below, the peer support and bonds between coworkers and within a program, was

seen to provide a balance for the trauma that runs throughout the work.  The focus on peer

support and bonding in the form of humor or social activities, may be of higher importance in

this field because the work itself inherently involves directly working with and witnessing

children and families in moments of trauma and engagement with individuals and systems that

can be traumatic.

well I think it's really difficult work. And I think that in order to survive, to be able to do

it for a long period of time, you need a good balance in your life…you need a sense of

joy and a good sense of humor, um…cause otherwise it could really make you crazy. To

be…to be the container for all that trauma, cause that's what the work is really, you're

hearing these traumatic stories um, people's lives and um…to be witness to that is really

difficult. So um, yeah, I think it takes…a good sense of humor [laughs]…I think that

within my peer group, we all really like to laugh. So, and that's important. That's

important to the group, and it's like a pressure valve, really. (Participant 6, over 10 years

in the field)

***Connectedness.***

Support and connectedness, not only between coworkers, was seen as one element that-if

implemented-aids in combatting compassion fatigue. Participants spoke about feeling like they

were part of a family or group, or sharing humor to combat trauma or other stresses in the work,

as a strong factor in decreasing feelings of burn out or of becoming overwhelmed by trauma.

Well I've always thought that if-you can do anything, if you're in the trenches with

somebody, um, and you can laugh…you feel like you're part of a family or a group, you

can really sort of do anything. I think that we've tried to create that feeling um, amongst

the staff, that they support each other, that they've got each other's back… (Participant 6,

over 10 years in the field)

I just believe that if you have a stronger network of people here you're just gonna work

better with your clients. Other people know your clients, other people are willing to kinda

like pitch in. (Participant 5, 5-10 years in the field)

This reflects what was seen in the literature regarding growth-fostering activities and the self in

relation to others in empathic relationships.  Participants spoke of emotional connectedness, or

investment in their work and relationships, as stronger when tied to participating in activities that

were not to the actual work (of mandates, clinical input), but social, relational activities. These

activities promote connectedness.

I think when you can create relationships whether it be with clients or with staff, it's like

putting money in the bank, right, when things go awry, you can then make a withdrawal,

you know, you can um, you've got something to base the work on. (Participant 6, over 10

years in the field)

Staff also spoke about the relevance of activities that were not related to their job

descriptions or directly involve their work.  They spoke about how involvement in agency or

program-established, or self-established, activities have a profound effect, in that the work itself

can only be impactful if relationships between individuals are developed.

so I always kind of stress with my interns and externs, and students who come in at the

beginning of the year, is participating in some of things that doesn't seem like has

anything to do with your internship or anything you've ever studied in school-*like*

decorating your hall for Halloween, like you know serving the kids Christmas-

Thanksgiving dinners, like bringing in potluck uh, dish to…um, Black history month, you

know, whatever those events are.  Your participation in those will have more of a lasting

effect than probably any report you write, or clinical intuition, or clinical input, or

consultation you have…or-or-actually a better way to say it is those things that you do

will only have an impact if you are able to have relationships and do the other things…

(Participant 15, over 10 years in the field)

### *Professional development.*

While participants who had been with the agency for more time spoke about the

professional development opportunities provided in the past—ex: agency-funding for continuing

education—these same participants said that these days, there is more of a focus on mandates

and numbers than on staff development.  Professional development was spoken about as

particularly needed in this field to build resilience among staff in the face of trauma and also to

provide those moving up within the agency with the skills needed to be effective supervisors or managers.

You have to build in that professional development piece, you know, you have to, you know, acknowledge that-and openly acknowledge to staff that we can't pay you anymore, we wish we could, we just can't. There's just not enough money to pay you what you *really* deserve, but you know, since we can't pay you the $100,000.00 that you really deserve, um, we're gonna give you trainings and try to make the environment as…professional and as…much of a learning environment as possible um…in this world that's all you really can do to keep people, um, the biggest key, and you know what we as an agency have been missing for last few years, is really working to train our supervisors, to be able to provide that level of supervision to their workers, so they *feel* like they're getting something and they're learning something from the job, um, you know I think that we move people into supervisor positions because they're great clinicians, but necessarily because they're a great administrator, um, and you know, sometimes they just don't go hand in hand. So having to teach supervisors how to be great administrators, because it is something you can learn. (Participant 29, 5-10 years in the field)

While professional development was spoken about in several interviews as something that would be appreciated by staff, there were also comments about opportunities that had existed, but then fizzled out due to lack of staff engagement or follow-through.

But I think there needs to be more opportunities for um…meetings, like for a while we were doing monthly meetings for new workers…and I thought it was really helpful, I know some people think you know, well I don't need that, but *I* thought it was really great cause you get a chance to talk openly about things that are going on and it was led

by [a director], and it was kinda like a Sanctuary thing that was happening more often…

(Participant 23, 1-4 years in the field)

*Sanctuary.*

Professional development was often spoken about in terms of the implementation, or lack

thereof, of the Sanctuary model:

…there's a lot of really cool things like the Sanctuary model…which is preached and

preached and preached and never practiced. (Participant 1, 1-4 years in the field)

The Sanctuary model implementation was often discussed by managers as a helpful tool

for the agency.  Conversely, it was mostly discussed by direct care staff as superficial.  Many

spoke about pieces of it that were used in team meetings for example, but that the model had not

taken root in the agency as a whole, and therefore was merely a name and not an effective

organizational model.

It would be cool if it was, if it was a way to open up a meeting where then you're going

to spend an hour processing how you're feeling, and what…you're struggling with. But it

should not be used as a tool to introduce a weekly meeting…I think it cheapens it.

(Participant 1, 1-4 years in the field).

## Discussion

The results of this study, the words and experiences of the participants, inform the ideas that guided this thesis. Within the unique interactions of the individual interviews, there were many shared experiences and similar language used in response to the prompt of discussing their experience of empathy at work.

### Empathy

Individual's experiences of empathy in the work setting were a focus in the research findings. Participants discussed their experiences of empathy with clients and from supervisors. The research study also offered space to observe and reflect on empathy, or lack thereof, in daily interactions and in the organizational structure. In Rogers' discussion of empathy presented at the beginning of this paper, the ability to separate oneself from becoming enmeshed in another's experience is a critical dimension of empathy. This was seen in participants' comments of seeing new workers, or being new workers, and having difficulty separating oneself from their client. Meanwhile, empathy as discussed by participants focused on the "being with". Empathy was discussed as valuable and necessary in working with clients. Participants' experiences of empathy were also discussed in terms of their coworker and supervisor relationships; those who had a supervisor with the shared experience of being in a similar position in the past cited experiencing feelings of empathy in those relationships, while other participants discussed that they did not feel empathy from other staff of different roles within the agency. Empathy was spoken about as present or at least necessary for working with clients, but not so when working with staff and in program relationships within the agency, to the dismay of several interviewees.

### Attunement

Participants spoke openly about their experiences of attunement within the work—more specifically, many spoke about the failure of the agency or of upper management to respond to staff with appropriate or matching tone. Evident in participants' words was a feeling from individuals that the agency as a whole, or their individual supervisors or program heads, were not attuned to the individual workers and often not to the clients' needs as well. In participants' words, it was often stated that there was a feeling that the program was not matched to the needs of the clients, or that the agency's language did not match the reality of what workers experienced. This was seen in language versus practice of the organization's guiding model, Sanctuary, in needs of clients versus resources of the agency, in needs of staff versus resources available or utilized, and in interactions between staff. Participants spoke of being told their own experiences and feelings were incorrect, and that while the past realities of the work done in this field no longer matches the current situations, those mindsets were still guiding the administration, and that they experienced a multitude of daily interactions of misattunements.

**Intersubjectivity**

Experiences of intersubjectivity for many participants were found in relationships between coworkers, or between newer workers and their supervisors. These participants spoke about the positive effect that having a shared experience of a similar position, or shared mindset around the priorities within their program, had on them and on their feelings of feeling connected to their work and supported in their role. Experiences of intersubjectivity were discussed as limited when looking at the larger agency's response to staff and client needs, and staff's understanding of policies implemented by upper management.

**Compassion Fatigue**

This study highlighted for me the prevalence of compassion fatigue and how it manifests for the participants of the study. The prevalence of compassion fatigue that was discussed and witnessed by participants may speak to the lack of development of this other, critical dimension to empathic awareness that involves maintaining a secure sense of self and boundary necessary for empathy. It is not a lowering of empathy or "burning out", but rather strengthening professional development and education, finding ways to make staff feel valued, strong coping mechanisms, and a healthy workplace environment that could support staff and be protective factors against compassion fatigue.

It was interesting to see the differences in experiences participants spoke about when also looking at their time in the field. Many staff who had been in the field for a shorter time, under a year, spoke more about feeling supported by their supervisors, while staff who had been in the field for a longer period, up to 10 years, spoke more about burnout and experiencing the limits—both from the larger child welfare system and from individual supervisors or directors—that were present in this line of work.  These staff spoke more about burnout and about "hardening" to the position. Some spoke about ideas for change, but within a larger conversation indicating that their belief that changes could actually be implemented was limited. Participants who had been in the field over 10 years more often spoke directly about their experiences of empathy and compassion fatigue, and what they noticed among staff, from a more removed vantage point—they spoke not only about their own experiences, but also about what they noticed in trends among newer staff, and had ideas for what staff could do on an individual level to combat compassion fatigue. These participants spoke about their experiences and ideas with a perspective that emphasized the value of finding meaning in their work and connection with their peers.

**Ecological Theory**

Looking at this research study, different levels of systems are actively involved, and individual participants' interactions with their coworkers, clients, supervisors, and programs, exist within these systems. Some participants spoke about the different systems they felt were involved which affected their work and experiences—the agency, the child welfare system—as well as individual's personal experiences and backgrounds from which they have created meaning and developed mental models. While individual participants had ideas for change, and parts of the agency appeared to be open to change—for example, introducing the Sanctuary model to the agency—people spoke about the resistance to change within the agency that they were met with.  This was seen in the agency's partial implementation of the Sanctuary model, as it did not take hold or have buy-in from all levels of the organization. This was also seen in some individual's identification of larger societal and institutional structures that are in place that actively impact individuals, but are not addressed or discussed openly or explicitly within the workplace.

**Relational-Cultural Approach**

The relational-cultural approach emphasizes mutual relationships and growth and development of individuals as a dynamic and reciprocal relationship. Within this, there is also the belief in growth mindset and motivation for changing the hierarchy structure of organizations. In the research study, this was discussed, not overtly, but in some individual's emphasis on the importance of interactions among staff to enhance the experience of individuals and to help connect a program, and connect staff to clients. Some participants spoke about this in terms of not thinking of the work as "just a job" but as a space to become involved and connected.  This was seen in ideas for having non-work related events—potlucks, social

interactions—to enhance and develop empathic relationships.  Still, something discussed in the literature and in the research study was that this type of practice requires the support of the organization.

**Sanctuary**

The Sanctuary model was cited in interviews and is potentially transformative for an agency to combat compassion fatigue. The Sanctuary model is trauma-informed, and as an organizational model designed to be effective if implemented in full, it fell short for participants due to the lack of full agency engagement with the model and buy-in from staff. The participants in this study were aware of feeling like a cog in a wheel, going back to the traditional organizational machine model.  Some spoke about not feeling seen as valued individuals, not seen fully or with empathy by the upper level staff or by the agency. Still, others felt seen by upper level staff to an extent and did not see the organization as responsible for feelings of staff not being connected or supported.  Some individuals spoke about taking a more assertive and self-directed role in their own professional development, such as continuing education, or in the adoption of the Sanctuary model, as evidenced in aesthetic changes made to a participant's individual workspace.

Within the responses in this study, using conversational terms, participants spoke about the value of growth-fostering relationships between staff, including non-work-related social interactions. While many individuals remained in speaking about individual interactions and feelings, others identified the impact, or at least co-occurrence, of larger systems and histories that impact clients, staff, and the organization. Several participants with awareness of these interactions were able to acknowledge gaps in the agency and also reflected on their own professional needs and begin to develop ideas for change.

**Ideas for Change**

Many of the participants in this study had ideas for change, some on an interpersonal level and some on an organizational level.  Ideas discussed included the need for more relevant trainings for staff to increase their skill level and more informal interactions between employees that are social and not work-based.  On another level, ideas included changes from the focus of mandates, timelines, and statistics to fit more with the reality and needs of clients and staff, and a move away from thinking about numbers to thinking about experiences of individuals.  During the interviews some participants brought up the importance of acknowledging when they don't know something-with clients but also within the agency between programs-and that this could lead to authentic conversations and change. Still, some participants spoke about abstract ideas of "building a village", but this depends on both space within the agency and investment in staff, cited as often coming down to resources available and systemic constraints, and individual staff's own motivation and investment.

Organizational models are constructed through individual relationships and interpretations—to be aware and responsive to these dynamics would allow an agency to be better equipped to provide appropriate and specific interventions with their clients. Change happens both on an individual level and at an organizational level, and support is needed in both circumstances to take effect.  In order for a shift towards empathic practice to take hold, the support of the organization to challenge the existing models is needed.

The idea that people who take better care of their wellbeing on a regular basis—and an agency that takes care of its employees' wellbeing—will handle challenges better, is seen in the literature and in the accounts of many participants in the research study. From both the research study and from the literature, there is a sense that the well-being of staff directly relates to the

well-being of the clients with whom they work. One participant stated it succinctly, "When the staff feels it, the clients feel it" (Participant 18, over 10 years in the field). When an organization helps its staff be their best, factoring in the positive effects of ensuring staff have time to disconnect, recharge, and have space for open discussion—it can be a vital step for an agency to take towards providing more empathic care for their clients.

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Appendix
Sample Interview Questions

- Tell me about yourself as a person with this organization
- What qualities are important for you to have in your work? For other people at work?
1. How would you define empathy?
2. What has your experience of empathy been in the therapeutic setting/in individual encounters?
    a. Can you tell me about a specific experience at work where you experienced empathy?
    b. Has there been an experience when someone has been empathic towards you, and then when you have been empathic toward someone else?
    c. How does empathy exist as a part of agency functioning?
1. Do you think your relationships with coworkers affect your work with clients and supervisees?
    a. Asking if empathy/lack of empathy spreads over to other areas of work
2. Tell me about a time when you felt like you were being understood by staff, supervisor, or clients?
    a. Has there been a time when you did not feel understood or listened to?
3. Think of your role in this agency; is the work you do in line with what you view your role should be?
    a. How do you see the work you do in relation to the agency and its goals?
    b. How do you see your goals as a worker in line with the goals of your program team and supervisor? With your clients?
4. Have people responded to your ideas and actions? How do you respond to others?
    a. Think of your experiences with clients, coworkers, supervisors, and within the larger agency structure (your program in relation to other programs/departments)
    b. Keep in mind earlier responses—eg: you gave an example of ___ earlier, is that typical? Do you generally feel that way?
5. Are there things about yourself that affect your relationships with ___?
6. Do these experiences of people responding to each other translate into practice?
7. Have you found opportunities to develop empathy or responsiveness in your work?
8. Do you see the agency as a whole and director/executive level staff as supportive in developing empathy and responsiveness?
9. Does your work offer a setting to empower you and the people you work with? How or how not?
10. In your work experience, have there been opportunities to repair or develop empathy and responsiveness between staff, staff and clients, or between clients and client families? Why or why not?
11. What kinds of changes do you think need to occur?
    a. Eg: In your opinion, what would be an alternative that could be supportive of your needs? Where would this change need to exist?
12. Has anything come up for you while we've been talking that I haven't touched on? That I should've asked?