Editor’s Note: Chaplain Davis was a speaker at this summer’s CFDA Convention in San Diego. Here he summarizes some of the points he made during his presentation. As a volunteer chaplain for the San Diego County Medical Examiner’s Office since 2000, he has responded to the scenes of many different kinds of deaths and provided support to families facing tough situations, as well as to the Medical Examiner’s staff, who need help processing the stress from the dark nature of their jobs. The ordained pastor is also a Certified Trauma Services Specialist (CTSS) with the Association of Traumatic Stress Specialists. Davis is the only full-time chaplain for a medical examiner or coroner in the United States.

Funeral directors are subject to stress not only in their jobs, but also in their families and communities in connection with their work in the funeral service profession. It is important to recognize the stressors that exist for these professionals, as well as potential signs of “burn out,” in order to figure out how to cope with this situation. Steps may include talking with others, turning to faith support, and participating in group activities.

The stresses felt by funeral directors include “vicarious traumatization,” which is the transformation that occurs within the funeral director (and their staff) as a result of sympathetic engagement with clients’ death experiences and their follow-up. This may derive from listening to graphic descriptions of horrific events, bearing witness to people’s cruelty to one another and witnessing the aftermath of traumatic events. These stresses can lead to “compassion fatigue.”

Compassion fatigue is a helper’s response to the acute or chronic emotional or spiritual strain of dealing with others who are troubled or traumatized. It is caused by the interaction between the helper and the client/victim. It results in jumping from crisis to crisis, trying to do too much, and having difficulty saying “No.” The potential for these manifestations is exacerbated by the prevalence of modern technology (e.g., cell phones), which make us constantly available.

Compassion fatigue should not be confused with “burnout,” which is a more extreme condition. Symptoms of burnout include panic, irritability, procrastination, tardiness, avoidance, cynicism, exhaustion, and depression.

**Compassion Fatigue vs. Burnout**

**Compassion Fatigue**
- I still do care
- Temporary – take a break
- Loss of fuel and energy
- Over-engagement
- Physical damage

**Burnout**
- I don’t care anymore
- Requires more than a break
- Loss of ideals and hope
- Disengagement
- Emotional/spiritual damage
There are many ways to manage compassion fatigue. Below are some of the most pertinent actions a person can take.

Managing Compassion Fatigue/Stress

- Exercise
- Relaxation techniques
- Delegate responsibilities when appropriate
- Learn from past experiences
- Avoid chronic exposure to stresses that have a personal impact/practice simplicity
- Know your own “triggers”
- Understand your own humanity and limitations
- Seek assistance and a supportive environment when signs of stress are prevalent/listen to others’ counsel

The “R’s” of Stress Management

- **Responsibility** – Establish priorities
- **Reflection** – Be aware of stress symptoms
- **Relaxation** – Schedule something you enjoy – or do nothing sometimes
- **Relationships** – Maintain positive relationships
- **Routines** – Return to normalcy
- **Refueling** – Eat a balanced diet, drink plenty of water, and minimize the use of caffeine, nicotine, fats, processed foods, etc.
- **Retraining** – Allow for change and adjust to circumstances
- **Recreation** – Laugh, have fun, enjoy life!