

COMPASSION WITH(OUT) BORDERS

A case study of compassion satisfaction and compassion
fatigue in humanitarian action



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Abstract

In a world where insecurities, violence and disasters seem to be increasing on a daily basis, compassion, a moral sentiment of co-suffering and motivation to alleviate it, plays an important role, especially in humanitarian action. However, compassion is not a constant feeling, and our emotions and compassion towards tragedies do not always resonate with egalitarian principles. This thesis seeks to explore the potential relationship between field experience, in humanitarian action, and compassion satisfaction and compassion fatigue. Departing from two contrasting hypotheses, grounded in theories of compassion, it investigates the factors, relating to field experience, that affect this moral sentiment, in a single case study of the Network on Humanitarian Action (NOHA). Through a quantitative survey design, combined with semi-structured interviews, the study finds that there exists no isolated correlation between field experience and compassion fatigue or satisfaction. However, the study concludes that compassion is affected by several intervening variables, relating to field experience, which can result in either compassion fatigue or satisfaction, resonating with both hypotheses.

Key words: compassion, humanitarian action, proximity, identification, burnout, secondary traumatic stress

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1. Introduction

Intuitively, most people would say that they believe in an egalitarian world, where every human has equal worth. However, in our daily life, we react and act in ways that contradict this moral. For instance, in a world where humanitarian crises are a part of quotidian life, in many parts of the world, few would deny that our response and emotions towards tragedies vary widely depending on both the scale and location of the crisis. Studies have shown that while, especially in times of disasters, global organizations and political leaders praise the importance of an egalitarian world, the amount of compassion towards victims is not constant, and how we value lives does not often match with egalitarian considerations¹. Meanwhile, compassion plays an important role within contemporary politics, and often serves as justification for humanitarian and military interventions by global actors². This dichotomy, between our noble deeds in hope of an equal world, and our inconsistency and many times lack of compassion towards global tragedies, has great impact over millions of lives, and is ever more evident in the global insecurities of today.

Humanitarian action, an ever-growing field of assistance between states and organizations to alleviate suffering, hinges on compassion and the will it creates to help and to act, and this emotion thus matter for international outcomes³. Within humanitarian action, you often differentiate between “the field” and “the headquarters”, where the field represents working directly in a country where an organization, or state, is operating, most often in countries which are unable to “help themselves”. Field staff are often in direct contact with beneficiaries, and exposed to their traumas, stories and emotions, in which one can presume will constantly affect the field workers own feelings, including their compassion. While previous research has focused on how compassion varies amongst charitable giving, media exposure and reaction towards global tragedies, this thesis seeks to explore *if and how compassion varies within a certain group of humanitarian action workers and students, and how their field experience might affect this sentiment.*

¹ Dickert, S., Västfjäll, D., Kleber, J., & Slovic, P. (2012). Valuations of human lives: normative expectations and psychological mechanisms of (ir) rationality. *Synthese*, 189:95–105, p. 95

² Fassin, D. (2012) *Humanitarian Reason*. University of California Press, Pp. 1ff

³ Käpylä, J., & Kennedy, D. (2014). Cruel to care? Investigating the governance of compassion in the humanitarian imaginary. *International Theory*, 6(2), 255-292, P. 255

1.1 Research problem, aim and objectives

The general purpose of this thesis is to review the limits of compassion within humanitarian action and more specifically study the potential relationship, through the perspective of the theoretical framework identified below, between field experience and compassion among humanitarian professionals. The Network on Humanitarian Action (NOHA) is an international association consisting of universities “that aims to enhance professionalism in humanitarian action through education & training, research & publications and projects”⁴. NOHA represents one of the most established networks within humanitarian action, and its Joint master program aims to train its students for future employments as humanitarian workers. The network, and its past and present students, represents a group that will, or already is, a big part of the humanitarian sector today, including both people with and without field experience. By using this network as a case study of compassion within humanitarian action, I will proceed from two different hypotheses based on psychology, behavioral science and political philosophy.

The first hypothesis, which we can name *Compassion satisfaction*, concludes that compassion, “a feeling for a person who is suffering and being motivated to act to help them”⁵, increases when we feel closeness to people and are able to identify and understand the situation of individuals in misfortune. Humanitarian workers who have worked first hand with beneficiaries, and experience identification with them will, according to the first hypothesis, have a higher amount of compassion satisfaction, i.e. feeling satisfied and good that you are or have helped someone, than individuals without field experience. The second, contrasting hypothesis, which will be called *Compassion fatigue*, concludes that when humans are over-exposed to suffering and traumatic experiences, and are unable to distance themselves from it, it can lead to compassion fatigue, i.e. reduced capacity for empathy towards clients⁶. This would thus assume that humanitarian workers, who are exposed to trauma and suffering through their daily work in complex settings, will experience a higher level of compassion fatigue, and a lower level of compassion satisfaction, compared to individuals without field experience. I wish to apply these hypotheses on past and present students of NOHA, and investigate, through a survey research design and qualitative interviews, whether working in the field of humanitarian action increases, decreases, or potentially leaves your compassion towards beneficiaries

⁴ Network on Humanitarian Action (2017) *NOHA story*. <https://www.nohanet.org/noha-story>

⁵ Strauss, C., Taylor, B. L., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical psychology review*, 47, 15-27. P. 16

⁶ Thielemann, K., & Cacciatores, J. (2014). Witness to suffering: Mindfulness and compassion fatigue among traumatic bereavement volunteers and professionals. *Social Work*, 59(1), 34-41. P. 34

unchanged. As will be argued below, within global politics, moral sentiments and compassion are most obvious within humanitarian relief and assistance, which makes this study particularly relevant in the field of Political Science and Development Studies.

1.2 Research question

How is the compassion of humanitarian workers affected when working in the field within humanitarian action?

1.2.1 Specific research questions

Through this general question as guiding this study, NOHA's present and past students will represent a case of this research problem, and specified through these two questions:

- *Is there a correlation between field experience and compassion satisfaction and/or compassion fatigue among NOHAs past and present students?*
- *What external factors, as identified through the theoretical framework, affect compassion in the professional lives of employees within humanitarian action?*

1.3 Delimitations

Due to the limits of time and scope for this thesis, this study involves a single case in which compassion will be explored and measured at a single point in time. Furthermore, compassion represents a multifaceted concept, for which there exists no specific definition that is more correct than the other. On these grounds, the word compassion will foremost be used and defined in relation to humanitarian action, to limit the scope of the concept in this thesis.

1.4 Disposition

The disposition of this thesis will be as follows. First, prior research of compassion will be presented in relation to humanitarian action and its historical connections. This section will be followed by a theoretical framework, finishing with the presentation and explanation of the two hypotheses this study will explore. Next, methods will be presented, beginning with the quantitative study, following the qualitative, analytical method and limitations of the methodology. The subsequent section, will present the results, beginning with survey outcomes and descriptive statistics, which thereafter will be further explained and woven into the analysis, where I will apply the theoretical framework and prior research to the combination of the quantitative and qualitative data. The last section will consist of a final discussion and conclusion of findings.

2. Literature review and theoretical framework

2.1 Humanitarian action and compassion

Compassion plays an important role within humanitarian action, and although noteworthy in humanitarian politics, the concept of compassion is not often highlighted within Political Science. Initially, this section acquires to explain the historical roots that humanitarian action is built upon, in the direction of enlightening its connection to moral sentiments. Subsequently, in the pursuance of furthering our understanding of the role of compassion within humanitarian action, it is necessary to continue the second subsection by exploring both the philosophical and psychological roots of this sentiment, so that we can understand it to a full extent, and move towards a clarification of how the concept will be understood in this thesis.

2.1.1 What is humanitarian action? A brief history

Humanitarian action, as defined by the OECD as “saving lives, alleviating suffering and maintaining human dignity during and in the aftermath of crises”⁷, is very much built upon the idea of humanitarianism, which in its contemporary significance “emphasizes the physical (and increasingly the psychological) condition of suffering people above all else”⁸. While humanitarianism is today most commonly denoted to states and international organizations in a neutral, impartial and secular nature, many would argue that it has an important connection to religion and dates back thousands of years. Traditions among world religions do indeed have features of charity and compassion, through characters and events such as Mother Theresa, Buddhist humanitarian movements, dān in Hinduism and Islamic zakat⁹. Additionally, the word “humanitarian” can be traced back to early nineteenth century where it was used to describe “a theological position stressing the humanity of Christ, and subsequently efforts to alleviate suffering or advance the human race in general”¹⁰. In this instance, neither conflict, natural disasters, or refugee crisis were preconditions for reaction and response, and neither did national, ethnic or social differences between people affect the aptitude for action.

However, in contemporary humanitarianism, as understood in this thesis, the founding of the Red Cross movement, as a reaction to war, represents one of the most significant landmarks

⁷ OECD (2017) Humanitarian Assistance. <http://www.oecd.org/dac/stats/humanitarian-assistance.htm>

⁸ Bornstein, E., & Redfield, P. (Ed.). (2011). *Forces of compassion: humanitarianism between ethics and politics*. School for Advanced Research Press. Pp. 5

⁹ Ibid pp. 5ff

¹⁰ Ibid p. 15

and critical junctures of the field. In 1862, Henry Dunant published his text “Un souvenir de Solférino”, which touched upon the atrocities made possible by modern warfare, where wounded were inadequately taken care of. The publication sparked both international and national response through the creation of the International Committee of the Red Cross (ICRC) as well as the Red Cross national societies, coordinated by the former, with missions of providing aid and care to wounded soldiers. Although initially limited to soldiers, the scope of the movement quickly came to expand and be implemented universally, on a global level, involving all injured and sick in time of war, with the sole purpose of alleviating suffering. Furthermore, along the lines of this movement, the Geneva Convention was set in motion, initiating an international legal system, which still prevails today¹¹.

Another critical juncture closer to our time, was the creation of the United Nations after the Second World War, where not only humanitarian organs were set in motion, but where international relief agencies also expanded and blossomed as colonization withdrew¹². The Holocaust and scholars such as Hannah Arendt and Primo Levi, underlined the inadequacy of the international system for protection against genocide, and further highlighted the need for a global humanitarian movement. About two decades later, in 1971, as a response to the war and famine of Biafra¹³, the ideas and beliefs of Arendt and Levi were rediscovered, and Médecins Sans Frontières (MSF) was created¹⁴. MSF, born out of a group of young doctors, represents one of the most important actors in the humanitarian field today, and was compared to the ICRC founded on secular values. Moreover, during the 1970s and onwards the field came to move beyond conflict response, to include famine relief, natural disasters and refugee crisis, among others. The end of the Cold War represented another threshold for humanitarianism and humanitarian action, where the latter has exponentially continued to grow ever since¹⁵.

Humanitarianism, as historically summarized and understood through Redfield and Bornstein is a set of several aspects at once: “a structure of feeling, a cluster of moral principles, a basis for ethical claims and political strategies, and a call for action”¹⁶. Furthermore, humanitarian

¹¹ Taithe, B. (2007). Horror, abjection and compassion: From Dunant to compassion fatigue. *New Formations*, (62), 123-137. P. 125

¹² Bornstein, E., & Redfield, P. (Ed.). (2011). P. 18

¹³ Médecins Sans Frontières (2017) *MSF history*. <http://www.msf.org/en/msf-history>

¹⁴ Bornstein, E., & Redfield, P. (Ed.). (2011). P. 20

¹⁵ Davey, E., Borton, J., & Foley, M. (2013). A history of the humanitarian system: Western origins and foundations. (HPG Working Paper). London: Overseas Development Institute. Pp. 11f

¹⁶ Bornstein, E., & Redfield, P. (Ed.). (2011). P. 17

action, as seen through a historical perspective, has much to do with moral sentiments towards global tragedies, in which compassion portrays an important component, which substance will be further explored below.

2.1.2 What does compassion mean? Philosophical and psychological roots

Moral sentiments, such as compassion and valuation of human lives, represent central subjects in many fields of study. However, words such as sympathy, pity and compassion have generally played minor roles within political theory, which within its field has been more focused on the concepts of freedom, justice and rights¹⁷. Emotions, likewise, have often been conceptualized outside the political sphere, affected by cognition and brain rather than by social norms and rules. Consequently, one might place these subjects within psychology and philosophy at first thought. But, moral sentiments within political theory can actually be traced back to great influencers such as Aristotle, or Adam Smith and Jean-Jacques Rousseau in the 18th century.

According to Käpylä and Kennedy (2014), when exploring the philosophical and psychological roots of compassion in its relation to politics, one can differentiate between the cognitive and the affective view. The cognitive view, which can be connected to the work of Aristotle, identifies compassion as an informed passion, that emerges, on grounds of ones beliefs, when the object of compassion is in a misfortunate situation. Conducive to this passion being exercised, three cognitive mechanisms are required: firstly, the suffering and pain of the object needs to be grave, not minor. Secondly, the objects of compassion are not to be blamed for their situation, the suffering is not their fault. Finally, the person experiencing compassion needs to be able to recognize him or herself in a similar position as the object of compassion¹⁸.

Rousseau represents one of the few democratic theorists that has been acknowledged for his engagement with both compassion and political democracy, which is very much in line with the cognitive view of Aristotle. In his “Second Discourse”, Rousseau highlights two human capabilities that are apparent before reason, self-preservation and pity, where the latter is defined as what “inspires in us a natural repugnance to see any sensitive being suffer, principally of fellow men”¹⁹. While pity and compassion are two separate words, in both Rousseau’s and

¹⁷ Boyd, R. (2004). Pity's pathologies portrayed: Rousseau and the limits of democratic compassion. *Political Theory*, 32(4), 519-546. P. 520.

¹⁸ Käpylä, J., & Kennedy, D. (2014) P. 265

¹⁹ Boyd (2004) P. 521

other scholar's cases, the terms are frequently used interchangeably. According to Rousseau, compassion (or pitié), hinges on what he calls "identification" with another human. This means that compassion requires a process where we must imagine ourselves in another human's situation, and see the world through his or her eyes. And for humans to develop compassion, it also requires human suffering to happen, and it entails us to look beyond our differences and find something we can identify with²⁰. It also necessitates what Rousseau, together with other scholars, call "similar possibilities". Rousseau implies that "awareness of one's own weakness and vulnerability is a necessary condition for pity"²¹ and if we cannot imagine or feel frightened of being in the same situation as the other, we will not feel compassion towards them.

If we instead move over to psychology and behavioral science, this field is more in line with Käpylä and Kennedy's affective view. Here, compassion is seen as a natural feeling of co-suffering, and a basic non-cognitive human emotion²². According to psychologists and neuroscientists such as Preckel, Kanske and Singer, compassion is defined as "a complementary social emotion elicited by witnessing the suffering of others" which is "associated with feelings of concern and warmth, linked to the motivation to help"²³. Furthermore, advocates of the affective view stresses compassion as an involuntary, sometimes spontaneous feeling, compared to the cognitive view²⁴.

Despite its conceptual differences, compassion has often, as we could see through the work of Rousseau, been conflated with its related sentiments, such as empathy, pity and sympathy. A clarification of its distinctions is therefore necessary. Empathy, according to Käpylä and Kennedy, means sharing any feelings with another person, regardless of its positive or negative bearing. Compared to compassion then, it does not require suffering or pain. Sympathy, on the other hand is very closely connected to compassion, with the sole difference of the latter requiring more intense suffering, and mobilize less action. Furthermore, pity, as was conflated with compassion by Rousseau, has come to be denoted to a negative connotation to superiority of the "pitier", which doesn't necessarily motivate any action or will to alleviate the suffering²⁵.

²⁰ Boyd (2004) Pp. 523f

²¹ Nussbaum, M. (1996) Compassion: The basic social emotion. *Social Philosophy and Policy*, 13(1), 27-58. P. 34

²² Käpylä, J., & Kennedy, D. (2014) Pp. 264f

²³ Preckel, K., Kanske, P., & Singer, T. (2018). On the interaction of social affect and cognition: empathy, compassion and theory of mind. *Current Opinion in Behavioral Sciences*, 19, 1-6, P. 1

²⁴ Käpylä, J., & Kennedy, D. (2014) pp. 264f

²⁵ Ibid pp. 263f

However, as will be shown later on, respondents and informants in this thesis might have their own understanding of the word, and might not be aware of its conceptual differences, and words such as empathy and sympathy was often used interchangeably.

Based upon the findings above, the definition used will be one as summarized and defined as “socio-political compassion” by Käpylä and Kennedy: *“Compassion is an embodied yet socially informed response in which an intimate connection between a sufferer and a non-sufferer becomes established through the latter’s acknowledgement and co-experiencing with the former’s pain or misfortune. As such, compassion is often, and in time, experienced as a painful sensation, and the overall emotional attitude may be further embellished or perpetuated by higher cognitive processing, including beliefs or thoughts about the suffering object of emotion and her negative condition. The emergence of the compassionate connection typically motivates acts towards the mitigation of suffering, though the practical form of mitigation – for example immediate aid or eradication of the causes of suffering (including their financial support) – remains subject to social formation; compassion has no essential action tendencies”*²⁶.

2.2 Compassion in contemporary politics

With this clarification in mind, this section seeks to explain the role compassion plays within contemporary politics and especially humanitarian action today, with the aim of arriving at two contrasting hypotheses, which will guide the remain of the study.

According to Richard Boyd (2004), the welfare state of today and our global network of institutions that provide aid and humanitarian assistance represents direct extensions of compassion, formed by the technology and social awareness of modern society²⁷. In addition, Didier Fassin (2012), a more recent scholar within anthropology and sociology, argues that moral sentiments have central influence within contemporary politics. By moral sentiments, Fassin means “the emotions that direct our attention to the suffering of others and make us want to remedy them”²⁸. Compassion, he argues “represents the most complete manifestation of this paradoxical combination of heart and reason: the sympathy felt for the misfortune of one’s

²⁶ Käpylä, J., & Kennedy, D. (2014) P. 266

²⁷ Boyd (2004) P. 519

²⁸ Fassin, D. (2012) P. 1

neighbor generates the moral indignation that can prompt action to end it”²⁹. Compassion within politics, both on national and international level, has come to be used as both justification for and definition of interventions, through the language of humanitarianism, an issue he calls humanitarian reason³⁰. Furthermore, Käpylä and Kennedy claim that since humanitarian relief requires the compassionate instincts of people to operate, it plays a significant role within global politics. They argue that diverse sentiments will enable diverse politics, emphasizing the importance of emotions and compassion in global political outcomes³¹.

2.2.1 Compassion, biopolitics and the value of life

According to Martha Nussbaum (1996), compassion, like any other moral sentiment, invokes value. This means that compassion necessitates that a situation has significant matter for the life in question. Consequently, Aristotle, referred to by Nussbaum, argues that we develop compassion in “serious” situations which carries certain weight, such as situations involving death, weakness, illness and alike, which we value as grave, rather than trivial³². While compassion, as is apparent in the work of the scholars above, is based on a feeling of co-suffering towards the poor, unfortunate and vulnerable, stemming from our values, emotions and sensitivity, it is also directly connected to inequality. To clarify, although compassion is built upon the identification of others as fellow-men, in line with egalitarian norms, it is, according to Boyd, also inescapably tied up with “relational differences that are the very antithesis of natural equality”³³, since it requires an identification of the “otherness” of the sufferer.

According to Fassin, this problem is sociological, since it is the inevitable social relationship that is created between the powerful giving aid on the grounds of compassion and the weak receiver, that creates an unequal relationship without reciprocity³⁴. He argues that it is important to understand that when compassion is exercised within politics, within the public space, on the battlefield, or in a refugee camp, it is always aimed from above, which will have great implications for the people below³⁵. This is something that has also been highlighted by Marcel Mauss, in his famous essay *The Gift* (1990), where he argues that collective action exercised

²⁹ Fassin, D. (2012) P. 1

³⁰ Ibid, P. 2

³¹ Käpylä, J., & Kennedy, D. (2014) P. 255

³² Nussbaum (1996) P. 31

³³ Boyd (2004) P. 521

³⁴ Fassin (2012) P. 3

³⁵ Ibid pp. 3f

by groups, such as humanitarian relief, “involves social contracts and reciprocity” and that it is through “the exchange of gifts that individuals are connected to a larger society and hierarchy is established”³⁶. Consequently, this further highlights the inconsistency and complex relationship between the sufferer and the observer within humanitarian action.

2.2.2 Levels of compassion: Culture, media and proximity

What we can distinguish from previous sections is that compassion is not a constant human feeling, with clear emotional boundaries. It is rather a malleable emotion, which is affected by external factors, involving valuations of human lives. Going back to behavioral research, psychologists such as Dickert et al. (2012) has explored how compassion and sympathy alter within charitable giving and public reactions towards mass tragedies. Charitable giving, i.e. donating money towards people in need, represents a significant manner in which people express care and compassion towards others, even to causes that are distant from oneself. When people decide where to allocate their resources, trade-offs must be made, which is usually based on which ethical theory one has endorsed, consciously or unconsciously. While many people might at first thought portray themselves as supporters of total utilitarianism, where every individuals’ welfare is to be valued equally and goods to be allocated with the goal of benefitting all people equally, this is not as obvious in practice. Agent-relative utilitarianism, assigns more resources and welfare to close others, which means valuing someone close to you higher than a stranger. Such ethical theory, might for example be in line with why we react with more magnitude when a tragedy happens near our own social life³⁷.

Dickert et al. argue that even when one favors egalitarian norms, human lives are generally not valued in a consistent, rational pattern³⁸. Studies have shown that when people value public goods they are rather insensitive to changes in scope, which represents a strong deviation from classical economic principles. Focusing on psychological and behavioral factors, Dickert et al. hold that within decisions touching upon moral principles, such as when lives are at stake, the motivation for helping others shows an even stronger deviation, revealing clear shifts in values and levels of compassion, which also in many instances goes against egalitarian principles. For example, studies have shown that singular victims often mobilize more donations than a group of victims, which has been called the “singularity effect”. Likewise, when a victim is

³⁶ Mauss, M.(1990) *The Gift*, quoted in Bornstein, E., & Redfield, P. (Ed.). (2011) P. 8

³⁷ Dickert et al. (2012) P. 97

³⁸ Ibid P. 96

“identified” i.e. their face, name and story is told, people tend to pay more attention to him or her, than they would with a group in which only statistics and numbers are presented. An obvious example was the publication by major newspapers of the 3-year old Syrian boy Alan Kurdi, whose lifeless body washed up on a beach in Turkey came to wake the world and mobilize tenfold of funding towards the Syrian refugee crisis³⁹. The fact that donations increase for a single, identified victim, while decrease for statistical numbers and groups, also proves a deviation from the egalitarian principle of all humans being equal⁴⁰.

What we can see from the work of Dickert and his colleagues is that compassion has its limits, which patterns show deviations from egalitarian norms. These scholars are not alone in arguing for this fact. Fassin also claims that compassion has limits, and that the limits of compassion are territorial, but foremost social and racial⁴¹. Maier (2015), who has explored this phenomenon within media, claims that people tune out certain events and show less compassion when events are geographically or culturally distant. A local tragedy will create more attention than events that are unfamiliar to us⁴². This goes in line with Rousseau’s argument, since we might more easily identify with tragedies that are near and similar to our own social life.

In line with these scholars, Rony Brauman (2009) highlights the recession and changing boundaries of sentiments, and how suffering is not something we feel equally to everyone. He uses the 2004 tsunami in Southeast Asia to explain the feeling of proximity, which is closely connected to compassion. Proximity, or closeness, can be in forms of space, time or relationship. The tsunami might have been far away from Europe in terms of distance, but it was mentally close, since it took place in one of Europe’s most known tourist destinations, creating a relationship and proximity to the location.⁴³ Proximity, in its different shapes and forms, will play a great role in nurturing compassion. Here, humanitarian aid organizations play a role in equalizing the often irregular response to disasters by individuals, in their quest of ensuring the alleviation of suffering for all. Furthermore, one must be aware of what role media perform in this dilemma. Since, as we can see, compassion often requires an imagery or

³⁹ Cole, D. (2017). *Study: What Was The Impact Of The Iconic Photo Of The Syrian Boy?*
<https://www.npr.org/sections/goatsandsoda/2017/01/13/509650251/study-what-was-the-impact-of-the-iconic-photo-of-the-syrian-boy>

⁴⁰ Dickert et al. (2012) pp. 97f

⁴¹ Fassin (2012) P. 179

⁴² Maier, S. R. (2015). Compassion fatigue and the elusive quest for journalistic impact: A content and reader-metrics analysis assessing audience response. *Journalism & Mass Communication Quarterly*, 92(3), 700-722, P. 702

⁴³ Brauman, R. (2009). Emotion et action humanitaire. *Études*, 410(1), 9-19. Pp. 10f

awareness in order to be awoken, media attention might influence potential emotional response and action. In the same vein, the extensive media coverage of the tsunami further increased the emotional response and action of Europeans. As has been described by Jonathan Benthall: “disasters do not exist – save for the victims – unless publicized”⁴⁴

2.2.3 Compassion fatigue and compassion satisfaction

What the previous sections show is that in order to feel compassion, we need to be able to put ourselves in “victim’s” or “other’s” position. A story of an individual, with a face and a narrative, will bring more emotions, than hundreds of anonymous bodies, an effect in which media is highly involved in creating. We could also so see that the feeling of proximity, as identified by Brauman, can increase ones’ compassion and emotional response. In contrast however, which has been partly revealed in previous sections, there are several examples where compassion fades when we are overwhelmed by tragedies and their magnitude. While *compassion fatigue* is a rather new area of interest, originally explored within the work of care takers limited to the medical sector, this phenomenon can actually already be found in the work of Henry Dunant. In his “Un Souvenir de Solférino”, Dunant describes a sudden strike of insanity: “soon one of these soldiers feels sick with emotion, and our other volunteer nurses withdraw one after the other, they are incapable of withstanding the sight of so much suffering that they can help so little”⁴⁵. While not explicitly defined as compassion fatigue, Dunant evidently depicts feeling overwhelmed and helpless towards the suffering.

Compassion fatigue has today come to include the public and their reaction towards human tragedies. As we saw in the previous section, statistics instead of individual stories can diminish compassion, and further studies have shown that over-exposure to suffering can decrease empathy and lead to compassion fatigue. One aspect of compassion fatigue is so called “Psychic numbing” which has been defined as “reduced emotional responsiveness associated with exposure to traumatic events”⁴⁶. Within media response, Maier has found that “bad news” in combination with lack of context surrounding the situation and absence of possible solutions can lead to compassion fatigue. Some scholars have argued that this decrease in compassion

⁴⁴ Benthall, J. (1993) quoted in Käpylä, J., & Kennedy, D. (2014). P. 270

⁴⁵ Dunant, H. (1862) quoted and translated in Taithe, B. (2007). P. 134

⁴⁶ Maier (2015) P. 705

due to media exposure may be a psychological defense mechanism, since people dread that the needs of people in disasters will be overwhelming and unbearable⁴⁷.

Ever more apparent, there are several documented risks related to working with and helping individuals in traumatic and disastrous situations, such as within the humanitarian field. Prior research, by Skeoch, Stevens and Taylor (2017), has shown that humanitarian workers experience higher levels of negative mental effects, such as depression, anxiety and posttraumatic stress, compared to the general population⁴⁸. For instance, within MSF France between 2013-2014, about 25% of anticipated field returns (i.e. expatriates who leave the field before the end of their contract either by resigning, being fired or by mutual agreement) were linked to stress, fatigue and team conflict⁴⁹. Although working within such a profession can be rewarding to a great extent, involving a feeling of warmth and “doing good”, workers can also experience negative effects that are often connected to compassion fatigue, which has been defined as “the reduced capacity for empathy toward clients resulting from the repeated exposure to their trauma”⁵⁰.

People who have been exposed to traumatic stress, for example through their direct contact with victims in need and graphic images of suffering, are at great risk of negative symptoms such as compassion fatigue. This phenomenon, according to Stamm (2010), is often broken down in to two parts; burnout and secondary (vicarious) trauma. The first part comprehends emotions such as exhaustion, anger and depression, together with feelings of hopeless and being overwhelmed by one’s work environment. The second part is something that troubles people who have been exposed to the trauma and stress of the ones they are helping. Negative effects can involve experiencing sleeping difficulties, frightening images or the avoidance of certain situations, which reminds a person about their experiences⁵¹. According to Zawieja (2015), the most apparent characteristic of experiencing compassion fatigue is emotional exhaustion, which can evolve into a gradual erosion of empathy, optimism and compassion towards beneficiaries, and instead becoming more cynical⁵². The problems associated with negative outcomes of working

⁴⁷ Maier (2015) P. 705

⁴⁸ Skeoch, K., Stevens, G. J., & Taylor, M. (2017). Future role aspirations, achievement motivations and perceptions of personal help-seeking among humanitarian aid trainees. *Journal of International Humanitarian Action*, 2(1), P. 1

⁴⁹ Veilleux, N. (2016) Risque d'épuisement chez les humanitaires. *Preventique*, 149, 68-69, P. 69

⁵⁰ Thielemann, K., & Cacciatore, J. (2014). P. 34

⁵¹ Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. *Pocatello*, ID: www.ProQOL.org pp. 12f

⁵² Zawieja, Philippe. (2012). Vous avez dit "fatigue compassionnelle"? *Mensuel des maisons de retraite*. 25-26.

in the field in human disasters does not only affect the individuals themselves, but also the people they are helping, as well as relatives, close others and the organization they represent⁵³. In contrast, the positive outcomes of providing care within humanitarian aid has, according to previous research, been termed compassion satisfaction. These outcomes and aspects involves altruism, i.e. feeling satisfied and good that you have or is helping someone⁵⁴.

Furthermore, studies, such as Skeoch, Stevens and Taylors', have shown that prevention programs and good preparation can limit the risk of experiencing compassion fatigue and that the motivation of humanitarian workers prior to field missions can influence how one's mental health will be altered during and after them. Humanitarian organizations often have diverging protocols regarding the psychosocial support and preparation of employees. Inadequate training and preparation can result in humanitarian workers adapting unrealistic expectations of achievements. Meanwhile, individuals that show signs of altruism, and high aspirations, often exhibit good resilience against negative effects on mental health. Another noteworthy mechanism of resilience against compassion fatigue that has been identified in previous research, has been a social support system of individuals, knowing there are people in one's surroundings that will be able to support and assist⁵⁵.

2.3 Theoretical framework, hypotheses and operationalization

When we look at the research field, we can see two clear lines of theories of compassion emerging, with specific themes more distinct than others. Compassion, as we have seen, is not a constant feeling, rather, it is temporary and malleable, and while it can be identified as an embodied human emotion, it also socially informed and highly sensitive to external factors. These factors, will not only affect the compassion of the person in question, but also matter for the emotional response and engagement with other human beings. Rousseau, along with other scholars, implies that compassion, a feeling of co-suffering and a wish to alleviate it, is developed when we experience *identification* with and can imagine ourselves being in the situation of the other. Prior research also shows that we will more easily identify ourselves with and feel more compassion towards a single individual, than a group of victims. Another aspect that affects your level of compassion has to do with *proximity*, which means that we might react more when a disaster takes place in a context we are familiar with, or has some relation of

⁵³ Stamm, B.H. (2010) p. 8

⁵⁴ Ibid

⁵⁵ Skeoch, K., Stevens, G. J., & Taylor, M. (2017) pp. 2f

closeness to, which can be near mentally, culturally or in space. Focusing specifically on compassion within humanitarian action, we could also see that an individual's *preparation and motivation* can highly affect their emotional response after field missions.

While previous work has focused on compassion in relation to donors, media, and public reactions, what has yet to be explored is if, and in that case how, compassion shifts within a certain case of humanitarian workers. If we take these first part of arguments into account and apply it on the humanitarian sector, we can imagine that *the greater understanding, identification and proximity we feel for beneficiaries, the more compassionate we will feel towards them*. Yet, regardless of distance, humanitarian workers engage with and help people they might know nothing about, and have no other obvious connection than both being human beings. If we apply the first part of arguments surrounding compassion on past and present students of the NOHA program, this would assume that the ones who have conducted humanitarian work in the field, or on “the ground”, who have experienced the tragedy first hand and seen “the faces” of the victims they are helping and can thus identify with their situation, should feel more compassionate and experience compassion satisfaction, compared to an individual that might have the same academic background, but who has no field experience. However, if this is correct, it means that it would go against egalitarianism and the founding principles of humanitarian action, that all lives have equal worth, and would thereby imply that valuations of lives through compassion will differ depending on how well you are able to identify and feel closeness with the people you are helping.

On the other hand, as shown in the last section, over-exposure to suffering, especially within professions that involve helping people in traumatic settings, can lead to compassion fatigue, among many other negative health effects. Compassion fatigue, which could be traced back to the work of Dunant, can emerge as a result of *traumatic events*, and can also develop through negative effects such as *burnout and secondary traumatic stress*. Applying these arguments to the humanitarian sector, one can conclude that *the greater exposure to suffering and traumatic events in the field, the less compassion we will feel*. Compassion fatigue, which can manifest itself through the erosion of empathy and compassion towards others, can have a serious impact on both humanitarian workers, the organization they are working for, and its beneficiaries. If this argument holds, it would mean that NOHA students who have field experience, and have been exposed to suffering, death and tragedies on a daily basis, should have a lower level of compassion compared to a group who hasn't. As such, this side of the coin thus implicate that

someone who has experienced the field a certain period, should not only show a lower level of compassion satisfaction but also potentially experience compassion fatigue, burnout or secondary trauma to a higher degree, compared to a student that has yet to experience field missions.

This gives us 2 hypotheses:

H1 - “Compassion satisfaction”: Compassion is developed when we can identify with the other, and we will feel more compassion towards people in tragedies that are closer to us, which we feel proximity to. Thus, humanitarian workers of NOHA that have experience from the field, who experience identification and proximity with victims through their interaction, will have a *higher* level of compassion satisfaction and lower levels of compassion fatigue.

H2 - “Compassion fatigue”: Over-exposure to suffering decreases compassion, and can lead to compassion fatigue. Since many humanitarian workers of NOHA, having been positioned in the field and exposed to suffering on a daily basis, while staff positioned outside of field operations are more distanced, the prior group will have a *lower* level of compassion satisfaction and higher levels of burnout, secondary trauma, and compassion fatigue.

To summarize, this study will be guided through three themes, related to the two hypotheses, which will be applicable to both the quantitative study and the qualitative material. The first two themes, resonating with compassion satisfaction and field experience, are *preparation and motivation* and *identification, culture and proximity*. Based upon findings above, compassion satisfaction will be operationalized through the identification, understanding and feeling of proximity with beneficiaries, as well as feeling satisfied and good about your work. The second part, relating to second hypotheses, will consist of the theme *traumatizing events, burnout and secondary traumatic stress*. Compassion fatigue will be operationalized through burnout and secondary trauma, as well as feelings such as exhaustion, hopelessness, and stress.

3. Methods

3.1 Research design

As discussed in the previous section, compassion represents a difficult normative subject, and might therefore be considered difficult to measure. To be able to test the hypotheses above and to make my study as strong as possible, I chose to combine quantitative and qualitative methods.

This study thus consists of a case study design, where investigating the relationship between field experience and compassion was done through a survey study combined with in-depth interviews. Combining different methods, which has been called triangulation, has seen a growth in usage in later years. While some might oppose mixing methods, arguing that the two have different epistemology and ontology, this does not necessarily have to be the case, and there are several advantages which should be acknowledged. Triangulation has often been used to increase the validity of studies, to see if the findings of the two parts corroborate. Other pro arguments have to do with offset, in which combining two methods will offset each of their weaknesses, and completeness, where using both is argued to bring a more holistic account of a certain phenomenon⁵⁶.

3.2 Quantitative part

3.2.1 ProQOL

The first part of the study consisted of a survey research design based on a self-completion questionnaire. Compassion amongst current and past students in humanitarian action, was measured through a “Compassion satisfaction and compassion fatigue-test” called *Professional Quality of Life Scale (ProQOL)*⁵⁷, which has been developed by psychologists and has been used within a lot of research. The test, which is a 30 questions Likert-type scale questionnaire (1 = never; 5 =very often), shows the population’s “amount” of compassion, in three subscales, compassion satisfaction, secondary traumatic stress and burnout as was introduced in the previous section. Here the two latter subscales are related to compassion fatigue. These subscale’s scores were generated by summarizing the scores of ten question per scale.

3.2.2 Case selection and survey design

Previous studies of compassion fatigue and satisfaction have mainly focused on nurses, emergency care etc., but has not yet, to the best of my knowledge, been measured within a certain group of humanitarian workers. In order to explore how one’s compassion is affected by working in the field of humanitarian action, the aim was to find delimited group with somewhat similar characteristics, which would contain both individuals without field experience and individuals with. Ideally, this should have been examined using an experimental design, often described as a “golden standard” within science⁵⁸. In that case, one could have

⁵⁶ Bryman, A. (2015). *Social research methods*. Oxford university press. P. 633

⁵⁷ Stamm, B.H. (2010). *The Concise ProQOL Manual*, 2nd Ed. Pocatello, ID: www.ProQOL.org

⁵⁸ Bryman, A. (2015) P. 51ff

measured compassion both before and after field missions, among the same individuals. However, because of the limit of time and scope for this thesis, and the most common minimum time of field missions (3 months) this type of study was not possible. Nevertheless, the design of this study can be explained as an observational study, where the group without field experience represented the control, the group without “treatment” (field experience), while the second group represented the treatment group. However, compared to an experimental design, individuals in this study were not randomly assigned to treatment (field experience), which means that their potential response could be contingent on unobservable factors.

The questionnaire was online-based, and the link was sent out by email to the Alumni Network of NOHA in Uppsala, i.e. to students who have completed the Joint-Master program in Humanitarian Action and had Uppsala as their host university, including 100 students. The email was sent out by the program administrator, which meant that the participants could complete the questionnaire online anonymously. No email addresses were collected, only the results and scores were retrieved by me. Furthermore, to get a wider variety of experiences, ages and nationalities, the questionnaire was also shared in the NOHA network Facebook group, which included both past, present and future students of the program. The questionnaire, which as mentioned was online-based, which participants reached by clicking the attached link, included a first page of brief information about the study and informed consent. Continuing to the survey from this page, was considered to imply consent, as was outlined on the first page. The survey, including the ProQOL, can be found in Appendix 1.

3.2.3 Variables

To be able to test the two hypotheses, the ProQOL test was complemented by questions related to both the independent variable and control variables. The dependent variable in this study is the compassion of humanitarian workers and students, which was measured through the ProQOL in the three subscales. The independent variable is the field experience, i.e. if the students have worked in the field or not. The variables and hypotheses are presented in the figure below. The questionnaire began with introducing the independent variable, where the participants were asked if they had worked in the field or not. By making this distinction, the scores from the subscales of the ProQOL could be compared, between the control and treatment group, in order to assess if there was a correlation connected to any of the two hypotheses.

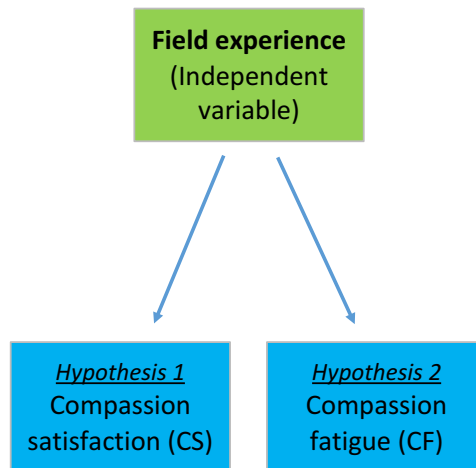


Figure 1. Model of variables and hypotheses

Subsequently, a demographic face sheet, including gender and age, and control variables also preceded the ProQOL. As we could see in the theoretical section, compassion can be affected by external factors which are related to your experience of field work. Besides including the independent variable in the survey, the questions that preceded the ProQOL also included variables such as time in field (in months) and number of field missions. These control variables were introduced only to the individuals that answered yes to the question of field experience or not, since they were inapplicable to the control group. These variables were included in order to test whether a potential relationship between field experience and compassion might be spurious, or influenced by other factors, which could affect the internal validity of the study. Control variables were chosen based upon both advice from informants and examination of prior research using the ProQOL. Amount of missions and time spent in field was for example included because of its potential relation to burnout, as identified by informants.

Furthermore, since compassion, according to the theoretical framework, is highly connected to proximity and identification, two other variables were included. One concerned what area of field operations individuals had worked in, including categories such as medical, coordination, protection, logistics etcetera. Since compassion might be affected by the potential closeness towards beneficiaries, one might presume that individuals working in logistics, which mostly consist of office work directed towards personnel rather than beneficiaries, they might feel less compassion since they are more remote to beneficiaries. The survey also included the question of whether the individuals had had any cultural affiliation, i.e. religion, ethnicity, kinship or alike, to the context in which they worked in, since they might in that case, based upon prior

research, feel more compassionate towards beneficiaries. Moreover, individuals were also asked within what mission types they had been working in, involving categories such as refugee crisis, conflict, famine relief, natural disasters, and alike. The idea of this variable was to see if there existed any difference between what types of settings humanitarian workers are operating in. For example, conflict settings might not only affect beneficiaries but also the worker's own security, which might affect your mental health.

3.3 Qualitative part

In order to increase the validity of the study and broaden the data collection, the second part of the study consisted of qualitative open-ended interviews with both informants and respondents. A single qualitative interview study is often insufficient in producing generalizations, but in combination with other methods of collecting data as well as through comparison and basis on prior research, the method can produce valid descriptive conclusions. To be able to understand micro-processes, as in what emotions and feelings that are activated when working in field setting, those at the center of the phenomena needs to be properly consulted: humanitarian workers. Without including their thoughts and opinions, especially in a subject like this, the study could risk being shallow, but also insufficient in reflecting reality⁵⁹.

The first group consisted of three current students from the NOHA-program, representing the respondents. The purpose of the interviews with NOHA-students was to complement the quantitative results and compare it with respondents' thoughts and opinions surrounding compassion and their own potential experiences of the two hypotheses. These interviewees consisted of three women, all in different ages and with different nationalities, experiences and backgrounds. It was further accompanied by interviews with three other individuals, the informants, whom had not been enrolled in the NOHA program, and who have worked or are still working with international humanitarian organizations, all with diverse occupations, backgrounds and field experiences. All interviewees were chosen using a combination of snowball and convenience sampling.

In respondent interviews, as in the first group, the participants in question are themselves objects of study, representatives of the case group. In informant interviews, representing the

⁵⁹ Brounéus, K. (2011). In-depth interviewing: The process, skill and ethics of interviews in peace research. *Understanding peace research: methods and challenges*, 130-145. Pp. 130f

latter group, focus lies more on the interviewees as witnesses, or experts in the field, who might have different accounts and pieces of information that may help the researcher solve the puzzle in question⁶⁰. This second group of interviewees, thus served as a comparison with students of humanitarian action and previous research, to bring in an external perspective which could contribute to the wider discussion surrounding compassion in humanitarian action. Informants thus serve as a potential validation of the phenomena and information in question, which can strengthen the analysis⁶¹. The second group consisted of three people, two men and one woman, who all had field and research experience of international humanitarian organizations. To highlight the psychological perspective of compassion, one of the three informants was a psychologist, who has worked with psychosocial support for humanitarian workers both before and after field missions, as well as directly with beneficiaries, for 15 years. While he also had field experience of his own, focus lay on his experiences with humanitarian workers, and how they are affected by field missions.

The interviews were semi-structured, for the sake of keeping them flexible and focus more on the interviewees opinions and thoughts surrounding this subject, compared to structured interviews⁶². The interview guide as well as a list of informants and respondents can be found in Appendix 2. The topics and questions dealt with issues surrounding their work environment, feelings towards the people they are helping and experiences of the field, and its connection to compassion satisfaction and compassion fatigue. Since compassion itself often is considered as a qualitative feeling, the interviews functioned as an appropriate complement to the quantitative study and presented an opportunity to compare the thoughts and opinions of interviewees, with the results from the questionnaire. Regarding ethical considerations, informed consent was collected in the beginning of interviews. Additionally, the interviewees have been kept anonymous and given pseudonyms, throughout this study, whereas only age, gender, nationality, and profession will be displayed, in the pursuance of protecting their identity.

3.4 Coding of interviews and analytical method

All interviews were recorded and transcribed to facilitate the coding and analysis. When revising and coding the interviews it was divided by the three themes identified in the

⁶⁰ Esaiasson, P., Gilljam, M., Oscarsson, H. & Wängnerud, L. (red.) (2012). *Metodpraktikan: konsten att studera samhälle, individ och marknad*. (4., [rev.] uppl.) Stockholm: Norstedts juridik. P. 228

⁶¹ Ibid p. 258

⁶² Bryman, A. (2015). *Social research methods*. Oxford university press. Pp. 470f

theoretical section, resonating with compassion satisfaction and compassion fatigue. Reoccurring patterns were found and connected to its potential theoretical significance. Material was also found that did not exactly fit into these themes, but turned out to be an important component. Consequently, a fourth theme was added during the process of coding, which will be further explored below. The quantitative data, from the ProQOL, was analyzed by conducting independent mean t tests, comparing the means of the subscales between field and non-field participants, in order to determine whether there would be a significant difference between the two groups. The results of this test will be presented in the subsequent section.

3.5 Strengths and weaknesses of methods

An online self-completion questionnaire like the one used for this study has several advantages. Besides being easily administrated and convenient for respondents, it represents a suitable method to avoid interviewer effects such as social desirability bias. In structured interviews, compared to self-completion questionnaires, there is also a risk of respondents under-reporting on issues that are sensitive⁶³. Since compassion plays a big role within humanitarian action, and since humanitarian workers have a great responsibility towards their employer and the beneficiaries, answering questions about your professional life can be difficult and sensitive. The ability for respondents to self-complete the questionnaire and be anonymous might thus have played an important role in receiving honest answers⁶⁴.

However, there are also potential limitations with using self-completion questionnaires with one of the most common being a low response rate⁶⁵. As mentioned above, this survey was sent out by email to 100 email addresses, representing a total population sample, with a first-round response rate of 14%, which is low, but common with online external surveys. A reminder was also sent out in line with sharing the survey in the Facebook group, increasing the number of respondents to a total of 29 individuals. The low response rate could be a result of the disconnection to the group, since I, during the data collection, was not in direct contact with the students and alumni and was not myself a student of the program. Additionally, I did not use a compensation for participating respondents, since I aspired to keep these individuals anonymous, and there could thus have been less incentive for the group to participate. Low response rate can lead to the study being biased, since there could be a difference between

⁶³ Bryman, A. (2015) Pp. 234

⁶⁴ Ibid

⁶⁵ Ibid pp. 235

participants and refusals, which might affect the possibility of generalization⁶⁶. I am also aware about the difficulties in using a small n study, and its limitations in both comparing groups, as well as establishing relationships. Nonetheless, the low response rate and the small n of the study was complemented with qualitative interviews, as was explained above, which should increase the validity of the study. Additionally, individual data from the survey contained several interesting aspects, which will be explored below.

Another potential weakness could have been the usage of Facebook as a data collection point. While the usage of social media for research is still rather unexplored, it has been argued that its users might not portray a perfect representative. However, Facebook and social media represents an ever-growing phenomenon, and its variety of users increases every day. Therefore, the global reach of Facebook, have also been argued to represent cultural differences⁶⁷. In addition, the combination of Facebook and email in providing the survey, should have yielded a diverse and representative sample of the case group. Another limitation of this study could be the issue of not grasping the concept of compassion to a full extent, or the problem of operationalization. I am aware that the concept is multifaceted and that it could be both interpreted, measured and affected by factors that are omitted in this thesis. However, I wish to clarify that because of the limit of scope and time for this thesis, the study is focused on *how the factors related to field work, and its connection to the theoretical framework, affects compassion*, through the themes identified above. It should also be stated that when exploring a context like humanitarian action, in a research purpose, without having experienced it yourself, the study itself will always be explored through an outside-perspective. I am aware that my interpretations of this dilemma will be understood and analyzed through my respondent's accounts, instead of through my own experiences.

4. Results and analysis

The disposition of this section will be as follows. First, descriptive results of the questionnaire will be presented, including motives and explanations of control variables. Herein, the analysis of these results will be explored in the second subsection, in relation to the results of the

⁶⁶ Bryman, A. (2015) Pp. 235

⁶⁷ Kosinski, M., Matz, S. C., Gosling, S. D., Popov, V., & Stillwell, D. (2015). Facebook as a research tool for the social sciences: Opportunities, challenges, ethical considerations, and practical guidelines. *American Psychologist*, 70(6), pp. 6

interviews. Next, the analytical section seeks to forge the results from both the questionnaire, and the interviews, to examine, through the theoretical framework and the operationalization, whether any of the two hypotheses presented is applicable to the case group. This section will be divided into analytical themes, as was identified through the theoretical framework.

4.1 ProQOL results

4.1.1 Descriptive results

A total of 29 individuals completed the ProQOL-survey, 19 women and 10 men. Age among participants ranged between 23 and 42, with a mean of 31,79 (SD=4,29). The mean scores for the subscales were 36.17 (SD=7.39) for compassion satisfaction, 25.26 (SD=5.59) for burnout and 22.97 (SD=6.32) for secondary traumatic stress. Results of subscales are summarized in Table 1 below, as well as descriptive results of control variables and demographics. In the first subscale, scores of 42 and higher signify high satisfaction with work, and thus a “high” amount of compassion towards beneficiaries, while a score of 22 and below indicates low satisfaction. In the second and third subscale, scores below 22 represent low risk of compassion fatigue as related to burnout and secondary trauma, while a score of 42 and above characterize a higher risk of experiencing compassion fatigue. None of the participants scored in a high range of risk of compassion fatigue, but there were cases that scored below 22 in terms of compassion satisfaction, indicating a low satisfaction with their work.

	<i>n</i>	%	Mean	St. Dev	Min	Max
Age	29	100	31,79	4,29	23	42
Gender						
Female	19	65,52				
Male	10	34,48				
Field experience						
Yes	23	79,31				
No	6	20,69				
Time in field (months)	23		37,35	35,62	3	120
Number of field missions	23		6,39	6,63	1	30
PROQOL Score						
Compassion satisfaction	29		36,17	7,39	19	48
Burnout	29		25,28	5,59	16	36
Secondary Traumatic Stress	29		22,97	6,32	11	35

Table 1. Descriptive statistics

Out of the 29 participants, almost 80 percent answered *yes*, to the question of whether they had worked in the field or not. To answer the first specific research question, regarding if there was a correlation between field experience and compassion satisfaction or fatigue, independent means t tests were run, where the means for the three subscales were compared between the control and treatment group (Field *yes* or *no*). While a difference in means in each subscale could be found, where for example the group without field experience showed a higher mean for compassion satisfaction than the group with (mean of 37 compared to 35), none of the relationships were statistically significant, i.e. the difference in means did not exceed the standard deviations. Nonetheless, the control group, i.e. the group that had not yet experienced the field, and the treatment group, were not equally distributed, as one can see in the table above, and the number of people without field experience was comparatively small. Thus, with a larger n and a more equal distribution between field and non-field workers, significance might have been found. However, the fact that there was no significant correlation between field experience and any of the two hypotheses corresponded with the qualitative data, which will be further explored in the analytical section.

4.1.2 Control variables

Shortly after establishing the non-correlation between field experience and compassion, control variables were used to explore if there existed any direct relationship between them and the compassion subscales. As explained in the methods section, several control variables were introduced in the survey, to be able to test a potential spurious relationship, which inclusion was discussed and determined together with informants. Questions to field workers included but was not limited to, the type of field missions they had participated in and what area they had worked in. Answers among participants included field missions such as refugee crisis, famine relief, conflict, environmental emergencies and natural disasters. Mission areas ranged from coordination, logistics, and management, to medical, protection and WASH (Water, sanitation and Hygiene). Some participants had only worked in one are and type of mission, while some had participated in several. Overall, while the group represented a small n, the control variables showed a wide variation, increasing the representation of the group.

Looking at single control variables, one could discover other potential relationships that affected participants compassion, related to field experience and the theoretical framework. For instance, when examining the data individually, the individuals with the highest score of burnout and secondary traumatic stress actually had three variables in common: they had

worked in the field for at least 4 years or more, they both worked in refugee crisis, and they both had a cultural affiliation to a country in which they conducted field missions. While this could be a coincidence, one cannot disqualify that a larger n could have revealed a relationship between these subscales and control variables. Moreover, individual data results will be further explored in the next section.

4.2 Analysis

While the quantitative study revealed that there was no significant correlation between field experience and compassion satisfaction or compassion fatigue, its results and non-correlation however came to correspond with the qualitative data, which will be further explained below. This section seeks to forge and explore the quantitative data and the interview material together with the theoretical framework and prior research. It will be structured through and divided by the three themes identified above, relating to compassion satisfaction and compassion fatigue. However, a fourth and final theme was also added, relating to the aftermath and time after and in between field missions, which was discovered during the data collection as an important factor. Each subsection will be concluded with a summary of findings.

4.2.1 Motivations and preparation

This subsection seeks to explore the motivations for conducting field missions as a humanitarian worker or student of humanitarian action. As mentioned in the theoretical section, humanitarian action hinges on compassion and the will it creates to act. Compassion, as we have seen, is not only a feeling of co-suffering but also a will to alleviate it, and is a sentiment that is very much involved in humanitarian action and humanitarianism. This part pursues to explore what motivates humanitarian workers to engage in field missions, what kind of expectations students have of their future role, and how that image might have changed after working in the field. It also seeks to explore how students have been prepared for their potential field work. As we could see through previous research, preparation and training before field missions can also have a potential effect on how your compassion and mental health might be altered, which will be investigated through the interviews with NOHA students as well as with informants, since they too have participated in field missions.

When participants were asked about their motivations to pursue a career in humanitarian action, many of the features of humanitarianism were found. Motivations among both informants and respondents were such as:

Yeah, I was born in Lebanon and I lived the first five years in Jordan but I was born as a Palestinian refugee. Which I think has a lot to do with my decision to join this program and to work within the humanitarian sector (Miriam, respondent)

After my master in Global health, I felt I wanted reality experience. (...) But also because it touches upon the area of why the world looks in the way it does, why it is so unequal. And if I could do anything about it, or if I could in some way contribute, when I happen to have been born in a good country, I happen to have been lucky, to be able to help in some way (Josefine, informant)

The family I come from we've always been very into volunteer work, human rights stuff and then we were supposed to be in Thailand during the tsunami but we cancelled that trip, so yeah stuff like that (Emily, respondent)

The motivations of respondents, although differing from each other, all had a similar resemblance of altruism and the feeling of co-suffering with fellow man and the wish to alleviate it, which we can connect with compassion. Miriam, for example, had herself grown up in a complex setting, and described it as wanting to help “her own people”, despite her potential opportunities to have another life away from Lebanon:

I have the choice, like many friends tell me “stay in Europe” “work in Europe” “have a better life”. But no I always say like no I don't want this, it's like I don't know how to explain it but I will feel guilty, not going back. Because there is this responsibility towards the people you are living with (Miriam, respondent)

When asking both respondents and informants if they had ever experienced compassion fatigue, no one stated that they had, which could be a result of their motivations and altruism and potential training. With the statements above, it is possible to distinguish that even though you might be remote from disasters and tragedies, while living in another country, humanitarian workers still engage in humanitarian action, because of their wish to alleviate human suffering. This is also very much in line with egalitarianism, that all humans are equally worth, despite national borders. However, motivations among interviewees to pursue a career in humanitarian action was also in a sense built upon a responsibility, or guilt, towards the objects of suffering, which was not only expressed by Miriam. As we could see through Nussbaum (1996) and Fassin (2012), compassion is also built upon inequality, since it requires both the grave suffering of someone, and the relational difference between the sufferer and the observer. It is also often because of this inequality and misfortune of others that advocates of humanitarian action are motivated to engage in field missions.

As identified in the theoretical section, through Skeoch, Stevens and Taylor (2017), individuals that show altruism before entering field operations have proven to have a greater resilience

against negative effects on their mental health, including their compassion, in which the students all showed signs of. However, unrealistic expectations of achievements, often as a result of inadequate training before hand, can instead affect your mental health and experience in the field. This implies that there needs to be some sort of balance between your expectations, motivations and altruism, as was well described by one of the NOHA students:

I yeah I feel like it really really depends on the person and it also really depends on your motive, of why you're in the humanitarian field. I think that is kind of important, I feel there should be a difference between people seeking for sensation and people who have this big dream of saving the world and I don't think, like I think you should be somewhere in the middle because I don't think either of them is necessarily correct, like for me seeking sensation is not the right motivation for helping people but the big idea of saving the world is not possible and you probably will end up very disappointed (Anna, respondent)

Balance then, between your motives, expectations and compassion can to a great extent affect your potential emotional response when being exposed to the field. However, expectations of your field missions are often a mismatch with the actual experience, which was described by several participants as very common. Josefine, for instance, when talking about her first field mission, described it like this:

And then it was kind of like you didn't know how bad it was, (...) I prepared myself with thinking that "well I guess I have to stand in rubber boots in the mud and work" (...) But then when we arrived, it wasn't that bad (Josefine, informant)

The same informant also described that she had reacted differently to two of her missions, both depending on their different settings, but also because of her expectations. For example, before her first mission, she had expectations about the situation being worse, however, her second mission turned out to be worse than her first one. While she was aware of the dire situation in South Sudan, where her second mission took place, the preparation and information she received before departing did not match the situation on the ground. Instead she was assigned different tasks than she had been informed of, and had to work in unstructured settings. On top of that, the suffering of beneficiaries and severe condition people lived in, further contributed to her different reaction and feelings surrounding the mission, where she withheld that she might have felt better about it if the mission would have been more structured and if she would have had more preparation and information about what was to come. While Josefine just represents one story, several other interviewees expressed the importance of preparation, which confirms its significance for the effect on your mental health, including your compassion.

Furthermore, several of the participants also emphasized that it is difficult to know how you will cope with your role as a humanitarian worker before actually experiencing it, and that you have to “try it out” before knowing if you are apt or not to work within this field. However, when talking with the three NOHA students about compassion, and the potential connection to field experience, one could quickly see that this subject had been brought up during their education, especially regarding the subject of compassion fatigue. When asked about what personal traits are needed before entering the field and if compassion is a prerequisite, all respondents agreed upon its importance, while acknowledging the risk of being too involved with people you are helping:

I think you really need to have the right balance between empathy but also that its not affecting you too much, because no one wants to end up with like PTSD after working in the field. But yeah obviously you should have like a big level of compassion because otherwise I don't think you can sacrifice yourself to do this work (Anna, respondent)

The good chemistry is to have the good distance I will say, which is not so easy. You need compassion to do this work, but if you have too much compassion you are at risk too. And medical staff, paramedical staff, it's a part of the training to protect themselves. Which is not the case of the logistician or administrator (Martin, informant)

Again, balance, but here between emotional investment, through your compassion, and the distance to the people you are helping, is according to interviewees crucial when working in humanitarian action. The last quote by Martin, a psychologist in the humanitarian field, emphasizes the potential difference in emotional preparation of medical staff and logisticians, or other “office-based” work. He argued that since medical staff are more used to and trained in handling suffering, they might be more resilient to negative effects on their mental health, an issue we will explore further in section 4.2.3.

Summarizing this section, it is possible to conclude that preparation, motivations along with your personal traits and coping mechanism matters for your emotional response. While all participants revealed resemblance with humanitarianism and altruism, even when a place with great suffering is geographically distant from yourself, there were also signs of guilt and responsibility in their reasoning for engagement. However, while altruism can increase your resilience against negative mental health effects, we could also see that the motivations you have together with your preparation and training before entering the field can likewise diverge when entering the field, which can affect your emotional response. Furthermore, this section highlighted the importance of balance, between compassion, emotional investment and distance

to beneficiaries is vital for your potential mental response. However, your coping ability of the field before experiencing it might be difficult to assess, and participants thus expressed the importance of trying it before knowing if you are suitable or not to work in this field.

4.2.2 Identification, culture and proximity

One of the most central aspects of compassion, when looking at its historical and theoretical roots, is identification. As argued by Käpylä and Kennedy (2014), Rousseau (in Boyd, 2004) and Dickert et.al (2012), compassion very much depends on your ability to identify yourself with the people that you are helping and your potentiality of imagining yourself in the same position. Furthermore, as emphasized by Brauman (2009), along with prior scholars, your cultural, social and emotional ties to the object of compassion can also affect its magnitude, as well as a feeling of proximity. This section aims to explore what role identification, culture and proximity might play within your field experience and its potential effect on compassion. Here, I likewise aim to investigate whether these notions will increase your compassion, and if thus humanitarian workers might have a higher amount of compassion satisfaction towards beneficiaries, compared to others working in the same sector, but not in field settings.

First, when exploring the aspect of identification, the question of whether you are more able to identify with the people you are helping when working in the field compared to before, quickly came to be verified during interviews. All respondents said that working in the field will increase your understanding of the situations beneficiaries are facing, and that it greatly differs from being remote. Firstly, the actual difference in distance, was expressed, with the quote below representing an example:

I think you have to look at things in relative terms, you can't compare your situation being sitting in a headquarters or in coordination, in a capital somewhere and being exposed, again the context and the stories of the people or their physical state or their nutritional state, you know. Here in Paris I'm not being around malnourished kids everywhere and I'm not afraid of kidnapped when I'm out of the office going to a restaurant so the reasons for anxiety are much less related to the work (Henry, informant)

The same informant also said that this distance applies even while you are positioned in the field, but distanced from the actual "action" or suffering, meaning that the kind of emotions that are brought forward are much lighter when you are not in direct contact with people. The actual distance in space then, is not conducive to experiencing compassion, rather, it has to do

with the direct contact with beneficiaries. However, when looking at the quantitative data, where field workers were asked if they had been in direct contact with beneficiaries in their professional role, all answered yes, which made a comparison impossible. And by looking at the data, even when people had been in direct contact, they could still experience scores near compassion fatigue, and show low compassion satisfaction, which would dismiss the first hypothesis. The actual meeting then, might not be solely vital. Instead, it may be the relationship and connection that might be created through meeting beneficiaries in the field.

Secondly, what could quickly be distinguished in the interview material was the feeling of proximity, as highlighted by Brauman. According to Brauman, proximity, or closeness, can be through time, space or through relationship, which means that even though something might be far in distance, we might experience compassion because of the mental relationship we have to the object. Furthermore, proximity is also a relationship that is created through the interaction between people, which might increase the feeling of compassion and potentially explain a higher emotional investment. For example, Anna and Miriam, though not explicitly mentioning either compassion or proximity, both describe the feeling of creating a relationship to the people you meet through work, and how it might affect you:

I get really really attached to places where I live, and the people and culture. So I can imagine that if I'm in a certain place for a long time I get way too attached and then obviously it affects you more because. Yeah I think it has to do with what I said earlier, then you really start identifying yourself with your beneficiaries and I think that in the end it will affect you personally more (Anna, respondent)

So if you create this relationship with them in a way that you will be affected every time then you'll reach a time when you can't continue (Miriam, respondent)

This relationship then, created through the interaction with beneficiaries, will highly affect your emotions, which goes in line with the hypothesis of compassion satisfaction, that your compassion will increase when you go to the field. Furthermore, another aspect that was emphasized through interviews was the difference between working in an office setting, a headquarters and “on the ground”, where both respondents and informants highlighted the importance of seeing reality in order to understand the people you are helping. While field missions might not be a specific requirement for working within humanitarian action, participants in interviews all agreed that it is not until you experience natural disasters, complex settings, and conflict areas first hand, that you really understand how people are affected. This understanding of the situation, further resonates with Rousseau's compassion. However, it is

not only through your own understanding of the context, but also through the stories and experiences of the people you meet, which will differ depending on how closely situated you are to the beneficiaries your organization is working for. For instance, Emily described the different experience of working in a non-field setting and its relation to compassion:

But you've never been there, you've never met them. But you're still compassionate, you want to help them. But you're maybe not as invested. While the people who are on the ground in the asylum, of course they have closer connection. But I think it's on a different level. Of course you are compassionate to everyone, but if you're in the midst of it, or far away, you have different levels (Emily, respondent)

By different levels, Emily referred to the potentiality that office workers, who have never been in direct contact or felt closeness with beneficiaries will have a lower level of compassion, compared to people on the ground. Josefine, similarly described how you can have different levels of compassion, where she compared the situation of experiencing compassion when you watch the news, and the experience of developing compassion by meeting people, fellow-men, which you can identify yourself with, a statement that further confirms Rousseau's notions:

Yes in some way it's well, in a meeting with another human. It's there I guess the compassion develops. Then I am also thinking, no but if you watch the news and alike you might feel some kind of compassion, but it becomes in a completely different way in an individual meeting. (...) Because then you see so much more, and it's through a relationship. It's in a different way through a meeting, were you see even more that this is a person that could have been me (...) The greatest lesson from my field missions is that we humans are more alike than we might think. (Josefine, informant)

This quote can be connected to both the cognitive view of Käpylä and Kennedy as well as Rousseau's understanding of "similar possibilities", i.e. where compassion is developed when a person can imagine him or herself being in the same position. The potential difference in the perspectives of employees working at headquarters and field workers was also expressed as an issue affecting the whole industry itself. Miriam for example, having experience from both the field and headquarters of international actors in humanitarian action, argued that people she has met at the HQ, without experience from the field, often have an incomplete understanding of what it looks like on the ground, which frequently results in unrealistic or unachievable demands on field workers. Henry, who agreed upon the difference between headquarters and the field, in contrast to Josefine, argued that working on an issue from a far distance does not necessarily have to mean that you will be less empathetic, or compassionate:

Working on a dossier such as the Rohingya, from Paris, can not be the same as working with the Rohingya, in the mud, for months, weeks, with them, like 400,000

people and trying to build some kind of shields so they don't get cholera, and listening to their stories on a daily basis, rather than just reading the news and you know on Twitter. So it doesn't mean that you are less empathetic but here it means that you're, less singular, less specific (Henry, informant)

In addition, what resonates with the theoretical framework here is also the issue of the so-called “singularity effect”, where Henry argues that employees that are situated in a headquarters, will not be involved with singular human beings, as a field worker will, even though both might work on the same issue, the Rohingya, for example. The singularity effect, which was identified by Dickert et al, has mostly been explored within media and donations, but is actually applicable in this case as well. Within media, singularity effect implies that a singular identified victim, whose story is told through news for example, will yield more donations and a greater compassionate response than a group would. This, as mentioned earlier, happened to be the case of Alan Kurdi, whose identification and story mobilized a wave of donations. In the case of humanitarian action, through field missions, employees are exposed to the singularity effect by meeting beneficiaries directly. As argued by Henry, working with a dossier from a faraway distance, you will be less specifically involved with singular beneficiaries and instead be working through files and facts rather than directly with people. The information about target groups will be distributed through fact sheets, presenting numbers and statistics, avoiding the singularity and potentially diminishing your emotional involvement. From this theoretical notion, and through the statements by Henry along with other interviewees, it is conceivable to conclude that the more you're exposed to singular human beings, victims of disasters and suffering, the more personally involved you will be. However, working on an issue from a distance might not have to imply that you're not empathetic or compassionate, but it does however denote that you might be less emotionally involved.

Moreover, something that equally has a potential effect on compassion, connected to this area, is the issue of stories and narratives, which is also in line with both Brauman's proximity and the singularity effect. Engaging with beneficiaries directly, humanitarian workers are constantly exposed to personal stories of beneficiaries. Several interviewees expressed that listening to stories, automatically makes you involved in the personal suffering of people on a daily basis, which will increase your emotional involvement. An interesting aspect which was identified by Martin, the psychologist, who has worked with both expatriates and national staff of an international humanitarian organization, was that translators, or interpreters, often have a difficult time distancing themselves from beneficiaries. Interpreters are often hired for medical

or psychological consultations, when doctors or psychologists might work in places without knowing the local language, which sometimes is the case of expatriates. Instead, the communication of the consultation between beneficiaries and medical staff might go through the interpreter, who instead is directly exposed to the personal trauma of the ones who are being helped. Interpreters then, according to Martin, have sometimes been proved to be more exposed to the risk of being emotionally involved. Proximity, is thus created between the interpreter and the beneficiaries, through language and narratives shared between them, increasing the potential emotional response of the former.

Lastly, an area that was explored in interviews and the survey was the potential connection between cultural affiliation and compassion. Proximity, can also be sensed because of the cultural connection, as we could see through the response to the 2004 tsunami. Further argued by Maier (2015), people tend to show less compassion to events that are culturally, or geographically, distant. For Miriam, having worked in Lebanon while being Lebanese herself, this issue is something she had to face during in her past. She explained that organizations often acknowledge the potential “conflict of interest”:

Sometimes at work, they prefer you not to be from the people, because, they believe you will be emotionally more, you know these are my people, the way you will act can be different. Sometimes they are right about it, because it really touches you, you know these people, these people they are from your same background or whatever (Miriam, respondent)

This issue, of being more emotionally involved towards “your people” whether being something positive or negative for organizations and their employees, is something that has been acknowledged in the humanitarian field. Emily, in line with Miriam, argued that national staff being more emotionally invested is something positive, here talking about how the humanitarian field and staff is changing:

It’s becoming more localized. Because one, you know the language if you cover the place, and the local context, and therefore you have more compassion, hopefully, for the people living there. While if you come from the outside, you know nothing about the context (Emily, respondent)

Interviews thus confirmed that local tragedies will increase your compassion, or at least your emotional response, confirming the arguments by Maier and Brauman, and potentially resonating with the first hypothesis. Further exploring these notions, Martin confirmed that the

issue of cultural proximity is equally applicable to humanitarian workers that are not connected to a location by nationality or ethnicity, but rather through other cultural ties:

What we notice sometimes the link, the cultural link between expatriates and a context can maybe increase the compassion. For example what we notice because there is some link between Europe and this conflict in Palestine for instance we all know more or less what is happening there. There is a link definitely between the Palestinian-Israeli and all from the Second World War. So there is some context like this where we are maybe more involved, I would say, emotionally than other contexts. And sometimes what we notice on some expatriates, it's much more easy to loose your neutrality, your impartiality and to feel more emotions in this kind of context. And maybe the cultural link also is a factor to be more involved emotionally (Martin, informant)

Here Martin uses the example of the Israel and Palestinian conflict, explaining that one's compassion might increase when you have historical connections to a certain place. Additionally, Anna, Dutch by nationality but having mostly worked in Africa, and lived there for longer periods, argued that this connection might affect her compassion:

I feel like me personally like I worked a lot in Africa and I do feel like maybe, I'm not sure because I've never worked in a field situation outside of Africa but for me maybe because I've lived here for a longer period of time I might feel more compassionate to an emergency situation happening in Africa compared to somewhere else maybe (Anna, respondent)

But, what does this mean in relation to the hypotheses? What we can read from these statements in relation to our theoretical framework, is that proximity, or closeness, to beneficiaries will most likely affect your emotional response. However, whether a higher emotional response will result in a higher level of compassion might be open for discussion. The issue of cultural affiliation to field mission locations was also studied through the quantitative study. As was explained in previous sections, one control variable concerned whether field workers had any cultural affiliation to a place where she had conducted field missions. By conducting an independent t test, comparing field workers with and without cultural affiliations, one could find interesting data, corresponding with the conclusion of emotional involvement, but contradicting the compassion satisfaction hypothesis. The results of the three t test (one for each subscale) indicated that participants that had cultural affiliations had a higher risk of experiencing compassion fatigue, with lower scores of compassion satisfaction and higher scores of burnout and secondary trauma. Particularly interesting was the result of the test of the secondary traumatic stress and cultural affiliation, which revealed that participants with cultural affiliation had statistically significantly higher scores (29 ± 2.17) compared to the group without

(20.75 ± 1.46), with $t(21)=-3.1332$, $p=0.0050$. However, one must keep in mind that the groups were not equally distributed (16 vs 7), and that a larger sample might have yielded different results. But, if we consider the difference in each subscale, the potential relation between cultural affiliation and compassion fatigue cannot be dismissed. This instead, would contradict the hypothesis of compassion satisfaction, and rather be in line with the second hypothesis.

The findings in this section demonstrates that proximity, through culture, space or relationship, and higher emotional response is closely connected. Prior research, as included in the theoretical framework, was confirmed, by the interviewees comprehensions of the difference between field and office workers as well as the effect on one's emotions through the identification, stories, and singularity of beneficiaries. While some interviewees argued that this will lead to a higher amount of compassion towards beneficiaries, confirming the first hypothesis, the quantitative data revealed another side of the coin. As we will see in subsequent sections, the higher emotional response might have two different paths to go, potentially resonating with both hypotheses.

4.2.3 Traumatizing events, burnout and secondary trauma

While compassion can be altered through the interaction between humanitarian workers and beneficiaries in the field, through the identification, increased understanding and feelings of proximity, the phenomenon of compassion fatigue is not to be forgotten, as the quantitative data in the last section revealed. Fassin (2012), Dickert et al. (2012), and Brauman (2009) have all emphasized that compassion has limits, which might be inconsistent with egalitarian norms. Additionally, as prior research revealed, through Maier (2015), over-exposure to suffering and traumatic events, especially through graphic imagery, can lead to a gradual erosion of compassion. While compassion is often linked to a feeling of warmth, the dilemma of compassion fatigue reveals the other side of the coin.

Compassion fatigue, as we could grasp in the theoretical section, can be traced back to Dunant's work in 1862. Today, this issue has been a returning question in media response, especially in the uncertainties and insecurities and its media coverage of today. Compassion fatigue, in the field of helping professionals, is according to Stamm (2010), often broken down into two parts; burnout and secondary traumatic stress. An extensive part of humanitarian field work concerns, as we could see in the previous section, the direct meeting with beneficiaries, where you might

be exposed to their personal narratives and traumas. Few would question the statement that these interactions might affect your own emotions, and as we saw in the previous section, narratives are likely to increase your emotional response. But, does a higher emotional response automatically create a higher compassion satisfaction? This section seeks to explore whether compassion fatigue was apparent in the case of this study, and what factors, relating to field experience, might affect the risk of compassion fatigue.

The existence of the dilemma of compassion fatigue, burnout and secondary trauma in humanitarian action was confirmed by several interviewees, including Martin, who himself had encountered many humanitarian workers with compassion fatigue during his career. While he argued that most humanitarian workers are happy and satisfied after field missions, which resonates with the hypothesis of compassion satisfaction, there are also many who might experience negative effects on their mental health, because of traumatic experiences:

What we observed is after a few years in the field we can sometimes see people who are losing their empathy a bit, they start being more cynical about what they are facing in the field so it's normal at one point to be used to what you witness on the field. I remember my first refugee camp I was a bit chocked and after two or three years on the field even me I know I was, I rationalized a bit more, less affected. But in a long term perspective, when you start to be cynical all the time, you don't feel any compassion for beneficiaries sometimes you start to compare what is a good refugee camp and what is a bad refugee camp, it's a problem, I would say (Martin, informant)

What we can distinguish from Martin's statements is that humanitarian workers can become ever more "used" to the suffering they are facing in the field. While one might in the beginning become very emotionally affected, absorbing every impression, humans, like with any repeated motion and happening, start getting used to it after a certain time, and can become indifferent and negligent to their surroundings. While none of the participants stated that they themselves had experienced compassion fatigue, Martin, as we could see, as well as Miriam, said that they became less affected by suffering after a certain time, compared to the beginning. Anna, who herself had not worked in disaster relief, but rather in more development focused work, expressed her concern in experiencing compassion fatigue:

In Uppsala we once had this interview with, he wasn't specifically a humanitarian worker he was a journalist, a conflict journalist, (...) that guy was really, it was almost kind of insulting because he was telling all these stories like he went to like Syria, and Afghanistan and then he was like "yeah that first time you see a dead body yeah obviously you feel a bit sad but then afterwards you see it so often that it's not like affecting you anymore", but the way he said it like I really really hope I

never become like that, because I think if that's how you become then it's time to quit (Anna, respondent)

The potential of becoming used to suffering, and the risk of experiencing compassion fatigue, is not only increased through repeated events, but also dependent on magnitude and “type” of suffering and events you experience. Martin, for example, described that facing a great deal of morbidity in the field, is very likely to have a high impact on your mental health. Josefine, in the same vein, described her second mission as affecting her more than the first one:

The second mission was, there you witnessed so much suffering, and children who were malnourished and almost like apathetic, like skeletons. And that you witnessed every, every day. And when you witness that every day you can't, you can't just sit down and start sobbing, even while you sometimes want to. But you have to like, have your role, and just be able to work, to do something. But it is then when you come home that you realize, realize what you have seen (Josefine, informant).

This quote verifies that the while graphic imagery of suffering, here through malnourished children along with repeated events, might be overwhelming, humanitarian workers are often forced to control their emotions. Josefine, along with other interviewees, described this feeling of shutting down one's emotions while working, and keeping them inside until you're outside your professional sphere, in order to enable the continued help of beneficiaries. As we could see in section 4.2.1, many participants also expressed the need for balance between your compassion, and being able to distance yourself from beneficiaries in order to continue working. This is often a coping mechanism, which might play out differently, depending on your preparation, past and personality. This dilemma thus implies that the relationship you create with beneficiaries, increasing your emotional response, in combination with traumatic contexts and stories, sometimes forces you, as a coping mechanism, to lose your compassion. Here, expressed by Miriam and Josefine:

You know I heard once my supervisor he had a lecture and he mentioned the empathy thing. And he said, when you work in this sector you reach a time you don't have empathy anymore. Because it's like a coping mechanism. So if you have the empathy, you will keep on struggling. So like to continue with this work, you have to cut the empathy thing. Like you see things, it's like fine, you continue (Miriam, respondent)

You start learning how, like, when I'm gonna go inside the car I have to forget, not forget, but like, remove everything, don't think about what was discussed don't think about what you did, just move on. Try to build a wall, it sounds difficult it sounds like how can you do, but you have to otherwise you can't, you can't continue the next day. Like imagine taking all these emotions, all these stories, back with you home, like you can't survive with that. But it's something even with the experience

you learn how to create this wall, how to like, ok today you're done (Miriam, respondent)

But then you also saw in the team, others who didn't have any compassion, or who had become cold, a bit like robots. And that you've also witnessed, now when I've worked as a nurse in many different places, that some have become robots because, either because they can't cope with it, or because, I don't know, there are a hundred reasons I guess (Josefine, informant)

In the latter quote, Josefine describes colleagues becoming like robots. As argued by Zawieja (2012), the most obvious characteristics of compassion fatigue is emotional exhaustion, which frequently evolves into an erosion of empathy, resulting in you becoming more cynical towards people you are helping, or even your close others. Becoming cynical and indifferent to suffering, as in the case of "the robots" explained by Josefine, is indeed identifiable with compassion fatigue. Furthermore, even with good preparation, signs of resilience, and balance between compassion and distance, single traumatic events can still increase the risk of compassion fatigue, as argued by Martin:

Sometimes we are facing people we think are really strong and it can happen one thing even on the field, and they are unable to cope with the situation (Martin, informant)

The statements above, would thus be in line with the second hypothesis, compassion fatigue, and also resonate with "psychic numbing" which was explained in the theoretical section. Psychic numbing, according to Maier, implies a reduced emotional response, often because of exposure to trauma. Traumatic events can also lead to secondary traumatic stress, which is closely connected to compassion fatigue. While compassion fatigue explicitly had not been experienced by interviewees themselves, changes in their feelings and motivations surrounding field work, in a negative sense, were visible, which could be connected to burnout, which like secondary trauma is connected to compassion fatigue. For example, both Henry and Miriam described the exhaustion of being exposed to suffering every single day:

You know being confronted every day and every day of the pain, of wars, of wounds, not being immune any day of the suffering of the world is, it is tiring. But yeah, it's a choice also, there's no obligation (Henry, informant)

What you're saying about being optimistic and so on, yeah definitely it changes. Because like every day you go and everything is still the same, and you end up, as I said, it's a term we use in the field, hopeless witness, like you are seeing things but the next day when you come it's like still the same and like one year after, it's still the same (Miriam, respondent)

Burnout, as we could understand through Stamm, incorporates emotions such as anger, exhaustion and depression, in combination with feeling overwhelmed and hopeless towards one's work environment, which could resonate with the feelings described by Miriam and Henry. Additionally, Miriam explicitly described the declining nature of one's optimism, and instead becoming a hopeless witness, unable to change the situation of the suffering. The gradual erosion of optimism, as stated by Zawieja, also represents an emotional stage towards compassion fatigue. Many participants agreed upon the fact that humanitarian work is emotionally challenging since you often have to experience suffering and tragedy, without improvement. Furthermore, another relating factor, adding on to the "burden" of humanitarian workers, is the pressure you face from your employers and donors, as emphasized by several interviewees. As discussed in the theoretical section, since humanitarian action depends on the compassion of humanitarians, their emotions also matters on an individual level. Workers are often forced, because of limitations in capacity along with pressure from their employer, to make difficult decisions on where to allocate help, which sometimes also involves deciding who will live or die. This "burden", in combination with lack of emotional distance, can further increase the risk of compassion fatigue, as described by Emily:

Of course, very difficult. Ultimately, we are working with human people, and people's welfare can depend on the projects you run, or the initiatives, or the fund raising. Like, there's a huge dependency and I think that's due to that dependency, depending on of course the project is, can get to you, you can feel an obligation. But yeah you can't let that compassion and obligation become too big because then you won't be able to handle it (Emily, respondent)

Furthermore, another area explored in the interviews was the potential variance in compassion between different professional roles of humanitarian action. Since compassion fatigue has mostly been explored in helping professions, especially in the medical sector, one would presume that it is due to the exposure of suffering and pain medical staff is forced to experience, involving graphic imagery such as blood and wounds. Therefore, when commencing this study, medical staff was perceived to potentially have a higher risk of compassion fatigue, compared to other professional roles. This was also something that was included in the survey, to explore whether a relationship between medical staff and compassion fatigue existed. Yet, through both the quantitative data and interviews, this was disproved. Participants in the survey who had worked in medicine actually revealed a higher mean for compassion satisfaction than the total group. However, while the mean was higher for medical staff, it was not statistically significant,

and a larger sample might have yielded different results. But, when discussing this with informants, Martin expressed an interesting account:

What I observe a lot when you're working with medical staff, medical doctors, nurses, psychologist they are more used to face this kind of situation. You visit a hospital and its completely normal for a medical doctor or a nurse to watch children suffering of malnutrition for example and dying. But that's not the case with and administrator or logistician, so and because we want to be a part of the group even if we are chocked by the situation, we will not discuss about that. Everything seems normal, you see what I mean? (Martin, informant)

Martin's statement, that logisticians and coordinators are less used to suffering and might therefore have a higher risk of experiencing compassion fatigue, would go against the first hypothesis, but would actually be in line with the quantitative data. The survey results further revealed that participants that had worked with coordination and logistics had a lower mean in compassion satisfaction, and higher mean scores of burnout and secondary trauma, compared to medical staff. Additionally, the individuals with the lowest scores of compassion satisfaction, had both worked in coordination. Furthermore, the notion that medical staff are better prepared and therefore show a higher compassion satisfaction, would resonate with conclusion of the first section, that preparation matters for your potential compassionate response.

Finally, the last area explored in this section was the potential connection between compassion fatigue and cultural and contextual connection. While the first hypothesis, compassion satisfaction, implies that a cultural connection, ergo a higher identification, would yield more compassion, the data collected also proved the opposite to be true. As we could see in the previous section, humanitarian workers with cultural affiliation to a place where they have worked, showed statistically significantly higher scores of secondary traumatic stress compared to the ones without. This increased risk of compassion fatigue was further confirmed by Martin:

Expatriates they witness also the cynical approach of the policy of the European Union for example and they were definitely much more involved in this kind of context, emotionally, than in Kongo I would say. (...) Which is completely paradoxical because we can have more the fantasy it's much more difficult to be in Iraq and Yemen, (...). No that's not the case, we have more people tired, exhausted in this kind of mission (Europe). (...) All your family they have an opinion of the subject. When you came back from the Central African Republic nobody care about CAR. Nobody knows what's happening there, people are less involved (Martin, informant)

National staff is in a position to stay for 3-4 years in this position and we know they can develop in the future some symptoms of compassion fatigue, they can lose their empathy, not because they are not human but also because too much is too much on a daily basis (Martin, informant)

Martin highlighted that while the increased emotional involvement in relation to your proximity or cultural connection might make you more compassionate, it can also diverge into a different path, where a high emotional response leads to compassion fatigue. Here he uses the example of the refugee crisis; arguing that because of its centrality in European politics of today, Europeans working directly with the crisis, either in Syria, for example, or in refugee camps in Europe, will be more emotionally engaged, and thus exposed to a higher risk of compassion fatigue. This in comparison with working in a crisis that is less connected to one's origin. Furthermore, the second quote also confirms that national staff, who on top of experiencing suffering of their own fellow country-men on a daily basis, also work in long periods, are exposed to a higher risk of negative effects, like that of compassion fatigue.

From this section, it is possible to conclude that the risk of experiencing burnout, secondary traumatic stress and compassion fatigue, is undeniable in the humanitarian sector, and is dependent on several factors relating to the field. Working in complex, disastrous settings, humanitarian workers are often exposed to graphic imagery of suffering. As a defense or coping mechanism, workers are therefore often forced to seclude their emotions to be able to continue their work, in line with Maier, Stamm and Zawieja. While many field workers experience an emotional wave when commencing their field career, which can result in higher compassion, they will also often, after a certain time, become complacent to the suffering, which can result in a diminished emotional response. Interviewees had all experienced colleagues showing signs of compassion fatigue, and some respondents revealed signs of burnout. It was also observable that cultural connection, through an increased emotional response, can lead to compassion fatigue. These results would in many cases point to confirming the second hypothesis.

4.2.4 Aftermath: time, self-care and psychosocial support

The last theme that will be explored concerns the time after and in between field missions. While this theme was not identified through the theoretical framework, it was an area that was discovered during the course of interviews, as an important factor that might impact your compassion. However, the importance of having psychosocial support to help you cope with experiences in the field was identified by Skeoch, Stevens and Taylor (2017). Different humanitarian organizations might have different protocols regarding rehabilitation and time in between missions, which will affect the humanitarian worker. Most organizations, as was confirmed by interviewees, have implemented rehabilitation programs, including mandatory meetings with psychologist before and after finishing missions. As described by Josefine, it is

sometimes not until after coming home that you realize what you have seen and experienced in the field, and can let your emotions out. Experiencing negative effect after returning can, as has been argued by Stamm and Zawieja, badly affect not only the humanitarian worker themselves, but also future beneficiaries, and close others, which was also expressed by Martin:

And also it can be a problem in your personal life, when you are back home. Because it's better for you to feel emotion if you want to develop a good personal life when you're not in the field also if you want to have good relation with people. If you are losing this possibility of empathy, you can face some problem (Martin, informant)

While there existed no correlation between time in field and number of field missions and compassion satisfaction or compassion fatigue in the quantitative data, the amount of time in between field missions, together with a well-established social support network outside your professional life, was found important by interviewees. This is highlighted by Martin in his answer to a question that regarded the potential effect of amount of time spent in the field:

I mean some people they did 25 mission and they will not develop these symptoms. I would say more because these people they have more life outside MSF. When they are back home they have family, some of them can have some children. But also they organize some break, they are not moving to the field all the time. So if you want to reduce this risk its really important not to go to the field all the time and to try not to put all your eggs in the same basket, as we say. But to take time with your family, take time to have a good personal life and if you are doing it you will reduce this kind of risk (Martin, informant)

Having a life outside your work, as well as separating your personal from your professional life, were argued as important factors by several interviewees. This resonates with the studies of Skeoch, Stevens and Taylor, who argued that knowing that you have a social support system outside your professional life, will increase your resilience against compassion fatigue. Martin further argued that in his organization, they are trying to implement a period of rest, to avoid negative effects on your mental health:

But even if you don't witness direct things just to be emerged in this environment where people are speaking about violence all the time, and step by step you add this kind of little story and with the time you can be more at risk. That's why we are trying to do the promotion of rest period but also sometimes to have a real period of gap for expatriates it means to restart, to go to university for 6-9 months, to be outside of the context (Martin, informant)

I know a lot of people they quit sometimes for one, two three years and they came back after. So it's not a fatality but what we can observe also if people they accumulate too many missions and they start to be cynical, to lose their empathy, it's taking time, it cannot recover in two months, it's more a question of year (Martin, informant)

Another approach in avoiding compassion fatigue, connected to the statements above, is to take a break from the field, and instead work in a headquarters, as suggested by Henry. Henry had himself taken breaks between field missions, which he argued had helped him:

At the moment you need to step back a bit but is it because of emotions or because you start getting bored and days of routines, it's a bit of everything. But I guess it counts too, this aspect of you know facing complicated situations and I think this is why, like trying to work with distance from headquarters for instance before going back to the field can be an option for many people (Henry, informant)

Time and rest then, can have an impact on your compassion and mental health. Something that was further emphasized as important was self-care, managing your emotions on your own. Several of the interviewees stated that after and in between missions, you carry the stories of beneficiaries with you constantly. But through experience, rest and processing of emotions through psychosocial support and self-care, you can avoid being overwhelmed and unable to continue. Miriam, who herself had field experience, emphasized:

Continue with self-care, take care of yourself so that you can continue doing that, don't say like "I can't handle it anymore" like I mean it's your job. You decided to continue this, you either have to take care of yourself or deal with it. So for me now like I know how, I know what and how I should act in a way like how to take care of myself, like how, to what extent expose myself to stories (Miriam, respondent)

This also goes back to the previous section, which highlights that humanitarian workers, in order to avoid negative effects, have to learn how to distance themselves and establish boundaries for what extent be involved with the stories of beneficiaries. Respondents and informants expressed that this is something you learn through experience, which also requires time. In summary, this discussion suggests that while compassion fatigue is an obvious problem, it is not a fatality, and can be avoided through self-care, psychosocial support and time off. It also highlights the importance of having a life outside the field, and a social support network, in line with the arguments of Skeoch, Stevens and Taylor. However, while these factors might increase one's resilience to compassion fatigue, it may still be insufficient. Instead, as you learn through experience, distancing yourself from your emotions towards beneficiaries, at least to some extent, is perhaps be unavoidable if you wish to continue working in the field.

5. Final discussion and conclusion

The purpose of this thesis was to review the limits of compassion within humanitarian action, an ever-growing field highly dependent on this emotion. More specifically, the study sought, through a single case study, to assess the potential relationship between field experience and compassion among humanitarian workers and students of NOHA and investigate what factors, relating to field work, that have an effect on their compassion. The study was guided by two contrasting hypotheses, compassion satisfaction and compassion fatigue, which was identified through theories of compassion and its relation to humanitarian action. The results were divided into four themes related to field experience, including factors that could potentially resonate with any of the hypotheses, and investigated through both qualitative and quantitative methods.

Through the first part of the study, consisting of a survey research design, it was possible to conclude that a direct relationship between field experience and compassion fatigue or compassion satisfaction was not statistically significant. However, certain patterns in individual data could be found, which was further explored in the analytical section. The non-correlation, along with the qualitative data, revealed it might not be the actual field experience as an isolated variable, which will impact your compassion, but rather intervening variables, or factors, related to the field experience. In the first theme, *preparation and motivation*, we could see that altruism and optimism can increase your resilience against compassion fatigue, as had been identified by Skeoch, Stevens and Taylor (2017), as well as having a good balance between compassion and distance to beneficiaries. Preparation and training, as many humanitarian workers receive before entering the field, can thus increase their chance of experiencing compassion satisfaction. However, despite preparation, the actual experience might still diverge from your expectations, which will affect your emotional response.

In the second theme, *identification, culture and proximity*, we explored the notions that produce and increase compassion in humanitarian action. In line with scholars such as Brauman (2009), Käpylä and Kennedy (2014), and Dickert et al. (2012) it was possible to establish that working in the field affects your ability to identify with and understand the situation of beneficiaries. Through the direct meeting with people, and the exposure to the stories and singularity of beneficiaries, humanitarian workers will most often feel proximity to them, which will increase their emotional response. While this at first sight would be in line with hypothesis of compassion satisfaction, quantitative data revealed that proximity, or cultural affiliation might

instead lead to compassion fatigue. The third theme, *traumatizing events, burnout and secondary trauma*, examined the potential factors, related to field experience, leading to compassion fatigue. Here, it could be concluded that burnout, secondary trauma and compassion fatigue are not problems limited to medical staff, but are also risks among all humanitarian workers. Through the narratives and emotional involvement, though initially believed to lead to compassion satisfaction, it could also be determined that it can likewise lead to compassion fatigue. Because of traumatizing events, and graphic imagery of suffering, humanitarian workers are sometimes forced to limit their emotions, and sometimes “get used” to the suffering, to protect themselves, in line with the arguments of Maier (2015), Zawieja (2012) and Stamm (2010). It was also possible to observe that cultural affiliation, as discovered in the quantitative data, could lead to compassion fatigue, because of increased emotional involvement.

Finally, in the last section, *Aftermath: self-care, time and psychosocial support*, the period after and in between field missions and its potential effect on compassion, was explored. This section revealed that time, and breaks, from the field can be vital in avoiding compassion fatigue, as well as having a psychosocial and social support network outside your professional life, which had been emphasized by Skeoch, Stevens and Taylor (2017). Furthermore, the importance of self-care, as well as learning how to handle and distance yourself from closeness and emotions towards beneficiaries, was also highlighted.

What we can be drawn from the empirical results, presented through the four themes, is that despite their contradictory nature, it is possible to find evidence to support both hypotheses. Results reveal that isolating a single variable, such as field experience, that affects compassion, is not possible in this case. This could either be because of the small n, or because there simply exists no isolated relationship between the two. Instead, in this case, it is rather an accumulated effect of external, intervening variables, relating to the field, that will affect your compassion, and either lead to fatigue or satisfaction. Firstly, it is possible to establish that field experience will without a doubt affect your emotional response, and identification and proximity will affect your compassion. However, an increased emotional response will not automatically lead to compassion satisfaction. It can also, as results revealed, lead to compassion fatigue, since your emotional response and closeness might be impossible to handle, leading to exhaustion, hopelessness, and erosion of compassion. When reviewing these two possibilities, it is possible to conclude that as you enter the field, your compassion will increase, through identification

and proximity, which confirms the first hypothesis. However, as time passes, depending on your preparation before and self-care after, you will either experience compassion satisfaction, or, through traumatic events, proximity and over-exposure to suffering on a daily basis, encounter compassion fatigue.

Consequently, based upon the findings in this study, the model presented in the methods section could be expanded. To clarify and summarize, field experience will doubtlessly, at least in this case group, affect your compassion, which was cross-verified between respondents and informants. Furthermore, it is possible to determine that there are certain distinguishable intervening variables, resonating with the theoretical framework, accounts by interviewees, and individual quantitative data, that will affect your compassion. These variables, in turn, can either result in compassion fatigue or compassion satisfaction, as is visible in the figure below.

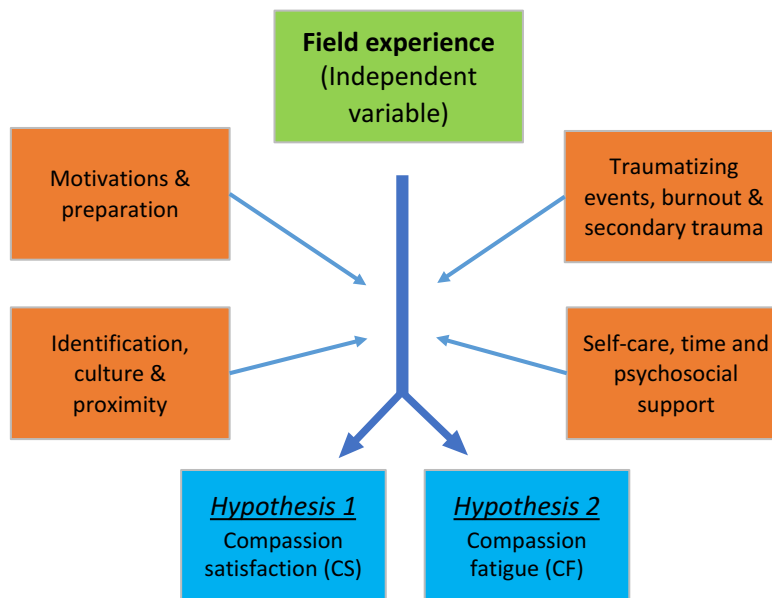


Figure 2.

As this thesis involved a single case study, the possibilities of generalization are always limited. However, in addition to the results and conclusions, this study further highlights the important role that compassion plays within humanitarian action and how easily it is affected through the interactions humanitarian workers face in the field. Working in the humanitarian sector, and especially in the field requires not only the right motivation and preparation, but it also requires you to handle not only your own emotions, but also the emotions of people you are helping. This study also represents an attempt to shed a light on the importance of emotions in politics and development studies, field of studies that often neglect moral sentiments. In a world where insecurities, disasters and civil wars are ever-more apparent, the end to the need of compassion and emotions in global politics seems far out of sight.

6. References

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7. Appendix

7.1 Appendix 1 - ProQOL Survey

2017-12-14

Professional Quality of Life Scale

Professional Quality of Life Scale

This questionnaire seeks to measure satisfaction and/or dissatisfaction with your current situation as a person who has or is working/studying/volunteering within humanitarian action. It does not seek to evaluate your performance in any way. Rather, it seeks to explore your feelings surrounding what you do and the people you work or have worked with.

The survey takes approximately 10 minutes. The results and your participation in this survey will be anonymous, and will only be used for research purposes.

***By clicking "Next", you agree with the usage of the data for research and it will count as your informed consent.

For further information, questions, and thoughts, or if you wish to share your personal experience of humanitarian action -please email: juliakusoffsky@gmail.com

*Required

Demographic profile

1. Gender *

Mark only one oval.

- Female
 Male
 Other

2. Age (in number) *

3. Have you ever worked in the field? (Within Humanitarian Action) *

Mark only one oval.

- Yes Skip to question 4.
 No Skip to question 10.

Field experience

4. For how many months have you worked in the field? (in total number) *

5. How many field missions have you participated in? *

6. What kind of mission(s) have you participated in? **Tick all that apply.*

- Conflict/Civil war
- Environmental emergencies
- Refugee crisis/internal displacement
- Famine relief/hunger crisis
- Other: _____

7. Within what area of humanitarian action have you mainly worked in? **Tick all that apply.*

- Medical
- Military/peace operations
- WASH
- Coordination
- Logistics
- Human resources
- Other: _____

8. During your mission(s), have you been in direct contact with people from your employer's target group? (For example: if working with UNHCR = refugees) **Mark only one oval.*

- Yes
- No

9. Do you have any cultural affiliation (kinship/religion/ethnicity/or other) to a country in which you have been working in? **Mark only one oval.*

- Yes
- No

Compassion satisfaction / Compassion fatigue

When you 'help' people you have direct contact with their lives. As you may have found, your compassion for those you 'help' can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a 'helper'. Consider each of the following questions about you and your current work situation. Select the answer that honestly reflects how frequently you experienced these things in the last 30 days.

Note: The terms 'Helper/Help' are generic, and used as it is a standardized questionnaire. It can be taken to mean humanitarian worker/doctor/nurse etc. Even though you might not have worked within the field, please answer the questions based on your current professional situation, whether you currently work within humanitarian action or not.

Credit: Stamm, B. H. (2009)

10. I am happy. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

11. I am preoccupied with more than one person I [help]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

12. I get satisfaction from being able to [help] people. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

13. I feel connected to others. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

14. I jump or am startled by unexpected sounds. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

15. I feel invigorated after working with those I [help]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

16. I find it difficult to separate my personal life from my life as a [helper]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

17. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

18. I think that I might have been affected by the traumatic stress of those I [help]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

19. I feel trapped by my job as a [helper]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

20. Because of my [helping], I have felt "on edge" about various things. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

21. I like my work as a [helper]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

22. I feel depressed because of the traumatic experiences of the people I [help]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

23. I feel as though I am experiencing the trauma of someone I have [helped]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

24. I have beliefs that sustain me. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

25. I am pleased with how I am able to keep up with [helping] techniques and protocols. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

26. I am the person I always wanted to be. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

27. My work makes me feel satisfied. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

28. I feel worn out because of my work as a [helper]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

29. I have happy thoughts and feelings about those I [help] and how I could help them. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

30. I feel overwhelmed because my case [work] load seems endless. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

31. I believe I can make a difference through my work. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

32. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

33. I am proud of what I can do to [help]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

34. As a result of my [helping], I have intrusive, frightening thoughts. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

35. I feel "bogged down" by the system. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

36. I have thoughts that I am a "success" as a [helper]. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

37. I can't recall important parts of my work with trauma victims. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

38. I am a very caring person. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

39. I am happy that I chose to do this work. **Mark only one oval.*

- Never
 Rarely
 Sometimes
 Often
 Very often

7.2 Appendix 2 - List of respondents and informants

Respondents

Emily, Swedish, 30, NOHA-student

Anna, Dutch, 24, NOHA-student

Miriam, Lebanese, 26, NOHA-student

Informants

Josefine, Swedish, 34, nurse/research officer

Henry, French, 42, director of studies

Martin, French, 41, psychologist

7.3 Interview guide

Facesheet/Demographic profile:

Name, gender, age, position, years working within humanitarian action

Theme 1: Background – professional role

1. *Tell me a bit about yourself and your background*
2. *How come you ended up working/studying in humanitarian action?*
3. *What are your goals within your profession? What do you wish to achieve at this organization?*
4. *Do you feel that you are able to achieve these goals? Make a difference? Why, why not?*
5. *Have you worked in the field?*
 - a. *IF YES: Can you tell me a bit about your experience? When, where, for how long?*
 - b. *Feelings before and after? Any changes? Why do you think this is?*
 - c. *Would you say that you achieved what you were set up to do?*
 - d. *IF NO: Is this something you have thought about doing? Why, why not?*

Theme 2 – Compassion

1. *What does humanitarian action mean to you? (Ground values, purpose)*
2. *What emotions or personal traits do you think are necessary to work within your field?*
 - a. *If not mentioned: Do you think that compassion is a prerequisite emotion in order to work within humanitarian action? Why, why not?*
3. *What does the word compassion mean to you?*
4. *Do you think that humans can experience compassion towards anyone?*
5. *When do you experience this emotion? In what situations?*
6. *Have you, or do you ever, experience compassion within your professional life?*
 - a. *IF YES: What role does compassion play within your professional life?*

Theme 3 – Testing the inconsistency

1. *Presentation of the two hypotheses.*
 - a. *Would you say that any of these notions are correct or applicable to you? Why or why not?*