

Chapter 14

Step Three: Developing CF Resiliency Through Relaxation Training and Stress Reduction Techniques

By developing the deep sense of awareness needed to care for ourselves while caring for others and the world around us, we can greatly enhance our potential to work for change, ethically and with integrity, for generations to come.

—**Laura van Dernoot Lipsky**
Trauma Stewardship, pp. 11–12

In this chapter you are invited to:

- Explore ways of enhancing your compassion fatigue (CF) resiliency through body awareness and other stress reduction techniques
- Learn the four steps of compassion fatigue resiliency
- Explore ways to reduce trauma exposure in your everyday life
- Learn grounding techniques to decrease your risk of developing vicarious trauma

Developing Resiliency to the Challenging Work We Do*

The concept of resiliency is of great interest to many specialists in the field of compassion fatigue: We want to discover what protects helpers and keeps them healthy.

* Thank you to Robin Cameron for her help with this section.

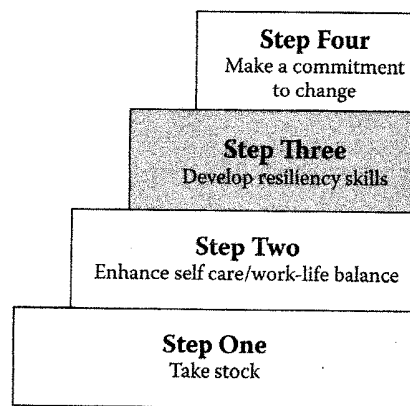


Figure 14.1

The solutions currently emerging from the research are simple and yet difficult to achieve: they mostly have to do with improved self-awareness and a reduction of chronic stress.

Being able to regulate your internal levels of stress can work wonders to help you cope with the stress of your highly challenging job, but how does one achieve this?

Many helpers say that they can't remember the last time they felt relaxed. Your body can only repair itself when your parasympathetic nervous system is engaged. This restorative part of the nervous system is involved in rest and digestion, and it is not properly engaged when you are worried, hurrying, fearful, angry, or anxious.

You have at your disposal the very best self-care strategy of all, and even better, you already use it thousands of times every day. Your breath is healing, restorative, and the easiest way for you to control the way that you respond to stress. Becoming more mindful of your breath and taking time out of each day to stop multitasking and just breathe gives your body and mind a much-needed chance to (literally and metaphorically) re-inspire and to vacation from chronic stress.

You can regulate your internal levels of stress through:

Developing self-awareness skills

Daily meditation, relaxation training, controlled breathing, and visualization

Trauma stewardship

Body awareness

Self-awareness is discussed in Chapter 9. Let us now take a look at three other key concepts to managing and mitigating exposure to traumatic material: mindfulness-based stress reduction (MBSR), trauma stewardship, and body awareness.

Mindfulness-Based Stress Reduction: An Important Tool in Mitigating Compassion Fatigue in Helpers¹

Mindfulness-based stress reduction (MBSR) is a holistic mind/body approach developed by Jon Kabat-Zinn at the University of Massachusetts Medical Center

in 1979. MBSR is “based on the central concept of mindfulness, defined as being fully present to one’s experience without judgment or resistance.”² The MBSR program recommends using meditation, yoga, relaxation training, as well as strategies to incorporate these practices into everyday life.

Research on the effectiveness of MBSR is highly conclusive: more than 25 years of studies clearly demonstrate that MBSR is helpful in reducing emotional distress and managing severe physical pain. In fact, MBSR has been used successfully with patients suffering from chronic pain, depression, sleep disorders, cancer-related pain, and high blood pressure.³ Based at Toronto’s Centre for Addiction and Mental Health, Zindel Segal has developed a mindfulness-based cognitive therapy program for treating depression that has shown to be highly effective in preventing relapse.

MBSR and Compassion Fatigue

Researchers recently turned their attention to the interaction between MBSR and compassion fatigue to see whether MBSR would help reduce CF symptoms among helpers. One study of clinical nurses found that MBSR helped to significantly reduce symptoms of CF, as well as helped the subjects be calmer and more grounded during their rounds and interactions with patients and colleagues.⁴ Another study by Shapiro and colleagues investigated the effects of teaching mindfulness-based stress reduction to graduate students in counseling psychology. The study found that participants in the MBSR program “reported significant declines in stress, negative affect, rumination, state and trait anxiety, and significant increases in positive affect and self-compassion.”⁵

The Full MBSR Program

Joanne Cohen-Katz and her colleagues carried out a study of the impact of MBSR on nursing staff. This is how she describes the program: “The MBSR is taught as an 8-week program that meets approximately 2.5 hours a week and includes a 6-hour day-long retreat between the 6th and 7th weeks. Participants are asked to practice the mindfulness techniques 6 days a week as ‘homework’ and given audiotapes to facilitate this. Group sessions include a combination of formal didactic instruction on topics such as communication skills, stress reactivity, and self-compassion and experiential exercises to help participants integrate these concepts.” Kabat-Zinn offers a detailed description of the MBSR program in his book *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*.

As you are reading this, you may be thinking: “I don’t have time to take part in a 2.5-hour, 8-week program!” Nor do you have to—let’s extract the main features of MBSR and see how you might integrate them in your own life routines.

Incorporating MBSR Into Your Life

The key strategies of MBSR mirror the best compassion fatigue reduction techniques described elsewhere in this workbook and how to balance the competing demands in our lives.⁶

In the Shapiro study with counseling students, five mindfulness practices were taught, adapted from Kabat-Zinn's program:⁷

1. *Sitting meditation.* This is the cornerstone of MBSR—to develop, over time, a sitting meditation that is done daily, if possible. It involves the “concentration of attention to the sensations of breathing, while remaining open to other sensory events, and to physical sensations, thoughts, and emotions.”
2. *Body scan.* A very effective exercise from the field of relaxation training and stress reduction. The full version of the body scan encourages you to focus on each part of your body, one after the other, to identify where you are holding tension. This process is normally done lying down, in a quiet room. If time does not allow you to do the full scan, you can also carry out a modified version of the body scan.
3. *Hatha yoga* consists of “stretches and postures designed to enhance mindful awareness of the body and to balance and strengthen the musculoskeletal system.”⁸

A SHORT BODY SCAN

Sitting in a quiet, peaceful room, close your eyes and focus on your breathing. Notice what is happening in your body: Working your way down from the top of your head, notice how your jaw, neck, and shoulders are feeling at this moment. Remember to keep breathing, and if your mind wanders, gently bring it back. If that is all the time you have, take three slow, deep breaths through your nose and gently open your eyes. If you have more time, work your way down your body, noticing how your shoulders, arms, stomach, calves, and toes feel right now.

Where to find the full body-scan exercise:

On the Web: Through Google, I was able to find several audio and scripted body scan exercises in a matter of seconds.

CD: *Creating Inner Calm* by Mark Berber (only available at Indigo/Chapters, not Amazon).

Books: *The Anxiety and Phobia Workbook*, by Edmund J. Bourne, has a body scan script as well as many other excellent resources on managing stress.

WANT TO KNOW MORE? WHERE TO START?

You can learn more about MBSR on your own or by taking a course or attending a workshop.

ON YOUR OWN

Audio CDs

Kabat-Zinn has produced a collection of mindfulness meditation CDs that can be purchased on his Web site and on Amazon/Indigo. Your local library may have them. Kabat-Zinn's site also has a useful FAQ that describes the different CDs and guides you on which one to buy. He has an informative blog and resources: www.mindfulnessstapes.com.

Books

Kabat-Zinn, J. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*. 1994. New York: Random House.

Kabat-Zinn, J. *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. 1994. New York: Hyperion.

Williams, M., Teasdale, J., Segal, Z., and Kabat-Zinn, J. 2007. *The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness*. New York: Guilford Press.

Video

Kabat-Zinn offers a 1-hour stress reduction video on YouTube. Just type "stress reduction in 6 parts" in the search bar.

If you can get your hands on it, a good introduction to MBSR is offered in Bill Moyers's 1993 PBS Special "Healing and the Mind," featuring Kabat-Zinn in the Stress Reduction Clinic.

COURSES/WORKSHOPS

Many medium to large-sized cities offer MBSR programs several times a year. Contact your local meditation/yoga centers to see if one is being offered in your community.

4. *Guided loving-kindness meditation*. A meditation practice that focuses on developing loving acceptance toward oneself and others. You can find examples of loving-kindness meditation on the Web.
5. *Informal practices*: Exploring ways to bring mindfulness into our everyday life (while waiting in line at the grocery store, stuck in traffic, dealing with a challenging patient, etc.).

REFLECTION

For me, implementing self-care strategies has been a process not an event. For the longest time, I have been interested, curious, and somehow fascinated by the practice of meditation but have always postponed my introduction to the technique. Two years ago, I attended a workshop given by a well-known practitioner in the field of self-care. In this workshop, only audio support was provided "to entertain" us for the whole day. This approach was both unique and unusual for me.

During the workshop, the presenter exposed the audience of 400 people to some Buddhist chants asking us to focus on our breathing and to keep our minds as open as possible. I remember how weird but audacious the exercise was and I was willing to open myself to the experience. I remember feeling this subtle wave of relaxation and warmth run through my body. A couple of weeks later, looking to re-create this experience, I found the workshop soundtrack on YouTube. Since then, I have listened to the soundtrack regularly, mostly on workday mornings, as a little self-care ritual that supports my quest for psychological balance and inner peace as a trauma therapist.

—Catherine Desjardins, mental health therapist

Many wonderful resources are available to explore this concept further. I suggest that you Google the following names:

Jon Kabat-Zinn for more information on mindfulness meditation strategies and tapes

Zindel Segal to read more on the connection between mindfulness meditation and the connection to depression

iTunes meditation to download meditation tapes

iTunes relaxation to download relaxation activities of all kinds

You Cannot Fail at MBSR

If you are new to meditation practice, the most important thing to remember is that you cannot fail at meditation. There will be times where you can meditate with ease, and other times where your mind will be racing and you will have great difficulty focusing on being mindful. You may also fall asleep. All of those are part of the process of mindfulness practice. Try not to judge your meditations. Simply try to refocus on your breath and on the meditation itself. Jon Kabat-Zinn often says, "You don't have to like it, you just have to do it." It takes time and practice but it could literally save your life.

Trauma Stewardship: Managing Trauma Exposure

Laura van Dernoot Lipsky refers to the process of managing trauma exposure as “trauma stewardship.”⁹ Trauma stewardship refers to the way in which we can work with individuals in profound distress while remaining grounded in our own self-awareness: “we must respond to even the most urgent human and environmental conditions in a sustainable and intentional way.”¹⁰ This, Lipsky explains, allows us to be present for the other person’s suffering without becoming overwhelmed by their pain and trauma.

To stay grounded, we need a way to process our clients’ difficult experiences and make meaning of the stories we hear. We often do this by debriefing with our colleagues or close friends. However, one of the most insidious consequences of compassion fatigue is isolation from our colleagues: work overload, cynicism, and negativity in the workplace means that a lot of us have lost that crucial opportunity to debrief and support each other.

So, how to stay grounded? In her book *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma*, Babette Rothschild says that helpers need to find the optimal level of empathic engagement, where we are still connected with the client but where we are also not losing touch with our own body. She calls this process “body awareness.” The

WHAT IS THE ANS?

The autonomic nervous system (ANS or visceral nervous system) is the part of the peripheral nervous system that acts as a control system functioning largely below the level of consciousness, and controls visceral functions. The ANS affects heart rate, digestion, respiration rate, salivation, perspiration, diameter of the pupils, micturition (urination), and sexual arousal. Whereas most of its actions are involuntary, some, such as breathing, work in tandem with the conscious mind.

—Dorland’s Medical Dictionary
(www.dorlands.com)

The ANS has two branches: The sympathetic branch and the parasympathetic branch. The sympathetic branch deals with some kind of emergency or stress by controlling bodily changes that put us in a better position to fight, flee, freeze, or simply to feel frightened. For example, during sympathetic activation, our hearts beat faster, our blood pressure increases, and blood and oxygen flow to big muscles groups such as our quadriceps (and fists). After the emergency or stress situation has passed, the parasympathetic branch counters the sympathetic activation by controlling the bodily changes that lead to restoration, rest, and internal maintenance.¹¹

concept of body awareness is particularly useful to trauma workers and helpers who are exposed to a significant amount of trauma content in the course of their work. Rothschild's work offers concrete ways of managing trauma exposure, which we will now explore.

Understanding the Neurophysiology of Trauma Work

In *Help for the Helper*, Rothschild describes how our body and brain are deeply transformed by trauma exposure. She uses the terms "somatic empathy" and "hyperarousal" to describe how our ANS (autonomic nervous system) engages in stressful situations and in sessions where a client is recounting a traumatic event.

Somatic empathy means that we are empathizing with the client's story *with* our body. We may even feel physical symptoms while they are describing past trauma. An example of this is a session where a client is telling us a very graphic story of abuse and we find ourselves "in the story," our heart racing, with dry mouth and clammy hands. When that occurs, something profound also takes place in our brain, which can alter our ability to filter incoming trauma and therefore reduce our ability to protect ourselves from vicarious trauma.

We also need to pay attention to signs of *hyperarousal* in ourselves. Hyperarousal refers to a state (commonly found in individuals with post-traumatic stress disorder, or PTSD) where we are on high alert even at times when

TESTIMONIAL

This story happened early in my career when I was still an MSW student. About 6 weeks into my placement at a hospital-based sexual assault treatment program, I was home alone, sleeping soundly, when I was awakened by the apartment intercom. Upon answering, a man's voice asked "Is John there?" Immediately I panicked because I was completely convinced that he had asked the question only to see if I was home alone so he could break in my door and attack me. In the midst of my panic I thought I was quite clever as I decided to stack all my canned goods in front of the door so that I could hear if he broke in. It really did not settle me because I spent a restless night having numerous nightmares. When I told my placement supervisor the next day what had happened, she stated that I needed to toughen up. The advice left me feeling minimized and to blame for what I had gone through because I had no terminology to describe or understand what I had experienced. The vicarious trauma literature did not start to surface until 5 years later. I think I survived those early years by sharing "war stories" with my peers as those were the days when we started every morning with a collegial tea.

—Hospital social worker

it is not necessary (that is, the sympathetic branch of the ANS isn't "switching off" as it should, even when it is no longer needed). Rothschild explains that vicarious traumatization, then, occurs when our system "goes awry" and we are unable to stop the state of persistent hyperarousal. I recall meeting a soldier with PTSD a few years ago who had recently returned from a tour of duty in Afghanistan. He spoke of the flooding of tension he would feel when stopping at red lights in our sleepy little Ontario town. When he explored this a bit more, he realized that during his tour, stopping at traffic lights or roadstops could have life-or-death consequences. His brain did not know to switch off this survival mechanism now that he was safely back home. Similarly, trauma workers who had never been in combat described having the same fears, having absorbed their clients' stories.

Rothschild argues that by increasing our self-awareness and our body awareness during sessions with clients, we can learn to reduce our vulnerability to their stories.

How Does This Work?

Rothschild explains: "Therapist self-care requires the proper functioning of at least three neuropsychological systems: All three are necessary for the therapist to be fully in control of her own well-being even in the most distressing of situations:

1. Empathy regulation
2. ANS and arousal regulation
3. Clear thinking"

She continues: "In short, for a therapist [or, I would argue, any helping professional] to minimize risks to her emotional and physical well-being, she needs to be able to find ways to balance her empathic engagement, regulate her ANS arousal and maintain her ability to think clearly."¹²

Basically, what this means is that you need to find the optimal level of empathic engagement, where you are still connected with the client but you are also not losing touch with your own body. To learn more about this concept and strategies to mitigate the impact of trauma, I highly recommend Rothschild's book.

RECOMMENDED READING

Rothschild, B. (2006). *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma*. New York: W.W. Norton.

Go read, in particular, these two exercises from Rothschild's book:

Subtle moves—the handball example (pages 124–135)

Body awareness exercise (pages 107–108)

MAKING IT PERSONAL HOMEWORK: DEVELOPING A DAILY PRACTICE—EVEN FOR THE BUSIEST PERSON ALIVE

Unless you have newborn triplets at home, I suspect you have a minimum of 5 minutes per day available to you for a relaxation practice. Many of us are so used to running on adrenaline (courtesy of the sympathetic branch of our ANS) that we can't relax even when we stop (if we do stop) and often give up on relaxation activities prematurely, saying they "don't work." I invite you to try this practice for one full week and then reassess its effectiveness. Choose 5–10 minutes when you are sure you will not be disturbed. This could be sitting in your car before you leave work, at home before the day begins, or at lunch hour. This breathing exercise is from a women's health Web site, but there are thousands of others available to you via the Web, iTunes, and even YouTube.

SIMPLE DEEP BREATHING BY MARCELLE PICK, OB/GYN NP, CO-FOUNDER OF THE WOMEN TO WOMEN CLINIC IN YARMOUTH, MAINE

The most basic thing to remember is that your breath begins with a full exhalation (I know this seems counterintuitive, but it's true). You can't inhale fully until you empty your lungs completely. It is also important to breathe in through your nose.

Now try this: Sit in a comfortable position with your hands on your knees. Relax your shoulders. On your next exhalation, breathe out slowly through your nose, counting to five. Tense your abdominal muscles, drawing in your diaphragm to help your lungs deflate. At the bottom of your breath, pause for two counts, then inhale slowly to the count of five. Expand your belly as you breathe in. Now close your eyes and repeat 5–10 times. Think of your diaphragm as the pump and your breath as the power.

If you find that your mind wanders during this exercise, don't worry. Just refocus on your counting. Some of my patients find it helpful to think of a happy color (like yellow) when they breathe in and a droopy color as they breathe out (like gray). As your awareness of your breath increases, you'll find that it becomes easier to breathe deeply without so much attention.¹³

PURCHASE A RELAXATION CD

Mark Berber's CD *Creating Inner Calm* breathing exercise can be purchased at Indigo stores or online.

Making Self-Care a Priority in Our Lives

The basics of self-care are not particularly complicated. What gets in the way is the lifetime of resistance and avoidance strategies designed to keep us in denial. In addition, many of us work in very unhealthy environments that leave us depleted and overwhelmed. But in truth, once you have self-awareness, the rest is not that difficult to do. If you feel truly stuck, talking to a good therapist can be a wonderful way to start exploring this process.

Endnotes

1. Mathieu, F., (2009). Originally published on my blog. <http://compassionfatigue.ca/category/resources/articles-to-download/>
2. Cohen-Katz, J., Wiley, S., Capuano, T., Baker, D.M., & Shapiro, S. (2005). The effects of mindfulness-based stress reduction on nurse stress and burnout, Part II: A quantitative and qualitative study. *Holistic Nursing Practice*, 19(1), 26.
3. Cohen-Katz, J., et al. (2005).
4. Cohen-Katz, J., et al. (2005).
5. Shapiro, S., & Brown, K.W., & Biegel, G.M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1(2), 110.
6. Shapiro, S. et al. (2007).
7. Shapiro, S. et al. (2007).
8. Shapiro, S. et al. (2007).
9. van Dernoot Lipsky, L. & Burk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco: Berrett-Koehler.
10. van Dernoot Lipsky, L. (2009). p. 11.
11. Thank you to Dr. Susan Tasker for this.
12. Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. New York: W.W. Norton, p. 3.
13. Used with permission of Womentowomen.com. © Womentowomen.com. All rights reserved.