

The 16th Annual Spirituality Research Symposium at the University of Pennsylvania
**Taking Care: Countering Stress & Burnout
Among Professional Care Givers**

Tuesday, June 18, 2013, 8:00 AM - 12:30 PM

Rubenstein Auditorium, Perelman Center for Advanced Medicine/Smilow Center for Translational
Research

Taking Care: A Reflection on Provider Stress and Burnout

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Introduction

This is a topic that is of great importance to me.

My clinical and consulting work is primarily focused on clergy, chaplains, therapists—especially therapists in training-- and other helping professionals.

Our mission statement at the Dialogue Center is “Helping those who *mean* well *be* well and *do* well”.

For there is nothing more tragic than seeing people who enter helping professions with the right ideals and best of intentions do harm to themselves, their clients and their professions because of stress and burn-out.

I was fortunate to learn about self-care early in my career from good teachers and supervisors who not only counseled but modeled it.

I remember talking to one about the exhaustion I was beginning to feel from seeing so many severely wounded and demanding clients at the same time early in my career. As I was free-associating about this I had the spontaneous and frightening fantasy that I was becoming an emotional *dialysis machine*—taking in and accumulating the unbearable feelings of others—so that they could go on— but at what cost to me?!

I am grateful to my supervisor for making it safe enough to share this awful fantasy and explore the important messages it was sending me.

The material that has been presented today has been rich in important and useful information. Just as important it has been delivered in sensitive and encouraging ways

that uplift instead adding to the shame that often prevents care-givers from acknowledging their struggles with self-care.

As we conclude this symposium I have been asked to provide some summary perspective with specific focus on the *pastoral* dimensions of this topic.

Out of Our Depths

My starting point is what seems like an obvious question: “What is it about the work we do that makes us so vulnerable to burn-out?”

The answer of course is that our work requires us to meet people as Carol Wiseⁱ used to say “at the point of their need.”

And, this “point of need” is very often a place of “profundity” or extremity of the kind expressed by the psalmist (130) who wrote:

“Out of the depths I cry to thee, Lord hear my prayer.”

In the work we do we regularly meet people at the *depths* of their fear or terror or pain.

We meet them at the *depths* of their loneliness, their longing, their hope and their despair.

Of course when we truly meet people at the point of their deepest need we must be ready to be touched in deep ways and at deep places within us!

As another Psalm says “Deep calls unto deep” (42:7)

A word that is often translated “compassion” in the Bible has the same root as the word for “womb”.

When we meet people at the depths of their experience with real attentiveness and emotional presence we are inevitably resonating out of the depths of our own.

This can be rewarding but it can also be demanding and even scary for what we might find and feel there.

And sometimes the depths to which people and experiences call us are ones to which we feel “*out of our depths*” for responding.

This is when we are tempted to try and fake it or to offer premature advice or solutions.

We helpers do not like feeling “*out of our depths*”!

And so we often hide or deny this in ways that can prove very costly.

At the very least, such avoidance is likely to render our help shallow and ineffective.

For it is ultimately *out* of our own depths

-when we are able to be in touch with them and use them in the service of deep meeting and understanding that we are most able to be helpful.

This of course, is the reason self-care is so important.

At its best self-care is about honoring our own depths in ways that help us honor and meet others at the point of theirs.

Three Movements

I think care taking from this depth perspective requires attention to *three movements* and how we respond to them:

First, every act of meeting persons at the point of need requires us to move “*up and out*”.

When that beeper goes off we have to wake up, get up, get out and show-up.

Sometimes we have move up and out of the very places we have gone in order to take care of ourselves!

We need to be aware and in touch with what this does to us as well as those we are caring for:

How our bodies react to the stress of responding.

How our minds and spirits react to the “emotional and spiritual labor” as well as “privilege” of caring for others

How we respond in totality to the secondary stress, vicarious trauma and grief that often come with meeting people at the point of deep need.

And we need to be mindful of what helps us stay centered, calm and fully present in the midst of all this?

Second, I believe that every movement up and out to meet the needs of another requires a corresponding movement toward “down and in”.ⁱⁱ

“Down and in” is where we not only resonate and empathize with the other;

but also, acknowledge and tend to the cries that come from our own deep points of need.

These include the need to process the vicarious trauma and grief we experience when meeting people at the point of need.

But I think it is important to emphasize that the inner work of care-giving involves *not only* the processing of “vicarious” or “secondary” stress.

We have our own “*primary*” stresses and personal experiences of trauma that are often revived and intensified while dealing with other people’s needs.

When we resist this “down and in” aspect of self-care we are apt to hide behind a ‘false-self’ⁱⁱⁱ professionalism or, “manualized” treatment technique instead of providing the authentic empathic presence people need most from us in times of great need.

We are also most in danger of compassion fatigue, burn-out and self/other destructive behavior arising out of our own unacknowledged needs, vulnerabilities and woundedness.

There are many approaches to making this necessary “down and in journey”.

Each of the speakers has pointed in helpful directions.

Robert Wicks has written two excellent and very practical books on burn-out and self-care, one for medical and nursing professionals and another for counselors, therapists and other clinicians.

His focus is on creating and working an individualized “self-care protocol”^{iv} that enhances self-awareness and resilience.

I appreciate his specific suggestions and his awareness that there is no “one size fits all” approach.

I *do* think there are four critical elements to a strong self-care plan.

1. One is related to an important but unwritten corollary to “the golden rule”: “do unto others as you would have them do unto you”.

We care givers are good at this.

But the corollary is: “Do unto *self*s you would desire to do at your best for others”.

One of the most important things we do for others in helping situations is to “sit with them”-

-“to try and be still, calm, attentive and fully present to them”^v.

This takes time, space, patience and intentionality.

So, one of the questions Wicks asks us helpers to consider is: “Are we able to sit with *ourselves* in the same way that we wish to be with the clients or patients who turn to us for help?”^{vi}

Can we just be still and mindful to what is going on with us?

2. Next, essential self-care must acknowledge the interconnectedness of body, mind and spirit.

Self-care needs to be *holistic*.

Many of us in helping professions are very tuned in to mental, emotional and spiritual processes

-but we can be ‘hard of hearing’ to the cries and even the clamor our *bodies* make for rest, exercise, healthy food and sex.

3. Essential self-care must also acknowledge the importance of disciplined introspection,

—the journey “down and in” where we meet and explore the emotional and spiritual territory our clients and patients draw us toward.

Self-exploration and self-awareness are critical to our capacity to be with our clients in ways that foster healing and growth.

They are also necessary for guarding against the unintended harm self-ignorance can bring to our clients and to us.

Helpers need disciplines for staying in touch with their inner resources and inner vulnerabilities—the light and shadow within^{vii}—

-especially as they impact our helping relationships.

Bob Wicks suggests a daily self-debriefing and offers some helpful questions and formats for going about this.

Introspection is important but not enough.

4. Essential self-care practice must also acknowledge the importance of shared/articulated experience.

It must include “the talking cure”!

One of the most important things we do for people is to provide a safe, empathic space to talk things out and through.

The things that seem hardest or least acceptable to say are especially the things people in distress need permission to say without fear of coercion, judgment, or rebuttal.

For helpers this often includes the complicated array of countertransference feelings, impulses and reactions that inevitable come with listening deeply to clients and patients.

A good self-care plan will address the issue of where you regularly “find safe, well-boundaried space”^{viii} to process your helping experiences in the company of another who is equipped to hear and hold it.

Reliance on friends and family is not enough for the kind of conversations we helpers need and can even be harmful to those relationships!

So, finally the necessity of “going down and in” often leads to another kind of “up and out” movement

--this time in the direction of someone prepared to meet *us* at the point of *our* deepest need.

It worries me how much stigma and resistance there still is among helping professionals when it comes to seeking therapy or supervision or other kind of help for themselves!

I tell my students that it is unwise to think that a counselor should *ever* “graduate” from the need for good “supervisors”, consultants and mentors.

I have been doing this work for many years and I would not dream of doing it without supervision.

I also tell my students I have and probably will be in therapy for a long time and more.

I assure them that this is not only because of being crazy which I don't deny.

It is because I know from experience that I cannot accompany my clients where I have not been and am not willing to go further.

And I know that however far I think I have journeyed in terms of exploring the human condition, I will soon meet someone who will touch the edges of my awareness and understanding in uncomfortable ways.

Another question I would add to the one I read from Wicks is this:

“Are we able to *let someone sit with us* in the same way that we wish to be with the clients or patients who turn to us for help?”

“Deep calls unto deep.”

So from ‘up and out’ to ‘down and in’ to ‘up and out again’ we must go.

Thank you and bless you,

for the work you do, for getting everyday to do it,

and for lives you touch and save especially for the ones you never know about.

Holified, E.B. “Wise, Carrol A.” in Dictionary of Pastoral Care and Counseling –Rodney J. Hunter, General Editor. Nashville Abingdon Press. pp. 1326-1327

ⁱⁱ Palmer, Parker J. 2000. Let Your Life Speak-Listening for the Voice of Vocation. San Francisco: Jossey-Bass.

ⁱⁱⁱ Winnicott, Donald. 1965. “Ego Distortion in terms of True and False Self” in The Maturation Processes and the Facilitating Environment. NY. International Universities Press, Inc.

^{iv} Wicks, Robert J. 2008. Overcoming Secondary Stress in Medical and Nursing Practice-A guide to Professional Resilience and Personal Well-Being. Oxford University Press. 2006.

^vWicks, Robert J. 2008. The Resilient Clinician. New York: Oxford University Press. p.6.

^{vi}IBID.

^{vii}Palmer, Parker J. 2000. Let Your Life Speak-Listening for the Voice of Vocation. San Francisco: Jossey-Bass.

^{viii}Palmer, Parker. 2001. "The Soul is Shy", presentation at the 2001 Trinity Institute. New York.

PRESENTER

Rev. Wally Fletcher, D.Min., is Executive Director of The Dialogue Center. He has extensive training and experience as a therapist, consultant, educator and non-profit executive. He is a certified psychoanalyst and clinical supervisor in the National Association for the Advancement of Psychoanalysis (NAAP # PO81814) and a certified Clinical Fellow (and supervisor) in the American Association of Pastoral Counselors (#1924). He teaches courses in Organizational & Strategic Leadership and in Pastoral Counseling at Neumann University and courses in the history and evolution of psychoanalysis at the Philadelphia School of Psychoanalysis. He is an ordained Presbyterian clergyman and served as pastor of a small rural congregation before entering specialized ministry. He has published an article on "Group and Group Dynamics" for the second volume of The Encyclopedia of Christianity and is a regular contributor on pastoral themes for Lectionary Homiletics, a national journal for preachers. He has recently been appointed to the Philadelphia Department of Behavioral Health's Faith and Spiritual Affairs Advisory Board,