

The
Australian
Journal
of
**HOLISTIC
NURSING**

OCTOBER 2002

VOLUME 9 • NUMBER 2
ISSN 1322-8803

Editor

Beverley Taylor

Associate Editor

Jennifer Joy

Publishing Manager

Christopher Morgan

Publisher

Christina Game

Desktop Publishing

Toni Brine

Subscriptions and Accounts

Caroline McKay

A biannual publication of
the School of Nursing &
Health Care Practices,
Southern Cross University,
in association with the
Australian College of
Holistic Nurses, Inc.



Printed in Australia on
100% recycled paper

c o n t e n t s

EDITORIAL 3

Bev invites us to consider how our connection to each other and the world in which we live is integral to our quality of life.

**REFEREED
FEATURES 4**

**The natural holistic
imperative 4**

Stephen Kermode

In this article Stephen explains how 'Health is as much to do with frogs as it is to do with good food'.

**Caregivers talk about
experiences of caring for an
older person with dementia 14**

*Tina Koch, June Marks,
Anne Hofmeyer*

Tina, June and Anne explain how carers of a loved one with dementia face a range of challenges in providing care, and adapting to an unexpected career in caring.

**Intuition and visual art:
Student nurses' projection into
experiences of elderly
women 24**

Britt-Maj Wikström

Britt-Maj challenges us to consider creative ways in which nurses could be trained to heighten their intuition.

**Philophonetics counselling for
prevention of burnout in
nurses 32**

*Patricia Sherwood &
Yehuda Tagar*

Trish and Yehuda provide further insight into ways in which philophonetics counselling is assisting nurses to deal with stress and burnout.

**An examination of factors
influencing natural therapy use
in the Royal District Nursing
Service 41**

Matthew Leach

Matthew's detailed study addresses the use of natural therapies within nursing practice.

**PERSONAL &
POETIC 50**

**... and the nurses offered to stay
on for free 50**

Sandi Grieve

**A C H N
NEWSLETTER 52**

Message from the President 52

John Haberecht

**GUIDE for
CONTRIBUTORS**

Inside back cover



Patricia Sherwood
PhD, GradDip(Special Ed),
BA,
GradDipArts(Counselling),
AdvDip(Philophonetics)



Yehuda Tagar
BA(EdTheatre),
PGDipSocSci(Counselling),
BA(Theatre)

Philophonetics counselling for prevention of burnout in nurses

Introduction

This paper continues the work on philophonetics counselling previously published in this journal which outline and illustrate philophonetics counselling and its application with nurses' experiences of burnout (Sherwood & Tagar 2000a, 2000b).

Philophonetics is a counselling model that incorporates non-verbal strategies of therapeutic intervention. These include sensing, movement, gesture, visualisation and sounds that can be used to process the deep layers of stressful experience which often go unnoticed. These layers accumulate and burden the system of the individual. When the burden becomes serious, burnout results.

This paper reports on a research trial using philophonetics counselling with a group of nurses self-reporting burnout. Key internal causes for

ABSTRACT

Nurses who have self-reported burnout rate their experiences prior to and after the intervention to reveal significant reductions in their burnout experience on all items. Philophonetics counselling interventions address feelings of victimisation, disorientation, loss of decision making power, lack of interpersonal boundaries and disconnection from one's inner being and one's internal resources.

burnout stress that emerged in the counselling sessions and the non-verbal tools used by philophonetics to address them are identified and expounded.

Holistic Stress Model

Using a holistic model, stress can be defined as the ratio between demand and stamina, both of which have external, observable dimensions, and internal, hardly observable

dimensions. The level of stress resulting from the ratio between given demand and given stamina at any point in time is determined by the total relationship of one's conscious and hidden experiences. The external world can only know the outcome of this relationship—the deepest causes are hidden beneath a cluster of symptoms. The depth of the psyche with its underlying structures for both stress and stamina surface in times of trauma. Layers of biography provide the deepest levels of resources, or lack of resources, to meet the demands of stress (Tagar 1999: 256). Deeper resources of stamina come from an inner place where one can draw on resources of love, support, and caring. Individuals who have inner resources are better able to process the demands of the external environment.

Essentially, stress is determined for any individual by

demands that include external factors such as work pressures, interpersonal conflicts, and internal factors that are the deep layers of biography determining the individual's self-image, ability to process emotional pain, level of self-fulfilment and sense of personal power. The individual's stamina or ability to meet demands depends on the degree of intensity of the external factors in relation to the degree of wellbeing of internal factors (Tagar 1999: 256-7).

Stress management that regards only expressed behaviour under stressful conditions as real and treatable is short term in its outcome and is likely to create a shift only in the range of symptoms. The outer behaviour is the tip of the iceberg of stress: the causes lay far deeper than that which is observable. The deeper treatment lies in the ability to penetrate below the surface of presenting symptoms into the underlying layers of both demand and stamina. These layers are not verbal or reflective. To come to the bottom of stress causality and to mobilise people's ability to process stress, there is a need to make use of the indigenous languages of experience—non-verbal modes of communication, namely sensing, gesture, visualisation and sounds (Sherwood & Tagar 2000a: 17).

Philophonetics Counselling and Burnout

Burnout in the workplace has been defined as low performance resulting from emotional exhaustion, reduced personal accomplishment and feelings of depersonalisation

including loss of sense of human value (Maslach & Jackson 1981). Burnout is seen as a process that deteriorates and compounds over time to produce a deleterious situation for the health of nurses and other health service workers. Pines, Aronson and Kafry (1981) describe burnout as a chronic build up of stress from emotionally demanding situations. In the philophonetics model of human experience awareness based on a body-mind connection, Tagar defines stress in terms of its impact on the human body:

Stress is a state of the whole human being (body, mind and spirit) in which the effect of the content taken into it is not matched by the ability of the being to process this effect. Process fails content. The system gets flooded, clogged up, blocked and poisoned by its own content. Constipation, toxicity, depletion and degeneration follow (Tagar 1999: 254).

This systemic model of a human being emphasises the metabolic relationship between experience and the human body. In this system, toxicity, the accumulation of deleterious experiences in the energetic system, results from experiences not being digested and processed—they are not being turned into building materials for the emotional life of the organism. Neither are they being secreted into the environment as waste products.

In order to understand the way in which patterns of experience are stored in the body and accessed with philophonetics counselling it is important to mention the basic

attributes of Rudolf Steiner's (1981) psychological model.

Steiner claimed as early as 1909 that human memory is stored in what he called the *Life-Body*—an exact equivalent of the Chinese notion of the Chi, a system of energy invisible to the physical eye but accessible to the bodily sensation. Superimposed onto the Life Body is the foundation of the human psyche and the dynamics of consciousness which Steiner termed *Sentient-Body*, the layer of the overlap between body and psyche (Steiner 1999: 41). This is the seat of deep instinctual patterns, deep emotional patterns and drives, the defence mechanism, and the sentient mechanisms. All human experiences leave a trace in this layer of overlap between body and soul. Experiences and reactions to experiences from all ages are stored here in vibrational patterns. The life body and the sentient body are termed in many modalities of vibrational medicine as the *Subtle-Bodies*.

In philophonetics counselling we are making use of the direct link between these deposits or imprints of memory in the subtle bodies, and sounds, movements, visualisations and sensations which can access these patterns to memory. In other words, the reflective, intellectual, verbal dimensions of intelligence are expanded with philophonetics counselling to include sensory-intelligence, kinaesthetic-intelligence, visual-intelligence and what could be termed vibrational-intelligence based on sounds. Awareness can penetrate into the depth of experience through these communication channels. In

Steiner's psychology this act of awareness penetrating experience is the definition of consciousness.

From their storage in the subtle bodies, stress experiences sink into the physical body as deposited toxins that block the flow of human physical and emotional health. Stress can therefore be described as a state of body-mind toxicity. As toxicity accumulates, the whole system goes down and the level of energy declines. The physical body echoes this depletion by impairing the processes of breathing, warming, nourishing, bodily maintenance and reproduction. Mental capacities diminish with a reduced ability to digest and make use of incoming information. Emotional stamina, patience and the ability to absorb and process difficult emotional situations also deteriorate.

The processing of emotional experiences depends on the presence of the individual's consciousness as defined earlier, combined with the complexity of the experience and the manner in which it is impacting on the life. Ideally, philophonetics counselling interventions aim to bring the individual's consciousness to bear on experiences which can only be completely accessed by using verbal tools along with the non-verbal language of sensing, gesture, visualisation and sound. Consciousness of the deep layers of one's experience can be likened to what a clear and easy metabolic environment is to the physical body. Without this consciousness it is easy for the emotional and mental energetic bodies of a person to become

blocked, clogged up, and deadened. This becomes the profile of stress that leads to emotional exhaustion, depersonalisation and reduced personal accomplishment.

Philophonetics Counselling Intervention

The philophonetics counselling sessions that form the basis of this intervention with nurses suffering from burnout move between verbal/ conversational

'stress experiences sink into the physical body as deposited toxins that block the flow of human physical and emotional health.'

and nonverbal/expressive modes of therapy. The verbal phase commences the session during which a common picture of the client's problem is developed and the client's wish to address a particular aspect of the problem articulated. This is followed by the counselling contract whereby the counsellor agrees to support the client to achieve an identified goal. The non-verbal or expressive action phase proceeds from this point. This phase employs a range of tools and sequences using the non-verbal languages of gesture, sensing, visualisation and the verbalising of human sounds to access the deep layers of experience which underlie the

burnout symptoms.

In the exploration of a pattern of stress, a philophonetics counsellor will invite the client to consciously bring forward an example of a stress experience from a specific moment in life. The bodily sensation of that moment will become conscious the moment the memory is recalled to consciousness. The client will be invited to express that sensation through a bodily gesture, posture or movement.

Upon letting go of the kinaesthetic expression of the experience, a spontaneous visualisation will appear which expresses a more vivid and precise awareness of the stored experience. Through gesture, the embodiment of various aspects of that new visualisation will result in an unconscious modification of the way the client is breathing during the activity. The practitioner will draw the client's attention to this modified way of breathing, and, together they will find a sound combination which encapsulate this breath-gesture in a sound. The sound chosen will be from the group of ordinary consonants and vowels of one's native language. Once the appropriate sound which simulates the experience in the subtle body, is found, the client has a powerful tool with which to access, release, enhance and recycle every stored experience, from every period and layer of life experience.

Research Design

The research methodology combines both qualitative interviews and the use of a quantitative rating system to measure aspects of burnout pre-

and post-philophonetics intervention, by which an overall profile of resultant changes could be provided.

Nurses in a Regional Hospital were invited to participate in a research project trialing innovative counselling tools designed to manage burnout. Of the applicants who self identified as experiencing burnout, five were selected. They made a commitment to two counselling sessions.

The counsellor, a recent graduate of philophonetics counselling, was not involved in the design and management of the research project nor in the pre or post interviews. The sessions were audio taped so that presenting issues and tools used could be analysed by the project researcher after the event. Each counselling intervention was approximately 50 minutes and the pre and post interviews totalled about 30 minutes.

The structure during each counselling session was the same for each participant. Firstly the nurses were asked to identify the current presenting problem contributing to their feelings of burnout and to identify what they wished to address in the counselling intervention. They were then asked to describe an incident that illustrated the problem and to sense the stress they experienced in different parts of the body as they told of the incident. Participants were then asked to complete a rating scale of the stress they experienced on 11 items. These items were: level of physical energy; level of mental energy; level of motivation; level of self-fulfilment; sense of control over

your work; sense of personal power; sense of personal esteem; sense of personal accomplishment; emotional availability to clients; emotional availability to colleagues; and emotional availability to self.

The items on this rating scale were developed from Maslach and Jackson's (1981) categories and Celowitz's work (1989). Participants were asked to rate their experience for each item out of ten. It was indicated that

'nurses were asked to identify the current presenting problem contributing to their feelings of burnout'

a score of one represented extremely burnt-out functioning described as *drowning*, a score of five represented borderline burnout functioning or *treading water*, while a score of ten was represented maximum levels of positive functioning or *sailing through*. The same rating scale was used after the counselling intervention session and the differences between pre and post intervention were compared. In addition, after the counselling session there was a short interview with the client on their experience of the intervention. Between the first and second counselling sessions participants were asked to describe their success or otherwise at implementing the expressed

desired change within the workplace.

Two of the second sessions are not included in the analysis because philophonetics tools were not used. This was at the participants' request—these participants preferred to 'talk' about their lives rather than do any deep philophonetics work on a specific issue.

Findings

All five participants reported success at implementing the desired change they had expressed in session 1, in the workplace. This success was achieved and maintained over the two to three week period between sessions 1 and 2.

Pre and post scores on all items increased for all participants towards more positive management of the issue following the counselling intervention. All rated improvement in their experience of burnout symptoms. The average increment rating increase for this sample of five nurses' self-reporting burnout over a combined total of 8 discrete sessions was 3.6 on a scale of 10. Increased rating per session ranged from 2.5 increments per session to 6.5 increments per session. The average increments per session remained relatively comparable as evidenced in Table 1.

The overall increase of positive change per item of burnout rated by participants as a result of philophonetics sessions is as follows: mental energy (4.2); emotional availability to self (4.2); sense of personal accomplishment (3.9); emotional availability to clients (3.8); level of self-fulfilment (3.8); sense of

Table 1: Rating improvement post counselling

	Improvement in symptoms post session	
	Session 1	Session 2
Angie	3.7	3.3
May	2.7	2.5
Sandie	3.4	3.1
Libby	6.5	*(1.5)
Bee	3.9	*(1.5)

*=Standard verbal counselling only

power (3.5); personal esteem (3.4); emotional availability to clients (3.4); sense of control over your work (3.0); and physical energy (2.6).

It is significant to note that in the two sessions discarded from the sample because no philophonetics counselling tools were used, the level of rating increment increases in both cases was only 1.5, well below the 3.6 average of the sessions using non-verbal philophonetics interventions. In addition there were several items that actually rated lower following the conversational counselling session—this never occurred in post philophonetics sessions.

The conversational counselling session's improvements rated substantially below the rating of the philophonetics session for the same nurse-client. Libby and Bee had a 6.5 and 3.9 rating improvement respectively after the philophonetics intervention and both scored only 1.5 after the conversational intervention. In contrast, nurse-clients whose counselling sessions were based on philophonetics, ratings were closely aligned.

It is noted that the recorded

changes in this study may represent the lower end within the range of possibilities and may well have been higher with a more experienced practitioner.

Underlying Stress Factors and Interventions

In this section, the emergent key internal stresses underlying the burnout experience are derived from analysis of the philophonetics counselling intervention sessions. Philophonetics tools for addressing these processes are indicated with case material drawn from participant's sessions. Five key internal stress processes are identified: victimisation; disorientation; loss of personal power and control; lack of interpersonal boundaries; and disconnection from one's inner being and internal resources.

Victimisation

Victimisation is the pattern of assuming a position of inferiority and dis-empowerment in the face of perceived superior and adverse external powers—usually other people, but often management within the hospital system. Victimisation serves as a

respite from the stress of seeing oneself as responsible for any part of one's conditions and their improvement. The long-term effect of victimisation is further stress, because the practical steps that could be taken to improve the conditions are being avoided. Victimisation acts as a rationalisation for not responding but increases internal stresses arising from feelings of being unappreciated, unrecognised and devalued by the system (Tagar 1999: 256).

Intervention: Taking responsibility for one's personal space

The victimisation disposition is addressed in the conversational counselling phase of the session by noting the need to demarcate a personal space for which one agrees to accept responsibility, a space which starts from one's own body and all the experiences accessible within it. The cost to one's life and well being of not changing is an effective motivator to inspire nurse-clients to change.

Sandie worked with this issue. She felt unappreciated at work and had lost confidence in the hierarchy and a system that she described as belligerent. Sandie had to survive the best way she could. She felt the system had lost its real values of service and she was forced into a marginal position that compromised her sense of self-worth and doing a good job. As a consequence her communication in the workplace was often reactive and critical of the system. Her wish was to communicate her needs more effectively.

Using an orientation sequence of gesture, sensing and

beholding her self at the stressful situations trying to communicate at work, Sandie uncovered deep feelings of her 'put down' undervalued self. The loudest voice within her was her own judge telling her that she was not good enough. The non-verbal phase included a process called *the compassion triangle* where she came to see her victimised judged self from the points of view of both her internalised judge and the opposite voice within her that could express compassion for her condition. Work utilising sound and gesture was undertaken to strengthen her compassionate voice towards herself and to dis-empower the judge voice.

As a consequence of the work completed during this session, Sandie reported that she experienced herself as less critical of her colleagues and the system, and less defensive. She remarked particularly on the body gestures that gave her a very strong experience of the different aspects of herself. She could now choose to be a victim, or the judge, or choose to be the compassionate understanding one. She felt more confident in her ability to access this compassionate part of herself of which she was previously unaware. It became a new resource to help her accept the limitations of her workplace and her own performance without having to condemn herself as a failure or take the powerless position of a victim of the system's inadequacies. Sandie reported on overall improvement on the 11 stress indicators of 3.4 after this session.

Disorientation

One of the deepest causes for stress is the loss of confidence in being able to take charge of one's life due to a disorientation in regards to the forces impacting on it from within and from without. The noise of various contradictory internal voices fills the mind and emotional space, each claiming in turn to express the 'real self' and creating confusion. The first

'Bee uncovered a strong vision she held for herself in nursing filled with enthusiasm and radiance.'

acute need is to get perspective—to be oriented within the dynamics of one's own psyche.

Intervention: Exploration sequences

The first task of the action phase of phonophenetics counselling is the creation of a new perspective of the client's experience. This is done with the use of *exploration sequences*, leading to orientation towards the issue. Based on the assumption that various aspects of oneself are clamouring at the same time within the same body, resulting in the loss of orientation regarding one's own experience, a new perspective is required in order to regain orientation. The stress event must be observed from a fresh, previously inaccessible point of view. In

order to achieve that new perspective, a moment in one's experience can be brought forward in the bodily memory, reactivated in the resonance of the self-sensing capacity in the body, and brought into expression in gesture. Physically identifying to the extreme with a complete bodily gesture of this condition takes the client into the experience. The client can then consciously step out of the gesture, and as an observer, describe the various aspects of that situation. This sequence, *enter-exit-behold*, enables the client to capture the trauma without flooding or distancing, therefore allowing a clear perspective to be developed (Sherwood, 2001: 21).

Bee chose to explore the issue of low motivation at work. She was disorientated: her work relationship was under control but she wished she could be more motivated as her current level of motivation was not very satisfying. Through *enter-exit-behold* sequences moving in through the layers of her heart, Bee finally uncovered a strong vision she held for herself in nursing which was filled with enthusiasm and radiance. She delighted in the gesture, felt renewed by it, and stood on a chair with her arms wide open to illustrate the depth and breadth of the radiance of this position. She commented that she felt empowered by the session and the vision of her potential, and that she could hold and use this to motivate her self in her future professional development. Bee reported an overall improvement of 3.9 on her stress rating.

Loss of personal power and control

Power issues are defined as the experience that other people's energy, agenda or will is overpowering my personal space, depriving me of being fully present in my own life.

This is a major source of stress because the fight or flight defences are not sustainable.

The dis-empowerment experience could arise either from an interpersonal reality or from a projected internal reality, and it can be impossible to differentiate. Loss of personal power and control is where there is a need to explore the dis-empowerment experience in order to find the source of the threat to one's personal power. In this study the experiences reported were subjective, the main factor being the relative strength of presence of others within the nurse-client's personal space.

Intervention: Empowerment sequences

Unblocking is the major sequence used to address disempowerment. This sequence helps the nurse-client develop a clear picture of the internal dynamic that has resulted in the disempowerment experience. Unblocking also enables the nurse-client to develop the character, gesture, shape and sound of the invading/pressuring power and to discover the internal posture of the receiving end of that invasion—the effect of the invading force on one's own vulnerable part.

Unblocking consists of re-playing the dynamics of invasion

in sound and gesture, leading to the stirring of the internal, previously suppressed natural reaction against it. That natural response is practiced until the client feels able to confront the initial force without a reaction. Sherwood and Tagar (2000b: 45-46) document this empowerment process in detail in the case study of the nurse-client Mary.

Angie's wish was to maintain her boundaries in face of all the demands in the work place. She entered into the experience of

'personal space is like a second skin that energetically protects us from the invasion of other people's energies'

her heavy work demands through the tension in her shoulders. She saw herself with a heavy load of bricks on her shoulders and had difficulty in moving. The force was squeezing the life out of her. She found a sound for the force 'aahhhh'. She described it and gestured it as wringing the life out of her. In order to unblock this force she had to enter into the position and suffer the sound (as applied by the therapist) until she had had enough and could stop it with a counter sound and gesture. This process repeated until she could do so confidently and quickly. This was followed by a sequence

of creating a strong boundary to keep the force out using 'dddd' and establishing a guard to hold her space. Angie saw the boundary maintenance work as very effective in giving her insight into the size of her personal space and the pressures she could keep outside of it. Angie recorded an overall improvement in managing stress of 3.7.

Lack of interpersonal boundaries

Personal space boundaries are more than concepts and theories—they are real bodily dynamics on the subtle, energetic level, invisible to the eye and only visible through their externally expressed symptoms. The boundary of personal space is like a second skin that energetically protects us from the invasion of other people's energies, just as our first skin protects us from our physical surroundings. Stress is both the cause and result of the erosion of the boundary of personal space. Biography plays a great role in the development or the depletion of personal boundaries. Negative voices from external people and from the internal echoes of past relationships can erode the boundaries from both sides. In the psyche, the effect of eroded boundary is comparable to the effect the erosion of the physical skin. This is a major stress factor.

Intervention: The re-creation of personal boundaries

Following empowerment sequences, the re-creation of personal boundaries begin with the creation of the *Guard*, a sequence to protect the

vulnerable inner part in need of protection, and to obstruct external threats. A guarding sound is usually discovered—a kind of mantra for self-protection. A guard barrier may also be constructed through visualisation. The guard is very effective for overcoming defensive patterns both at home and in the workplace and is a philophonetics sequence intended to complete the empowerment process. When clients have cleared the experience of invasions and re-established personal space, an outer layer of protection is still required. The client develops the image, colour and or sound of the guard from their own imaginative resources.

May wished to speak up for her needs in the workplace as she felt overburdened by caring for others and picking up the pieces of unfinished work. She felt a gut-wrenching spasm every time she tried to speak up. She was exhausted. Through an orientation sequence to help her gain insight into her problem, May observed an ugly black creature lying all over her heart and suffocating her. It was very sad and was trying to protect her. May went through a process of giving herself love until the black creature in her heart became red and vibrant. She then spoke up for herself, faltering at first, but finally expressing her needs with strength. May experienced that she could speak out and feel loved. It was important for May to create a guard to protect her new found and still vulnerable heart space. She needed to keep out the voices that said she had no right to speak up for her

needs. At the end of the counselling session May reported an average of 2.7 improvement across the 11 items measuring burnout. Three weeks later, she reported that she had successfully spoken up for her needs in her workplace and was feeling significantly less stress.

Disconnection from one's inner being and from one's internal resources

Extreme stress could constitute a threshold experience. The client's ability to live on the basis of a limited connection to

'she felt overburdened by caring for others and picking up the pieces of unfinished work.'

one's internal resources may reach its limit. When the given demand is unchangeable, and the given stamina is not up to it, a threshold is presented. It often comes through the realisation that something is missing. There may not be enough strength, clarity, love, acceptance, courage, warmth, enthusiasm, meaning, purpose, confidence, energy, sensuality, freedom, creativity, intimacy, or some other quality of one's higher, broader potential. This experience can be an opportunity to develop deeper connection to one's inner resources. These are times when people can take decisive action to activate, access and develop their next step towards fulfilling their higher potential.

Intervention: Resourcefulness sequences

Philophonetics counselling addresses the disconnection from inner resources with a range of sequences which replenish and call forth inner strength. The underlying assumption is that in the depth of needing something 'real', there lies the beginning of a connection to the internal resource of that which is not available externally. The client is encouraged to confront the depth of the need. The proactive use of the client's visualisation results in the construction of new, self-created experiences not limited to one's past. An invocation involves imaginatively calling on the archetype of the missing quality and forging a link with it. This is the birthing point of the internal connection to universal, collective archetypes.

In philophonetics counselling these emerging new archetypes and missing, imagined qualities are manifested through visualisation, movement, sensation and sounds. They become a newly sensed experience. The client is given the opportunity to 'become' these qualities and archetypes, to connect in expression to the deepest sources in oneself, and to practice new roles of selfhood. This is the sequence of resourcefulness that cultivates inner strength (Tagar 1999: 264).

Libby's wish was to switch off after work and renew her resources. Through the heaviness of her arms Libby entered in to her workplace exhaustion. She sensed she

needed the quality of lightness to combat the heaviness. Through a *Resourcing* sequence, Libby visualised and welcomed this quality within every part of herself until she felt infused and energised with light. Libby had recognised her usual process of going from lightness to becoming totally exhausted and drained through work, and consequently learned to intervene in this process with visualising and sounding tools before reaching the bottom of her exhaustion. Libby reported an average improvement of 6.5 as a consequence of this session.

Conclusion

As a result of the philophonetics counselling interventions all nurse-clients reported improvements in their management of the 11 items underlying stress. They also confirmed improvements in their ability to manage previously identified stress when they were interviewed two weeks after the initial intervention. Each had maintained the change in the workplace and displayed competence and confidence in their application of basic philophonetics' tools to deal with stresses in the workplace.

This pilot study indicates a greater effectiveness of combined verbal and nonverbal interventions such as philophonetics compared to verbal counselling interventions only. Further research with a larger sample over longer periods is recommended.

The implications of this pilot research suggest that

considerable increase in management of nurses' workplace stresses could occur through individual and group training programs using interventions such as philophonetics. Such tools could also bear fruitful results for other health professionals including intern doctors and human service workers facing similar mentally, emotionally and physically demanding work environments.

'all nurse-clients reported improvements in their management of the underlying stress.'

References

- Celowitz S 1989 'Burnout and coping strategies among hospital staff nurses' *Journal of Advanced Nursing* 14: 553-557.
- Maslach C, Jackson S 1981 *Maslach burnout inventory manual* Palo Alto, CA: Consulting Psychologists Press.
- Pines A, Aronson E, Kafry D 1981 *Burnout: From tedium to personal growth* New York: Free Press.
- Sherwood P 2001 'Bridging the chasm: Philophonetics counselling and healing the trauma of sexual abuse' *Diversity* 2(4): 18-25.
- Sherwood P, Tagar Y 2000a 'Experience awareness tools for preventing burnout in nurses' *The Australian Journal of Holistic Nursing* 7(1): 15-20.
- Sherwood P, Tagar Y 2000b 'Self-care tools for creating resistance to burnout: A case study in philophonetics counselling' *The Australian Journal of Holistic Nursing* 7(2): 45-47.
- Steiner R 1981 *Man as a being of sense & perception* Canada: Steiner Book Centre.
- Steiner R 1999 *A Psychology of body, soul and spirit* New York: Anthroposophical Press.
- Tagar Y 1999 'The use of non-verbal expression in stress management with philophonetics counselling' in Gawler I ed. *Medicine of the mind* Melbourne: The Gawler Foundation, 246-266.

● Patricia Sherwood
Dr Sherwood has trained counsellors for community, private and government organisations for over a decade. She has extensive experience in tertiary education having lectured for 25 years in University in the areas of psychology, counselling, social sciences, cultural studies, youthwork and the human services.

● Yehuda Tagar
Yehuda studied, worked and lectured for the past 20 years in Australia, South Africa, Israel, England, and New Zealand. He is dedicated to encouraging people to access and to take hold of their inner resources in order to take charge of their life, well being and fulfilment of their destiny. He sees the healing arts as a fore-runner in the evolution of human consciousness.