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Experience awareness tools for preventing burnout in nurses

Introduction

Philophonetics counselling enables the nurse to access and process the layers of inner experience resulting from workplace encounters so as to increase resistance to burnout.

Philophonetics counselling means a conscious relationship with the resounding of one's experience. The phonemes or phonetics, the universal group of consonants and vowels are seen in this modality as representations of aspects of human experience which are embodied in the deep layers of the subtle energy body surrounding the physical body (Tagar 1996: 45). It also provides concrete tools for self-care to assist nurses deal with the ongoing emotional

ABSTRACT

Philophonetics counselling is a radically new method of coping with stress through the development of individually tailored self-controlling emotional and cognitive strategies. This paper proposes that philophonetics counselling provides an innovative holistic approach of dealing with burnout in the nursing profession.

exhaustion, disempowerment and workplace performance stress which, if unattended, lead to burnout (Tagar 1995). This paper explores the capacity of philophonetics counselling to assist nurses with:

Maintenance issues

Regular maintenance of one's inner, mental, emotional, energetic and physical well

being, maintaining one's centre, self-possession, being in charge of one's energy field, taking care of inner needs.

Empowerment issues

Developing the power to clear one's system from contaminations, projections, pressures, unwelcome contents others put on one in the workplace or from one's own reactions created within us.

Boundary issues

Guarding oneself from outer 'energy invasions' by consciously **building flexible invisible boundaries with which to be in charge of the extent and duration of openness and vulnerability to others, clients, colleagues, family and friends.**

Therapeutic applications of philophonetics counselling with

nurses suffering from burnout indicate that these three issues are core to the burnout recovery process.

Burnout Profile

Burnout was coined by Freudenberger (1974) to describe a particular type of low performance in the workplace which Maslach and Jackson (1981) characterise by emotional exhaustion, reduced personal accomplishment and depersonalisation. Ogas (1992: 111) defines emotional exhaustion as 'feelings of being emotionally overextended'. Reduced personal accomplishment is associated with a decline in feelings of competence, achievement and esteem; and depersonalisation as work behaviours, characterised by a callous or blocking response to those in need of one's services. Pines, Aronson, and Kafry (1981) portray burnout as a deteriorating process over time, which results from a buildup of chronic stress from emotionally demanding situations.

While all occupations in the human services produce burnout, the nursing profession seems particularly vulnerable (Chiriboga and Bailey 1986). Research on the impact of burnout on nurses has identified associated personal and environmental factors. Personal factors include having unrealistic expectations, low self-esteem, lacking a support system, being over-controlling, over-committed and self-critical (Maslach 1982; Celowitz 1989). Environmental factors encompass work overload (Strickland 1998);

working in critical health areas such as oncology and AIDS (Constantini et al. 1997; Bolle 1989); role conflict, inadequate salaries, lack of control over hours and working conditions (Cooper, C & Earnshaw, J 1998); and interpersonal conflicts (Pick and Leiter 1991). The personal factors we term 'intra-systemic', and the environmental, 'inter-systemic'. While recognising the critical inter-systemic problems facing

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the nursing profession and their impact on burnout, this paper focuses on the intra-systemic factors or self-coping factors that contribute to burnout.

Given the same work stressors, some individuals burn out while others do not. Research on intra-systemic stressors has tended to focus on personality types. Such an example is the Type A personality who manifests highly motivated, high performance behaviours that consume high amounts of nervous energy, and predispose towards burnout (Nowack 1986). It is difficult to translate these findings into an

effective program for nurses to reduce burnout, particularly given the widely accepted research findings of Costa and McCrae (cited in Cavanaugh and Kail 1996: 424) that personality traits remain relatively stable throughout life.

This research seeks to provide tools for increasing resistance to burnout regardless of personality type. Opportunities for developing training to increase resistance to burnout arise from personal psychosocial growth and these have been noted by Folkman and Lazarus (cited in Celowitz 1989) who developed the 'Ways of Coping Scale'. Celowitz applied the scale to a sample of hospital staff nurses and discovered that nurses with lower burnout scores used coping strategies of playful problem solving, positive reappraisal, social support and self-controlling coping. In contrast, nurses with higher burnout scores, used strategies of coping such as avoidance, escape and aggressive confronting.

Philophonetics counselling focuses on providing processes and tools that develop the types of self-controlling qualities in nurses, identified by Celowitz. This includes self-management of one's emotional and cognitive experiences which Berg, Hansson & Hallberg (1994) argue reduce nurses' susceptibility to burnout.

Philophonetics Counselling

This radically new method of promoting emotional and cognitive coping strategies, provides a package of self-care tools and strategies, tailored for individual needs. This is

achieved by entering directly into the nurse's experience. A process using gesture, visualisation, sound and movement, derived from philophonetics counselling, enables nurses to access and communicate directly with the content of their inner experience. These tools enable them to work directly on the critical intra-systemic issues of burnout, such as boundary collapse, anger, poor communication, grief, disempowerment, exhaustion, low self-esteem, self-failure and guilt.

Working with Experience Awareness

Experience-awareness places clients, in this case nurses, in the centre of processes for dealing with maintenance, empowerment and boundary issues. It is a holistic health concept that involves building links between the bodily, emotional, mental and spiritual dynamics. Between the experts of the body and the experts of the mind, there is a space for the experts of experience, in this case - nurses.

The Place of Human Experience

Philophonetics, in the broad sense of the term, means a conscious relationship with the resounding of one's experience. The experience dimension lies in the layer between the fully conscious mind and the completely unconscious body. It is through sensing, gesture, visualisations and human sounds that awareness of the content of the experience can be

obtained and processed (Tagar 1996: 42).

In the traditional modalities of health-care, the two major types of intervention are either body-based, consisting of substances and treatments which are administered through the physical body, or mind-based, consisting of reflection, conversation and words. A third way lies just in between these two. This recognises the body mind connection and the power of this resource in

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human healing. Examples of therapies that recognise this connection are outlined by Lewith Kenyon and Lewis (1996), and include meditation, visualisation, hypnotherapy and yoga.

The Language of Inner Experience

This model proposes that without awareness, without a specific language, and without skills to acknowledge and take care of the inner dimension of personal experience, nurses are left unable to effectively process the stresses and strains of their daily lives.

The dimension of inner experience which resounds with every perception and encounter we go through in the course of the day, either becomes a resource of intuition, sensitivity, energy and self-possession, or, when not acknowledged, overloads, burdens and stresses the individual. All these unconscious contents absorbed into the dimension of experience stay within the life-system, blocking its circulation, adding to exhaustion, stress and illness.

In order to maintain health and manage work stresses, it is essential that one become aware of the non-verbal dimension of experience, for which there is inadequate expression for most of us. If the non-verbal contents of experience are to become conscious, expressed and released, a range of non-verbal communication skills must be acquired for this, to match the nature of these contents. Non-verbal modes of intra- as well as inter-communication and knowing include:

- bodily sensations of body,
- emotional dynamics, externalising subtle inner movement and postures to make them conscious through gestures,
- visualisations of inner states of being,
- externalisation of inner vibrations into perceptible sounds,
- gestures of tensions in the body (Tagar 1996: 43).

Most of our inner experiences are not directly verbal. Our inner life does not speak English. Pleasure and pain, tension and relaxation, fear and hope, anger and hurt, pride and humiliation - none of them speak English. Verbal communication, both with oneself and with others, is,

at best, a second-hand translation of direct experience, varying in accuracy, transparency and clarity. As a result, in a highly intellectualised, verbalised, conceptualised, computerised Western culture, most of our important experiences are being communicated even to ourselves by means of translation into a second-hand medium, namely words. They remain largely uncommunicated, mute and cut off from our awareness. Often we can hardly name for ourselves what is really happening within us, let alone to others. What we need, in order to become aware of our inner experience, are more sophisticated tools for expression.

The rhythmic, vibrational dynamics of the subtle energy body around the human body – the astral body which stores the experiences of desire and aversion – constantly create patterns, pictures, tunes, sensations and inner sounds, all of them, to start with, below the threshold of consciousness. Consciousness, however, can expand to include them, when equipped with the modes of expression that these dynamics live and communicate (Tagar 1996: 42). There are basically four indigenous languages of experience which can start us off on the road of becoming articulate about our experience. They are sensing, gesturing, visualisation and sound. These 'languages' can be mastered by anyone, and the learning of these will be immeasurably easier and more natural than the learning of any foreign language,

because they are not foreign. They are the natural, organic languages of our very human nature, the true 'Mother-Tongue' we always had but mostly, as adults, have forgotten.

Sensing

Through the various senses experience comes into being; through the senses it is being inscribed, ingrained into the resonance fabric of the subtle bodies; through the 'Sense-Ability' every aspect of the

'...we step open-eyed into the life of experience and incorporate the reality it reflects into our conscious awareness.'

ingrained experience can be traced, accessed, and brought once again to consciousness.

Gesturing

In philophonetics counselling, the human body is regarded as an instrument of meaning, enabling an inner being to live in an outer world. The body acts in four major capacities in relation to human experience namely as; an absorber of experience, a carrier of experience, a reflector of experience, and an expressor of experience. Gestures relate to the last capacity – the body as an expressor of experience. We know that every human experience can be directly expressed in a gesture and be universally understood.

Visualising

An inherent ability lives within people to create accurate pictures of inner situations with which they can explore, grasp, and comprehend their inner reality. In philophonetics this ability is made conscious, being refined and encouraged as a major means of communication with oneself. In philophonetics we step open-eyed into the life of experience and incorporate the reality it reflects into our conscious awareness.

Sounding

The sounds of human speech, consonants and vowels, when spoken on their own or perceived on their own, become patterns of vibrations which can resound within the subtle bodies. Every sound creates an echo within a particular range of human experience. Experience, which lives in patterns of resonance, can be precisely matched with the resonance patterns of the sounds of speech. The sounds can resound in the depths of inner experiences from all levels and periods of one's life, bringing them back to life. In philophonetics that correlation between the sounds of human speech and inner embodied experiences becomes the major tool for the exploration, confrontation, transformation, representation and healing of inner patterns.

These four languages, alongside conversational-counselling, are the main modes of knowing and of healing used in philophonetics counselling. Traces of every experience, from every layer of consciousness,

from every period of one's life can be accessed through a combined use of these tools. Once accessed and made conscious, these traces, echoes, and patterns of inner experiences can be explored, released, enhanced, transformed, or recycled. With the use of these tools of non-verbal intra-communication, one can explore the non-verbal dynamics that take place within the organism. This can heal traces of undigested experience, clear unwanted deposits of experience from the passing day, recreate a flexible boundary around one's space for a more effective protection, access one's deeper, higher resources of intelligence, strength and creativity (Tagar 1996: 47).

Conclusion

The interaction between client and nurse is loaded with unconscious contents, projections of all sorts, unconscious manipulations, little power games, a whole range of dependencies, a loading of disowned contents, hurts and memories, habitual reactions to authorities both negative and overly positive. All these contents are bound to confront the nurse, most of them unconsciously. If the nurse is not equipped with some basic tools for noticing, accessing, releasing, healing and caring for his/her own inner contents, then his/her chances of neutralising the potentially debilitating effect of the projections and the effects of the clients' contents are very slim. The nurse is more than likely to get loaded with a whole range of

unprocessed heaviness of all sorts in the course of the day, with no direct knowledge of it, let alone tools for releasing and clearing one's system from these effects. That load does not go away by itself. It accumulates, condenses, and costs energy, and joy of life. It is a very debilitating process.

Many attempt to cope by blocking the inner dimension of the experience, by cutting off from it, ignoring and avoiding.

'A new level of self-awareness and self-care must be established within a carer's range of professional tools...'

That costs a lot. It may not only block a vital portion of mental and practical capacity, but the blocked inner content with all its reactive effect works its way down to the vital forces, the immune system and eventually the physical body itself (Pert 1997: 116). It adds to the mountain of contributions to the phenomenon of stress. To overcome the accumulation of absorbed unconscious, non-verbal contents one needs to have an encounter with it in its own language, non-verbal communication. One needs to listen to the quiet voices of the body, the subtle sensations which testify to inner processes, to express in gesture and in movement, to create an inner

picture and to articulate the nature of every particular effect.

We need to support nurses; prevent inner neglect, exhaustion, and depletion. Nurses can be trained in the acquisition of simple, self-sufficient tools for noticing, acknowledging and caring for inner signals of inner distressed conditions. The more intense, demanding and complicated the pressures of today's working environments are, the more effective tools need to be with which to monitor, access and protect the inner system. A new level of self-awareness and self-care must be established within a carer's range of professional tools if phenomena such as stress, burnout and fatigue are not to increase among professionals. Philophonetics counselling provides a practical example of the possible incorporation of non-verbal modes of communication – with oneself and with others – into a systematic process of therapy and education towards self-care.

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'... gesture, visualisation, sound and movement ... enables communication directly with the content of inner experience ...' Original photograph: Donna Foster, 1986

Editor's Note:

The authors present a detailed case study in philophonetics counselling with a nurse suffering from burnout in our next issue.

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