

Healer, Heal Thyself: Self-care for the Caregiver

Oana Tomescu, MD, PhD



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67.0 Healer, Heal Thyself: Self-care for the Caregiver

■ Why This Matters

Throughout this text, we have suggested that you foster the kind of connection with teens that positions you as a positive force in their lives. We have encouraged you to look beyond the presenting concerns and uncover the deeper psychosocial factors that affect their well-being. In making this suggestion, we are essentially asking you to expose yourself to pain. Reaching out to youth on this deeper level will expose you to the hardships they encounter as they navigate their lives. Although the strength-based model will help you witness compassion and resilience amidst the suffering, your deeper engagement will leave you vulnerable to the uncertainties of the human condition. This vulnerability, if not properly managed, can lead to maladaptive coping strategies that distance you from your emotions and from those very people you are trying to help. This detachment, a state called “burnout,” will limit your effectiveness and, more importantly, decrease your job satisfaction and affect your own happiness.

This chapter is about managing the distress experienced when caring for others. I explore the concept of the *wounded healer*¹ and highlight several wellness strategies that I hope will augment your self-care toolkit. The only way you will be able to have the emotional reserve to care for others over a lifetime is if you are as compassionate with yourself as you are with others, and as committed to your own wellness as you are to the well-being of the teens and families you serve.

■ Wounded Healers

The Emotional Cost of Being a Caregiver

The terms “compassion fatigue” and “secondary trauma” describe a psychological state that is considered a natural consequence of helping distressed people.² Bearing witness to another person’s suffering takes an emotional toll on caregivers, and this is true

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whether caregivers are family members, lay people, or professionals. Family caregivers experience similar rates of depression and anxiety as those in their care.³⁻⁵ Psychological distress is also common among professional caregivers: whether the population studied is occupational health advisors, human resources advisors, therapists and family liaison officers,⁶ mental health nurses,⁷ or physicians during different levels of training and in various specialties.⁸

Like any physical wound that can fester if untreated, it is hypothesized that prolonged states of unrelieved distress can lead to a deeper state of dysfunction called burnout.^{9,10} Burnout is composed of 3 psychological domains: depersonalization (feeling disconnected from others), emotional exhaustion (no longer being able to care or feel), and having a low sense of personal accomplishment (negative self-worth).¹¹ Burnout has been shown to negatively impact caregiver empathy, provider-patient communication, medical errors, and general quality of care.¹²⁻¹⁷ Burnout has also been associated with a higher prevalence of mood disorders, suicidal ideation, substance abuse, and work disability.¹⁸⁻²¹ Burnout essentially represents a disconnected state: When we are burned out, we lose the ability to connect with others (depersonalization and emotional exhaustion) and with ourselves (negative self-worth). We feel numb and depleted and can come to believe that we have lost the gift we were given as healers.

Every caregiver knows these results viscerally. We care for others during times of suffering due to physical and/or emotional illness, and guide them as they navigate a traumatic and sometimes abusive world. It is difficult and, at times, even emotionally scarring to see another person in physical or psychological pain. It is natural to share that person's suffering and to experience it to some degree ourselves. We also experience many other intense emotions when we care for others: anger at the condition, frustration at not being able to do more, and fear about the ultimate outcome. In different circumstances, we may also experience intense positive emotions, like happiness, joy, and a sense of relief. We often feel responsible for those in our care: when treatment plans don't work or cause harm, when it is clear the illness is "winning," or when their environmental stressors seem insurmountable. The intensity and consistency with which we experience these natural emotions is what leads to distress, burnout, and dysfunction. Experiencing these emotions without self-awareness can harm us. When this happens, even if subtle, we become less effective healers. Our challenge as caregivers is to learn how to stay connected with the people in our care without letting these emotions destroy us.

We must begin to recognize that all of these emotions stem from our capacity to love. Even the negative emotions like anger, frustration, and fear originate from a deep-seated love we have for the person in our care. Avoiding these natural emotions only serves to suppress their origin (love), which over time can become numbing. We must also stop being afraid of the word "love." It is our capacity to love that enables us to be genuinely empathetic and fully present with others. The word "love" in English sometimes implies enmeshment or even sexual attraction, whereas in so many other cultures and languages, it refers to the feeling we have for another human being—the appreciation for and connection with their very humanity. We must love with appropriate boundaries, with the understanding that our presence facilitates, but does not guarantee, healing: Those in our care must do the heavy lifting. While we might have different levels of comfort with the word "love," if it could be understood in a way that made it feel universally safe, we would embrace it (see Chapter 20).

■ Other Stresses of Professional Caregivers

The work culture of professional caregivers can be unduly taxing. Many of us work in environments that normalize, and indeed reward, overextending oneself beyond one's physical and/or emotional capacity. There is often a mismatch between conflicting demands and allotted time, resources are often insufficient, and the threat of malpractice is prevalent.²² Organizational factors that result in decreased work satisfaction and high stress include work-life interference, productivity-based compensation, perceived time pressures, and lack of control over administrative issues.²²⁻²⁵

Aside from these external stressors, there are also internal qualities among professional caregivers that can predispose to a heightened perception of stress. Caregiver personality and temperament play a large part. The obsessive personality trait is common among physicians.^{22,26} In balanced amounts, this trait can have positive effects on commitment and conscientiousness. However, excessive amounts of obsession, a form of perfectionism, can result in an unrealistic need to control the environment and in overcommitment at work. Perfectionists can become overly reliant on external feedback for affirmation and may also suffer from an "imposter" syndrome, waiting to be discovered as less capable than their peers. The mismatch between the nature of the caregiver's job and the caregiver's personality has been hypothesized to augment stress and burnout.²²

Why we chose a career that requires bearing witness to another's suffering in an environment fraught with external pressures is a significant question we must each answer at some point in our lives. We each have our own reasons, conscious and quite likely subconscious as well. Many of us have entered our respective fields with at least *some* knowledge of the stressful nature of the work environment and the personal challenges we will have to address during our career. We each bring our unique personalities and past experiences with us on this path, and these often subconscious issues can affect how we interact with those in our care. Despite our differences, however, if we were all to meet together and share what brought us to this healing path, I deeply believe we would all reflect on our journey and say that we are here to care for others, to help people in need, to serve humanity, to heal, and to love.

■ Caregiver Physical and Emotional Health

According to many published studies, caregivers do not make adequate time for their own care. Among a sample of lay caregivers, 83% had engaged in age-appropriate preventative health practices, but only 63% continued to adhere to these guidelines during the follow-up term of the study.²⁷ More burdened family caregivers seem to neglect self-care and have increased rates of depression and health problems when compared to their less burdened counterparts.^{28,29} Studies involving physicians reveal very limited medical and emotional self-care. Only a minority of doctors studied engaged in preventive services.³⁰ One in 4 doctors surveyed reported seeking medical advice when symptoms arose,³¹ and only 1 in 3 had identified their own primary care physician, preferring instead to ask colleagues for medical advice or to self-manage their illnesses.³² Furthermore, suicide is disproportionately high among physicians, especially among female doctors, yet, as a group, doctors are even less likely to tend to their emotional health.³³ Reasons for this poor self-care have been explored.³⁴ Some physicians reported feeling pressure to portray an unrealistically healthy image, while others stated that they did not want to be a burden to colleagues by taking time off to seek medical attention. Physicians also stated that once symptoms arose, they experienced alternating states of panic (due to knowledge of the worst-case scenario) and denial (that illness cannot happen to them), and that this oscillation delayed them from coming to medical attention.

These studies tell us that we can become lost in the care of others. Caregiving can become so all-encompassing that we forget to think about our own health. Additionally, medical knowledge can be paralyzing to some caregivers when symptoms of illness emerge. These trends apply to both our physical and emotional health. We do not regularly have our own health care team to turn to for help, we postpone being evaluated in a timely manner when physical and emotional symptoms arise, and we forgo preventive health services in both of these domains. We need our physical health to be able to engage in the rigorous demands of our work, but we also need our emotional health to be able to heal others. Our challenge is to tend to our own health with as much nurturing energy as we pour into the care of others.


■ Wellness Strategies

Much has been published about caregiver wellness strategies. Spending time with family and friends, religious or spiritual activity, self-care, setting limits around work, and adopting a healthy philosophical outlook are all common wellness strategies cited in various studies.³⁵⁻³⁷ We all know how beneficial habits like regular physical exercise, healthful eating, and adequate sleep are to our general health. We try to spend as much time as possible with friends and family and to engage in our hobbies for their positive effects on our state of being. The rest of this chapter explores other wellness strategies to add to your self-care toolbox.

Cultivate Awareness/Mindfulness

We often multitask our way through our days. We plan our day while driving, check e-mail during meetings, and have several applications open at the same time on our computers. When our minds become accustomed to doing several things at once, we lose the ability to experience one thing at a time, to be fully grounded in any given moment or, in other words, to be *aware*. Have you ever gotten home and sat down to dinner only to realize you cannot actually sit still? Have you tried to watch TV to “get your mind off your day” and discovered that you must, *at the same time*, also read the newspaper or play solitaire or search the Web aimlessly in order to keep your mind occupied *enough*? You now need several applications open and running to feel “comfortable.” It is as if your engine is stuck in fifth gear and you cannot slow down. Like a car, you need to be able to transition into slower speeds in order not to crash. We must acknowledge that the pace to which we have become accustomed is dangerous. Running all day at full speed makes us efficient, but at what cost? We often lose awareness of the world around us. Our minds are either looking ahead making plans or trying to process past events. We are not grounded in the present moment, noticing the people in front of us, or the cues they are sending. We are, in essence, disconnected.

Dr James Gordon³⁸ writes that “awareness allows us to see where we are; to stand for a moment outside ourselves; to appreciate in a powerful, personal way how the world around us affects us; to observe the thoughts, feelings and sensations that arise in us.” Work in neurobiology has shown that self-awareness improves our connection to others. Being aware of our own emotional and physical states activates the insula and anterior cingulate cortex, which are the parts of our brains that function in reading other people.³⁹ Mindfulness, which can be defined as the nonjudgmental awareness of the present moment, has its roots in Buddhist traditions, and with the work of Dr Jon Kabat-Zinn⁴⁰⁻⁴² and many others, mindfulness is becoming part of mainstream healing.⁴³ Mindfulness has been explored as the core of relationship-centered care, and this connection between personal awareness and effective patient care has been likened to what is called the “art of healing.”⁴⁴⁻⁵⁰

How do we cultivate awareness of the present moment? How do we retrain our minds to be able to focus on only one thing at a time? Not just the task that lies in front of us to complete, but precisely the more subtle nuances of our emotional and physical states. The first step is coming to awareness that you are multitasking. Identify it when it occurs. Name it: "I am multitasking right now." Don't try to change it; just notice your patterns. As you become aware of these fast-paced times, begin asking yourself when during your day is it most important for you to be mindful and fully aware. Begin to choose the moments in your day when you will not multitask. For instance, being fully present with the people you encounter may be most important to you. On a different day, being present with yourself during a self-care activity could be your focus. Come up with strategies to slow yourself down before these critical moments. Inhale fully for at least 5 seconds; pause and then allow yourself to exhale for another 5 seconds *before* starting your next task. In this brief interlude, picture your mind, which may be still focused on your last activity or has already run ahead to other matters, reconnecting with your body. Consciously noticing a physical detail in your current environment, such as the wood grain of the next patient's door or the color of the floor tile on which you are standing, can also help ground you in the present moment. Prepare yourself to focus on just this next activity and then begin. Do this before entering your own front door in order to be fully present with your loved ones. Do this multiple times during the day to slow yourself down. Being present and aware takes practice, so consider exploring different ways to cultivate mindfulness: yoga, meditation, deep-breathing techniques, personal narrative writing, religious and spiritual practice, and personal psychotherapy can all help you become more aware (see  32.5, 67.6 Chapter 32, page 255).

Become Aware of Your Energy Balance

As we acknowledge the draining nature of our work, we also need to realize that much of the work of caring for others is incredibly fulfilling and, in fact, sustaining. A key self-care strategy is assessing our energy balance on a day-to-day basis. Conceptualize yourself as a *vessel of energy*, a beautiful dynamic entity through which energy flows in and out, depending on your moment-to-moment experiences. At any given moment, your energy gauge reads like a gas tank: full, half full, almost empty. Learn to assess this energy gauge daily and, more importantly, learn to identify which experiences sustain your energy and which drain it. Once you have identified the sustaining experiences, learn to maximize the energy exchange in these experiences: Like a thirsty sponge, open your pores and soak it all in. For instance, when a teen or family gives you positive feedback, how often do you allow yourself to slow down and be fully present and receptive? Learning to be fully present in these moments increases the energy exchange.

Draining experiences, once identified, need not be shunned. In fact, many things that drain us are unavoidable: forms, insurance company claims, and all the nitty-gritty of our work. Other encounters, perhaps with an angry or demanding youth or parent, while draining, can be informative and are often necessary to understand the type of care the teen needs. We cannot avoid these experiences, but rather by being aware that they are draining and *why* they drain us, we can learn to minimize their effect on us. Learning to identify what drains and restores you is a key to finding this balance every day. Therefore, assess your energy gauge frequently. Make time every day for what sustains you, both at work and also in your life outside of work.

Find Meaning in What You Do


When caregivers can make sense of their caring role, they are better able to sustain their connection with others without becoming distressed or burned out.^{51,52} Finding meaning in traumatic experiences has been studied as a coping strategy in the management of

stress,⁵³⁻⁵⁵ is associated with increased personal growth,^{56,57} and has been linked to well-being.⁵⁸ Interestingly, whether caregiver exposure to traumatic events results in negative consequences or beneficial personal growth seems to be modulated by regular personal reflection and a healthy lifestyle.⁶

Ask yourself again why you chose this caring path. Take the time to explore how helping others makes you feel. Contemplate what you have learned and how you have grown on your journey. Become proactive in your personal reflection through techniques such as narrative writing, meditation, psychotherapy, Balint groups, art, or music. No matter what methods resonate best with you, the key is to make sure you prioritize time for this type of reflection. The more aware you are of your personal philosophy of caring for others, the more you will notice moments throughout your day that reinforce your mission. These moments are the ones that will provide you with the most sustaining energy possible; you just need to learn to identify them and then take them in, like a deep breath of fresh air.

Seek Balance in Your Identity

The concept of work-life balance is well known to us all. Making time for our families and friends and our “outside work” interests and hobbies sustains us and fills our energy tanks. It allows us to step away from the suffering we witness and reconnect to the rest of the world. Making time for our “outside” interests is an adaptive strategy that enables us to stay balanced and to remember that we are also human ourselves. When we forget, or choose to ignore, this basic tenet, barriers emerge that lessen our capacity to connect with others and, thus, lessen our ability to heal them. Seeing those in our care as “other” is a maladaptive coping strategy that results from repeatedly witnessing illness and suffering. It protects us from the very cold realization that life is ephemeral and unpredictable and that we, or our loved ones, can be stricken at any moment. We thus create the “other” phenomenon: These bad things cannot happen to me; they only happen to others. In this way, we distance ourselves subconsciously. Soon, we can no longer connect and, at its most dangerous, we begin to blame others for the problems and illnesses that afflict them. By keeping our identities balanced, we can fight this potentially damaging socialization process.

We are not only caregivers, but also husbands, wives, parents, friends, artists, writers, animal lovers, foodies, and movie buffs. We are not separate from the others in our care.  20.2

Seek balance in your identity and seek a healthy work-life balance as well. It is important to separate home from work so that you have a protective boundary to allow you to recharge and appreciate those with whom you share your life. Otherwise, you may make the relationship-damaging mistake of thinking that the needs of your family and friends are somehow shallow or unimportant compared to the tragedies you deal with at work. Although you need a healthy separation, make sure your identity is fully integrated. Ask yourself: Are you as compassionate at home as you are at work, and vice versa? Are you as calm at work as you are at home? Are there different personas you use to get through your day? Work toward becoming more integrated, balanced, and whole.

Process Your Emotions

Many emotions arise as we care for others. In the moment when we are present with those in our care, it is innately human to experience the same emotions they are feeling. In fact, in order to create the “safe place” in which youth can unload, we must be empathetic and present with the emotions they experience. However, because we are there to help, we cannot lose ourselves in their emotions; we must remain balanced and objective. Therefore, in the moment, in order to maintain healthy boundaries and a therapeutic relationship, we have to subjugate our own emotional reactions. To be clear, we should be warm, empathetic, and authentically caring, while not allowing ourselves to become so emotional we

lose our ability to make professional judgments or position the teens or family members to feel they need to take care of us (see Chapter 20).

While we cannot—and should not—fully experience our emotions in the moment with the adolescent, we must make time to do this at some other point. What happens when we let these traumatic emotions build up inside? Emotions begin leaking out in odd and inappropriate circumstances: breaking a glass leads to uncontrollable crying or getting cut off by another driver results in spewing of uncharacteristic anger and hate. Essentially, we lose control over our emotions. When this happens, a natural tendency is to begin to avoid all emotions, to try to hold them in because it becomes too painful to have them emerge. We try to lock them away inside of a figurative box, building what is the equivalent of a repository of emotions. Indiscriminate in what it holds, this box becomes the storage compartment for all our emotions: “positive” ones like joy and love, as well as the “negative” ones like anger, fear, and hate. Soon this box becomes too scary to open and we lose the ability to feel any emotion at all. We feel “numb” or “dead inside.” We lose the ability to connect with others and, in effect, become disconnected from our natural selves.

Dr Ken Ginsburg teaches about this, and he calls this container the “leaden box.” Lead is heavy and shielding. Lead is also impermeable. We have all built such a box at one time or another. Processing emotions that are locked in a leaden box is very difficult. It is truly scary to think of opening the lid for fear of the chaos that can emerge: years of traumatic experiences lie in wait, eager to explode. However, Dr Ginsburg teaches that instead of a lead box full of chaotic emotions, we can choose instead to visualize a Tupperware container: one large Tupperware container full of smaller ones that each store the emotional content of one encounter. We have the choice to open just one small container at a time and to deal with just that single moment. What was the emotion we felt? Why was this so painful for us? How has it affected us since the experience? What were we meant to learn?

Dr Ginsburg suggests that we “burp” our Tupperware regularly, that we deal with these emotions closer and closer to when we experience them. Allowing yourself to process these subjugated emotions will help you understand the youth and families you serve better and will make it easier to connect with them at the next encounter. Over time, you will become less afraid of emotions because they are not as painful and chaotic to experience. Over time, you will begin to feel that you have more space available to be present with all of the people you serve. This is the Tupperware model of emotion processing. However you choose to visualize these subjugated experiences, make a commitment to your emotional health. Realize that you need to experience the emotions you generate during your daily interactions. The labels “positive” and “negative” are just your perception: Every emotion is necessary to your learning. Store the emotion away in the moment to maintain some objectivity, but come back to it as soon as you can and let yourself experience it fully. Learn from it, and then let it go.


Processing your emotions may not be as simple as visualizing them in smaller, more organized, brightly colored boxes. You still need tools and strategies to handle each emotion safely and with confidence that you will not be overwhelmed. Explore different ways of experiencing the content of each small container. You may try writing about the encounter or talking to someone you trust. At times, expressing your emotions through music, poetry, or art may give you the outlet you need. Exercise, especially intense cardiovascular exercise like running or dancing, can be incredibly conducive to experiencing intense emotions like anger. Letting yourself laugh or cry is another way to “burp” your Tupperware. These same methods that help you experience emotions can also be used to practice mindfulness, gain awareness of your energy balance, and explore your personal philosophy. Experiment with different techniques and find ones that resonate most with you.



67.2

Cultivate Compassion Toward Yourself

For many of us, being kind and compassionate toward ourselves is much more difficult than cultivating compassion for others. However, when we become closed to our own suffering, it is infinitely harder to remain open to the suffering of others. Cultivating self-compassion, therefore, is the key to becoming more compassionate toward those in our care. Ask yourself: Are you as patient with yourself when you make a mistake as you would be with another person? What is the tone of your *inner voice* during your mental exchanges? Do you say things like, *"I am such an idiot for taking this route; what is wrong with me today?"* There are times when our inner voice can become negative and, in fact, quite destructive. It happens differently for each of us, but it is likely we have all experienced this. Our inner voice, though, does not have to be critical or disapproving. In fact, our inner voice can, and should, be an incredible source of strength and guidance for us. The first step to harnessing this guidance is gaining awareness of how your inner voice speaks to you. Begin listening to it. Is it always disparaging? What does it usually say to you, and when do you hear it most frequently? If you have an inner voice that is unsympathetic, make an active decision to be more compassionate to yourself. Talk back to it using a gentle and loving tone, and ask it to be kinder. Your conscious awareness and natural kindness can recondition your inner voice to speak to you with love. Every time it speaks harshly, gently remind it to be kinder. Over time, your inner voice can change its tone, and this internal support system will begin to guide you in ways that are loving and compassionate.

If your inner voice seems unyielding to your effort to calm it, then you may consider professional guidance. Yes, you deserve support just as much as the youth and families you serve. Just as you guide youth to accept help without shame or stigma, free yourself from the shackles that tell you that as a caregiver you should be able to find the answers yourself. If you see self-care as selfish or seeking help yourself as a waste of time, then feel free to reframe it as a selfless act—*"I care for myself, so I can be stronger for others. I invest in my wellness, so I can serve for a lifetime."* Remember most of all that every healing effort starts with the health of the caregiver.  67.4

■ Parting Thoughts

It is a gift to be able to care for another human being, even a calling or a personal path. We have all accepted this gift and know that caring for another can be both incredibly gratifying and overwhelming. Our innate ability to care, to connect, and to love is what puts us at risk; this double-edged sword can leave us wounded, unless we are active in our own healing process. Make a commitment to your own self-care. Develop daily strategies that allow you to be more mindful, that sustain your energy balance, and that help you find meaning in your work. Remember that you are not superhuman: Keep your identity integrated and whole, process your emotions regularly in ways that feel safe and supported and, most of all, cultivate loving-kindness and compassion toward yourself.

●● Group Learning and Discussion ●●

This chapter hopes to initiate reflection and then personal action. That reflection holds the potential to catalyze the hard work of self-care we all need to do as individuals. However, our work environments can support or undermine our ability to adequately process our emotions and experiences, and ultimately to care for ourselves. Use this chapter as a launching pad to discuss how your practice setting could be healthier for the caregivers. Also process why attention to preventing burnout will, in fact, increase the quality of service you can all offer.

■ ■ ■ ■ ■ ■ ■ ■ Continuing Education ■ ■ ■ ■ ■ ■ ■ ■

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