



**The  
Spirit of Caring:  
A Volunteer  
Education Resource**

**Module 10:  
Self-Awareness & Self-Care**

**Developed by:  
Provincial Spiritual Health Care Management Network**

## Module 10 – Session Guide

### Self-Awareness and Self-Care

#### Facilitators Overview/Outline

TIME	ACTIVITY	RESOURCE	COMMENT
15 min	Opening Activity	pages 2	Choose one of the suggestions or one of your own that will get the participants thinking about who they are as a unique person
30 min	Exploring our gifts, strengths, limitations, beliefs, & motivations	pages 3 - 7	Encourage participants to work towards developing an accurate assessment of their of who they are
15 min	BREAK		
45 min	Caring for One's self	pages 7 - 10	Appendixes 1 – 8 provide useful readings and wisdom stories to assist in guiding participants towards greater degrees of self-awareness and self-care.
15 min	Closing Activity	pages 10	

## Module 10

### Self-Awareness & Self-Care

Leah Bueckert

#### Objectives

- To reflect on our sense of self-awareness and discuss why it is so important
- To identify and talk about the impact of being a companion with people experiencing physical, emotional, and/or spiritual disorientation / suffering
- To explore why self-care is so important

**Optional session preparation idea:** A week before this session, ask participants to pay attention to themselves throughout the week and come to the next session with any thoughts on the question: Where did I see myself most clearly this week?

#### SELF AWARENESS

Optional opening activity(s):

- Pass around a mirror and have each participant look into it while having some opening conversation about the image of the mirror, our thoughts & feelings about our exterior selves and our interior selves, the ways we see ourselves reflected (or not) in responses from people around us; when people see you, what do they see first about you?
- Ask participants: How would you describe yourself without using your name or talking about your various roles & relationships (eg. mother, father, sister, brother, spouse, etc.) or your life work? Getting at the essence, the core of who we are.
- Use Pamela Hays' "ADDRESSING" model for reflection with participants:<sup>1</sup>
  - Age/Generational Influences
  - Developmental experiences
  - Disabilities (Acquired "Disabilities", i.e. physical condition and relationship with my body as seen through the lens of my culture)
  - Religion and/or Spiritual orientation
  - Ethnicity
  - Socio-economic status
  - Sexual orientation
  - Indigenous heritage (cultural heritage within my ethnicity)
  - National origin
  - Gender
- Tell a story about having my attitudes or assumptions challenged (an experience of growing in self-awareness)
- Other...

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<sup>1</sup> Anke Flohr, "Competencies for Pastoral Work in Multicultural and Multifaith Societies", in *Interfaith Spiritual Care: Understandings and Practices*, Kitchener: Pandora Press, 2009.

**Questions for discussion:**

1. Why is self-awareness essential when coming alongside another person in their spiritual journey?
2. Ask yourself: What do people see when they see me? What is the first thing that people “see” about me when I walk into the room? (It’s about the importance of embracing and owning who we are.)
3. Why might it feel uncomfortable to look clearly at ourselves?

**We need to be aware of our gifts and strengths and we need to be aware of our limitations. We need awareness of our beliefs, our assumptions, our emotions and our motivations.**

Why? When we are unaware of our gifts we rob ourselves and others of the joy of our unique contribution to the world around us. When we are unaware of our limitations we get in over our head, we get depleted, and we lose perspective. When we are unaware of our assumptions, emotions or motivations we may project our own feelings and needs onto others instead of taking the time to hear where others are coming from. Even the impulse to help, while it is generally a good motivation, can be harmful if it comes more from my need to be helpful than from what is good for the person I am spending time with.

We develop biases, assumptions, and stereotypes in life. It is part of what we do to make sense of the world. But, as we know, these assumptions rarely tell the whole story and can often be hurtful, *especially* when we are unaware that we have them. The most important thing is to *become aware* of what our beliefs and assumptions are. When we become aware of these things as we are interacting with others, we develop the ability to ask ourselves: Is this experience confirming my assumptions or is there something else going on that I have not paid attention to before, something that I have missed because my assumptions were getting in the way?

**Question for reflection:**

When has my perspective changed because I got to know someone personally who is part of a group that I knew before primarily by stereotype? (e.g. race, nationality, spiritual tradition, sexual orientation) And what effect did this have on my sense of who I am as a person and how I relate to others?

My own examples of growing in self-awareness: when I learned that I tend to flip to my head instead of my heart, when I learned that I come from a faith community where the roots of guilt and shame go deep, when I learned that I have gifts in listening to people, when I learned that I have the ability to get in touch with my emotions in the moment, when I learned about how I can be racist when I think I’m not racist (during orientation with a service organization)...

### **Awareness of gifts/strengths:**

There is a story about a young woman who plays the piano very well. The story is focused on the topic of humility and on trying to get at what humility means. When the young woman is complimented on how well she plays the piano, she accepts the compliment and says 'thank you'. The writer states that this woman's response is one of humility. She is aware that she has a gift in playing the piano and it is right and good that she is honest with herself and others about this. This story made a big impact on me because I used to understand humility as minimizing my gifts and talents, playing them down instead of acknowledging them. The writer of the story comments that *true humility is being clear* about those things that we are good at and not so good at. It's about owning them instead of downplaying them. It's about celebrating and sharing the gifts that we have to offer.

### **Awareness of limitations:**

#### **Excerpt from "Your Summit Awaits" with Jamie Clarke<sup>2</sup>**

"Any expedition may have twelve or more members; it's not uncommon that only one or two would go for the summit. But those who do can count on the teammates to be in position to support them. Two climbers, John and Dennis, were selected to go for the summit. The summit push and return on Everest takes 24 or more hours. Leaving their tent at midnight, John and Dennis climbed for six hours in the darkness. Then the Himalayas exploded into the dawn of a new day. Dennis begins to feel the effects of the altitude. Pulmonary edema – fluid pooling in his lungs. He can't continue. So he climbs down to top camp.

John continues on alone for nine more hours. He sits in behind a rock and gets some shelter from the wind and blowing snow. To rest, warm up, think things through. Can barely see anything. The clouds and blowing snow have obscured his view.

But finally the clouds part and the summit reveals itself. A city block away! Reaches into his pocket, pulls out his camera, takes a picture of the top of the world. With less than an hour of climbing he will be there!

But it's already three o'clock in the afternoon. It'll be dark by six. John'll be more than ten hours on the descent. What to do? Continue up? Turn around? What would you do?

You know you're not coming back next weekend. You certainly don't want to go down.

You've got the fever...summit fever. When enough is just no longer enough. You're intoxicated with the possibilities. Worried about the consequences. Confused. Clouding your perspective,

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<sup>2</sup> DVD resource by Star Thrower Distribution (very expensive), <http://www.starthrower.com/>

your desire to reach the summit. Your desire? No, this is passion. But has this passion bled into obsession?

We're all susceptible. Winning at all costs. The ends justifying the means. Another late night at work. Another weekend at the office. Perspective lost. Passion?...Passion will get you to the top, but obsession...obsession will get you killed. And we need to know the difference.

John reaches into his pocket, pulls out his radio, calls down with his decision.

"Okay, John, how do you feel?"

"Yeah Dennis, I feel, I feel fatigued. Disappointed. Relieved. I guess. I can't go up anymore without jeopardizing my life. I've accepted that I don't have it in me. Not this time. Not with this sequence that took place to make it to the top. Over?"

John continues to work his way down the mountain taking long breaks and getting cold. Not just fingers and toes cold but stomach cold, gut cold. We shout at him over the radio to keep moving. But he just sits there. Snow drifting around his legs. He's numb from the cold. Tired from the weeks of effort. He's not responding to us. He's falling asleep. We have got to get someone else on the phone who means something to him.

With the satellite phone we place a call half a world away. Back home, it's the middle of the night. John's wife picks up. The ring wakes up his daughters. They jump on the line. They're nine and eleven years old, excited to talk to their dad. The voices of the girls stir their father into action, reminding him of a promise he'd made, a promise not to die on Mount Everest.

The girls talked their dad down the mountain...It was love that got him down from the mountain."

**Question:**

How might this story connect with self-awareness regarding our own hopes and our own limitations in coming alongside someone on their spiritual journey?

For example:

If I'm involved in a visit that triggers my own grief experience, how am I doing? Is it a bit overwhelming? Do I need to find someone else to pick up the conversation with this person from now on? Have I experienced sufficient healing of my own to have the capacity to focus on the person I'm visiting?

Or,

When the person I'm visiting reminds me of my mother, father, child, or someone else I know and it triggers a very strong positive or negative emotional reaction, what do I do with that?

Or,

I spend a significant amount of time with this person and I have hopes that I will see them come to a place of greater healing and wholeness and it just doesn't seem to show. What do I do with that?

### **Awareness of assumptions:**

#### **"Three Blind Men and an Elephant"**

The original parable originated in China sometime during the Han dynasty (202 BC-220 AD) and goes as follows:

One day, three blind men happened to meet each other and gossiped a long time about many things. Suddenly one of them recalled, "I heard that an elephant is a queer animal. Too bad we're blind and can't see it."

"Ah, yes, truly too bad we don't have the good fortune to see the strange animal," another one sighed.

The third one, quite annoyed, joined in and said, "See? Forget it! Just to feel it would be great."

"Well, that's true. If only there were some way of touching the elephant, we'd be able to know," they all agreed.

It so happened that a merchant with a herd of elephants was passing, and overheard their conversation. "You fellows, do you really want to feel an elephant? Then follow me; I will show you," he said.

The three men were surprised and happy. Taking one another's hand, they quickly formed a line and followed while the merchant led the way. Each one began to contemplate how he would feel the animal, and tried to figure how he would form an image.

After reaching their destination, the merchant asked them to sit on the ground to wait. In a few minutes he led the first blind man to feel the elephant. With outstretched hand, he touched first the left foreleg and then the right. After that he felt the two legs from the top to the bottom, and with a beaming face, turned to say, "So, the queer animal is just like that." Then he slowly returned to the group.

Thereupon the second blind man was led to the rear of the elephant. He touched the tail which wagged a few times, and he exclaimed with satisfaction, "Ha! Truly a queer animal! Truly odd! I know now. I know." He hurriedly stepped aside.

The third blind man's turn came, and he touched the elephant's trunk which moved back and forth turning and twisting and he thought, "That's it! I've learned."

The three blind men thanked the merchant and went their way. Each one was secretly excited over the experience and had a lot to say, yet all walked rapidly without saying a word.

"Let's sit down and have a discussion about this queer animal," the second blind man said, breaking the silence.

"A very good idea. Very good." the other two agreed for they also had this in mind. Without waiting for anyone to be properly seated, the second one blurted out, "This queer animal is like our straw fans swinging back and forth to give us a breeze. However, it's not so big or well made. The main portion is rather wispy."

"No, no!" the first blind man shouted in disagreement. "This queer animal resembles two big trees without any branches."

"You're both wrong." the third man replied. "This queer animal is similar to a snake; it's long and round, and very strong."

How they argued! Each one insisted that he alone was correct. Of course, there was no conclusion for not one had thoroughly examined the whole elephant. How can anyone describe the whole until he has learned the total of the parts.

From:

Kuo, Louise and Kuo, Yuan-Hsi (1976), "Chinese Folk Tales," Celestial Arts:  
231 Adrian Road, Millbrae, CA 94030, pp. 83-85.

These authors note: "Although this folktale is classified as being of Chinese derivation. India has a similar one, and so does Africa. However, the philosophical note is typically Chinese even though the basic thought is universal; When people are opinionated or blind to their limitations because of insufficient knowledge or smug mentality, they are as blind as if they had no eyesight."

[http://www.noogenesis.com/pineapple/blind\\_men\\_elephant.html](http://www.noogenesis.com/pineapple/blind_men_elephant.html)

**~ SESSION BREAK ~**



## SELF CARE

*“For fast-acting relief, try slowing down”*

~ Lily Tomlin

### Story

Suppose you were to come upon someone in the woods working feverishly to saw down a tree.

“What are you doing?” you ask.

“Can’t you see?” comes the impatient reply. “I’m sawing down this tree.”

“You look exhausted!” you exclaim. “How long have you been at it?”

“Over five hours,” he returns, “and I’m beat! This is hard work.”

“Well, why don’t you take a break for a few minutes and sharpen that saw?” you inquire. “I’m sure it would go a lot faster.”

“I don’t have time to sharpen the saw,” the man says emphatically. “I’m too busy sawing!”<sup>3</sup>

#### Question:

What does this story have to say about self-care?

Author’s notes on the story: “It’s preserving and enhancing the greatest asset you have – you. It’s renewing the four dimensions of your nature – physical, spiritual, mental, and social/emotional...It means exercising all four dimensions of our nature, regularly and consistently in wise and balanced ways...[It] must be pressed upon until it becomes second nature, until it becomes a kind of healthy addiction...no one else can do it for us. We must do it for ourselves.”<sup>4</sup>

Self-care is like asking, what will my day cost? If I am given 10 emotional pennies at the start of every day, how do I spend them so that I have at least one penny left at the end of the day?

#### Questions:

1. What are the signs for you that you are becoming depleted/off balance/over-loaded...?

For me (for example):

- Irritable and sharp with people around me
- Feel panicky when requested to do something
- Less flexible
- Overly serious, lose sense of humor
- Go into my head, distance from my heart

2. What is the connection between self-awareness and self-care?
3. Why is self-care important?

<sup>3</sup> Stephen R. Covey, *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change*, New York: Free Press, 1989, p.287.

<sup>4</sup> Ibid, p. 288, 289

We often don't do self-care well. *There is sometimes an aversion to self-care because many perceive it as selfishness.*

The "WHY" of self-care is the most important. Once you know the "WHY" the "what" will follow. We can't care for another's soul if we don't care for our own, but it is easier said than done. What is the block?

Exercise (could start during the session and complete at home):

Write a success story for every year of your life from birth to now. They can each be as short as one or two lines or entire essays depending on what you desire to express. For example, at age two I was told that I could easily hop, jump and climb. At age seven I learned to ride a two wheeled bike. In grade five I won the spelling prize, etc. The point being that our lives are filled not only with struggle but with strength, not only with disappointments but with achievements.

(From workshop with Carol Seller and Catherine Barnsley, "What Color is Your Parachute?" best-selling book by Richard N. Bolles.)

**We feel an impact when we hear the heavy stories and emotions people sometimes share with us when we spend time with them.**

- How do we sustain ourselves in offering this kind of presence? How do we come alongside fellow human beings who are hurting and also take care of ourselves?

Excerpt from *Riding the Dragon* by Robert Wicks<sup>5</sup>:

"Several years ago I remember returning home after a day of seeing patients in my private practice. When I came in, my wife Michaela asked me how my day was. I was ready to say the usual, almost automatic, "fine." But I was overcome with such a deep sense of sadness that I said, "terrible."

"Why, what happened?" she asked. "Did someone say something or do something to ruin your day?"

"No," I replied.

"Then, what makes you say your day was terrible?"

"Because as I went to answer you, I realized I just felt like crying."

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<sup>5</sup> Robert J. Wicks, *Riding the Dragon: 10 Lessons for Inner Strength in Challenging Times*, Notre Dame, IN: Sorin Books, 2003, pp. 12-13.

Looking at her, I sat down on a kitchen chair without taking off my raincoat. Then as I have taught others, I reviewed the day to see what had happened, what I had blown out of proportion, what erroneous negative belief I was allowing to engulf me.

And then I recognized what it was. It wasn't one specific thing; it was a series of almost unrecognized ones. It wasn't some great problem I had to deal with that day. Instead, as I sat there reflecting, I began to see that over the past few weeks, without realizing it, I had begun to absorb people's anxieties, sadness, helplessness, and hopelessness until I could no longer continue to help them...

...I think that no matter how intelligent we are or how well we take care of ourselves, both acute and chronic stress will occasionally occur. I have learned in my work, though, that the trauma, pressures, busyness, and darkness around us are not the only problems. The real difficulty arises when we don't sit down regularly to take the measure of our lives – whether the times be good or difficult.”

**Questions:**

1. When have you realized you needed care after having an emotionally heavy interaction or series of experiences?
2. How do you ask for what you need?
3. How do you care for and renew yourself?

**Closing activity:**

**Spend the last 15-20 minutes of the session doing some kind of self-care activity:**

- Put on some relaxing music
- Hand out paper and markers/pencil crayons and invite participants to express through color and images: How do I feel about my inner well-being today?
- Participants may like to continue the exercise of identifying a success for each year of their life.
- Other...

## Appendix 1

### Excerpt from “Your Summit Awaits” with Jamie Clarke<sup>6</sup>

“Any expedition may have twelve or more members; it’s not uncommon that only one or two would go for the summit. But those who do can count on the teammates to be in position to support them. Two climbers, John and Dennis, were selected to go for the summit. The summit push and return on Everest takes 24 or more hours. Leaving their tent at midnight, John and Dennis climbed for six hours in the darkness. Then the Himalayas exploded into the dawn of a new day. Dennis begins to feel the effects of the altitude. Pulmonary edema – fluid pooling in his lungs. He can’t continue. So he climbs down to top camp.

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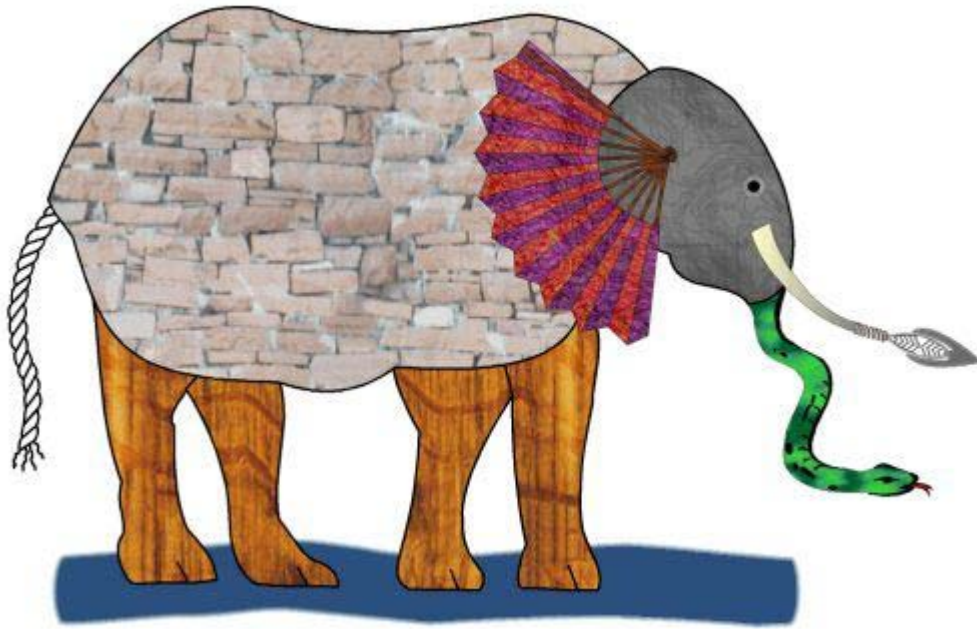
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## **Professionals Don't Cry**

*(Kitchen Table Wisdom, by Rachel Naomi Remen, page 51)*

One of the most common experiences in the practice of medicine is the experience of loss and disappointment. Physicians typically experience many disappointments every week, from the small nudge of the lab test revealing that a medication is not effective, to the blow of a patient dying. It is a great deal for any caring person to handle. Yet most of this loss remains unacknowledged and ungrieved.

I teach a course now at our local medical school to the first and second year students. In one of the evening seminars, we explore our attitudes toward loss, uncover some of the beliefs about loss we inherited from our families, identify our habitual strategies for dealing with loss, and examine what we do instead of grieving. This is often a rich and deeply moving experience which allows the students to know themselves and each other in different ways.

At the close of one of these evenings, a woman student stood and told me that her class had already be given two lectures on grieving by the department of psychiatry. I had not known this and I apologized, saying that it might have been better to choose another topic for the evening's discussion. "Oh no," she said, "it was different. They taught us grief theory and how to recognize when our patients are grieving a loss. And be respectful of that. They just didn't tell us that we would have anything to grieve."

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. This sort of denial is no small matter. The way we deal with loss shapes our capacity to be present to life more than anything else. The way we protect ourselves from loss may be the way in which we distance ourselves from life.

Protecting ourselves from loss rather than grieving and healing our losses is one of the causes of burnout. Very few of the professionals I have treated for burnout actually came in saying that they were burned out. I don't think most of them knew. The most common thing I've been told is, "There's something wrong with me. I don't care anymore. Terrible things happen in front of me and I feel nothing."

Yet people who really don't care are rarely vulnerable to burnout. Psychopaths don't burn out. There are no burned out tyrants or dictators. Only people who do care can get to this place of numbness. We burn out not because we don't care but because we don't grieve. We burn out because we have allowed our hearts to become so filled with loss that we have no room left to care.



The burnout literature talks about the factors which heal burnout: rest, exercise, play, the releasing of unrealistic expectations. In my experience burnout only really begins to heal when people learn how to grieve. Grieving is a way of self-care, the antidote to professionalism. Health professionals don't cry. Unfortunately.

The second day of my internship in pediatrics I went with my senior resident to tell some young parents that the automobile accident from which they had escaped without a scratch had killed their only child. Very new to this doctor thing, when they cried, I had cried with them. After it was over, the senior resident took me aside and told me that I had behaved very unprofessionally. "These people were counting on our strength," he said. I had let them down. I took his criticism very much to heart. By the time I was a senior resident, I hadn't cried in years.

During that year a two year old baby, left unattended for only a moment, drowned in a bathtub. We fought to bring him back but after an hour we had to concede defeat. Taking the intern with me, I went to tell these parents that we had not been able to save their child. Overwhelmed, they began to sob. After a time, the father looked at me standing there, strong and silent in my white coat, the shaken intern by my side. "I'm sorry, Doctor," he said. "I'll get ahold of myself in a minute." I remember this man, his face wet with a father's tears, and I think of his apology with shame. Convinced by then that my grief was a useless, self-indulgent waste of time. I had made myself into the sort of a person to whom one could apologize for being in pain.

I remember a rotation in the pediatric service of Memorial Sloan-Kettering Cancer Center in New York. During this rotation we were actually losing a child a day. Every morning we would begin rounds in the autopsy room, talking to the pathologist about the child who died the day before or was lost during the night, and every morning I would leave the autopsy room and go back to the children's ward telling myself, "Well, on to the next."

This attitude which was so prevalent in my training also happened to be the approach I had learned in my family. The afternoon my ten week old kitten was run over, my mother took me to a pet store and bought me another. I was taught at a very early age that if something painful happened, the best thing to do was not to think about it and to get involved with something else. Unfortunately in medicine, the "something else" I got involved with was often another tragedy.

The bottom line is that grieving is not meant to be of help to any particular patient. You grieve because it's of help to you. It enables you to go forward after loss. It heals you so that you are able to love again. "On to the next" is a denial of a common humanity, an assertion that someone can die in front of us without touching us. It is a rejection of wholeness, of a human connection that is fundamental. It makes no sense at all when you say it out loud.

## Banishing Burnout 5 Tips for Creating a L.I.G.H.T. Load

1. **L**ET GO – when you add something new to your life, do you also let go of something else? Or do you try to cram the new piece into a full schedule. Let go of the old to make space for the new.
2. **I**NSPIRE – uncover a way to turn what tires you into what inspires you. Can you add music, share the task with someone, reward yourself after it is done? Maybe you can inspire someone else to take it over? Change what tires you to something that inspires you, and discover how much lighter your load feels!
3. **G**O WITHIN – sometimes we overload ourselves trying to satisfy an unmet need. Try asking yourself, “What am I searching for?” A little clarity on where you want to be heading can help you decide what activities to add or to keep.
4. **H**ELP – ask for help when you need it. While you may think it would be easier to do it yourself, give someone else the opportunity to learn how to do it. People generally love to help – all you need to do is ask.
5. **T**IME OUT – take time daily to do something just for you. What can you add in to lighten your spirit? No one is going to benefit if your ship capsizes. Take time for a little shore leave and take a break from your load. You are worth it!

Bev Doern is an engaging speaker and workshop leader who helps her audiences take steps to avoid burnout. Her mission is to help others sail through life without capsizing. For more information, visit [bevdoern.com](http://bevdoern.com) or email [info@bevdoern.com](mailto:info@bevdoern.com)

*Life is all about the voyage.*

## Buried Treasure

Three times Rabbi Eisek dreams the same dream: there is treasure buried under a certain bridge in Prague.

After the third dream, he packs his belongings, leaves his home town in Krakow, and starts walking the three hundred mile journey.

After two weeks the Rabbi finally arrives in Prague. There is a soldier guarding the bridge, as he dreamed.

He tells the soldier of his dream.

"If I believed in dreams, I would have journeyed to Krakow long ago," the soldier replies. "Three times I dreamed about treasure buried in Krakow under the fireplace of a Jew named Eisek."

The Rabbi leaves Prague immediately and after just one week he arrives back home in Krakow.

Digging up the ground under his fireplace, Eisek discovers the treasure, just as the soldier said.

Posted by The Parable Teller

<http://www.theparableteller.com/2010/08/buried-treasure.html>

## “The Plimsoll-line”

Material from workshop with Bev Doern  
(Winnipeg Hospice & Palliative Care Conference, Sept. 2011)

Bev Doern has a website called “A thought worth sharing”.  
<http://www.athoughtworthsharing.ca/>

From Bev Doern’s website (April 2, 2012):

“Each of us is like a ship on the ocean of life - sometimes weathering rough seas, sometimes enjoying smooth sailing, exploring new destinations, finding safe harbors. It's a great metaphor for our busy lives and times - and like any ship we need to ensure that we are not overloaded by the demands of our busy world.

How can we tell when we are overloaded? Easy if you know what to look for. Do you know the story of the Plimsoll Line?

**I often think of life as a voyage** - we weather the storms, leave our safe harbor now and then, and sail to new destinations. **Like a ship**, we can carry great burdens over long distances, run into trouble in rough weather, and make good time if the wind is at our backs and we have plenty of fuel. **It's all in how we prepare for the trip.**

I love the story of the Plimsoll Line - and use it as a metaphor for preparing safely for the journey of life - every day. Let me tell you a tale from the Port of London in the mid 1800's...

*‘If you were visiting the Port of London in 1868, you might have met Samuel Plimsoll. He would stand and watch the ships being loaded – and loaded – and loaded with cargo. Samuel knew that many of these ships would sail away from London and never return to safe harbor again.*

*The ships were overloaded to the point that they would likely capsize if they found themselves in heavy seas. He lobbied hard to get a provision added to the Merchant Shipping Act of 1876 that made it law to have a load line painted on the hull of every cargo ship. A ship could only be loaded to the point where that line touched the water. Then all loading had to stop – for the sake of the ship, its cargo and most importantly, its crew. Sailors to this day call this mark “The Plimsoll Line”. It has been responsible for saving countless lives over the years.’”*

A) Be **AWARE** of the warning signs of carrying too heavy a load

B) Discover ways to **BALANCE** that load

C) Uncover how you can **CHARGE** yourself up to avoid burnout.

**About stress and integrity:**

***“Call Home” in My Grandfather’s Blessings***

**Rachel Naomi Remen**

“After twenty years of working with people with cancer, I have come to realize how much stress is caused by the sad fact that many of us believe in one way and live in quite another. Stress may be more a matter of personal integrity than time pressure, determined by the distance between our authentic values and how we live our lives.

This may explain why many people in the face of what one might imagine is the most overwhelming stress, life-threatening illness, notice their stress level has actually diminished and they feel more joy. Certainly their disease causes them concern, worry, and often fear; yet they report that their lives are less stressful now than when they were well. Such people seem to have found through their suffering a deep sense of what is most important to them, and the courage to bring their lives into alignment with it for the first time. Rather than using their strength to endure situations and relationships that betray their deepest values, they have used their strength to make needed change.” (p. 177)

### The Five “Languages of Care” are:<sup>7</sup>

#### Words of Affirmation

One way to express care is to use words that build up or encourage. Authentic encouragement requires empathy and the ability to see the world from the other person’s perspective, and then to communicate, “I know. I care. I am with you. How can I help?” It means trying to show that we believe in the other person and in their abilities. It can mean giving credit and praise. Words of appreciation and verbal compliments are powerful communicators of care. When someone asks for the opportunity to discuss an area of hurt in their life in order to find healing, they are speaking the language of “Words of Affirmation”.

#### Quality Time

Quality time entails giving someone your undivided attention. This involves making eye contact, and being fully focused and present with the person in front of you. A central aspect of quality time is “*togetherness*”. Togetherness does not necessarily mean proximity; the important thing emotionally is that we are spending focused time with the other person. One of the most common expressions of the language of “Quality Time” is sympathetic dialogue and conversation. Chapman draws this important distinction: “Words of Affirmation focus on what we are *saying*, whereas quality conversation focuses on what we are *hearing*. If I am [caring] for you by means of quality time and we are going to spend that time in conversation, it means I will focus on drawing you out, listening sympathetically to what you have to say. I will ask questions, not in a badgering manner but with a genuine desire to understand your thoughts, feelings, and desires.”<sup>8</sup>

#### Receiving Gifts

For someone who feels cared for through the receiving of gifts, the gift functions as a visual symbol of care. A gift *can be* something one can hold in their hand and say, “Look, she was thinking of me,” or, “He remembered me.” What is important is that the person knows that they were thought of and the gift itself is a symbol of that thought. It doesn’t matter whether the gift costs money, as symbols have emotional value. There can also be intangible gifts such as the gift of self or the gift of presence. Making yourself available to be present for a special occasion or for a significant event can be interpreted by someone who speaks this language of care as being given the gift of

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<sup>7</sup> Chapman, Gary. The Five Love Languages. Chicago: Northfield Publishing, 1992.

<sup>8</sup> Ibid., 65.

presence. As a Spiritual Care Volunteer it is expected that you will limit your gift giving to presence, not presents.

### Acts of Service

This language of care involves seeking to serve another person by doing things for them. Tasks such as changing the water in a flower vase, straightening up a messy bedside table, repositioning pillows, or bringing a patient a warm blanket are all examples of acts of service. They require thought, time, effort, energy, and occasionally some planning. If done with a positive spirit, they are expressions of caring. People who speak this language feel cared for when specific things are done for them. It must be noted that a request for a task to be done is quite different than a demand. A request has the potential to direct care into something meaningful, whereas a demand does not allow the opportunity for the act to be an expression of care freely given. As a Spiritual Care Volunteer you must feel comfortable declining requests which cross personal or ethical boundaries.

### Physical Touch

It seems obvious that physical touch is a way of communicating care, however for someone who speaks this language, touch carries with it a much deeper meaning—they feel uncared for without it. Without neurological connections being made through physical touch, people who speak this language can end up feeling very isolated and alone. Physical touch can be a powerful communicator during times of crisis and disappointments. We cannot always change events, but we can survive if we feel cared for. Putting a hand on the shoulder, shaking hands, giving a tender hug, and holding someone as they cry are all examples of physical touch. ***When working in a health care setting it is crucial to be aware of inappropriate forms of physical touch as they relate to physical and/or sexual abuse as well as health concerns and infection control.***

With a little practice, we can learn to speak all five languages of care!

**Compassion Begins with Compassionate Self-Care**

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