

Self-Care for Caregivers
Doris M. Kieser, PhD
Associate Professor, St. Joseph's College
Core Member, Adjunct Associate Professor, Dossetor Centre
Counselling Therapist, Insight Psychological Inc.

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- **In this presentation, I will consider some aspects and practices of self-care for caregivers. Particularly in this Covid-era, care of self is both necessary and difficult. Here I will consider the relationship among boundaries, empathy, sympathy, and compassion as they pertain to caring for the self. I will also consider some basic self-care practices**
- **Thank you for coming and thanks to Carol and Michael for all the work they do behind the scenes to make these seminars possible**
- **My Therapy Motto: “If you want to be a good therapist, you have to have a good therapist.”** I believe self-care is important
- **My Self-Care Definition:** Attending to one's own needs (physical, psychological, emotional, spiritual, cognitive, relational) proactively and with compassion
- **Lack of Self-Care can manifest as “Compassion Fatigue,” “Vicarious Traumatization,” “Burnout”**
- **Particularly important in helping professions and caring situations. For Example:**
 - Persons working in **Helping Professions**, e.g.:
 - Healthcare Professionals
 - Teachers
 - Social Workers; Psychologists/Therapists
 - During/following prominent **Large-Scale Crises**, e.g.:
 - Covid 19 (Coming on a year) - familial upheaval, financial precariousness, health anxiety, the world
 - Healthcare Instability, particularly in Alberta

- Situations of **On-going Difficult and Possibly Unhealthy Circumstances**, e.g.:
 - **High stress workplace:**
 - Excessive workload; understaffed
 - Cultural Expectations
 - Dysfunctional administration
 - Bullying
 - Lack of recognition and/or support
 - **Explicitly traumatic work environment:**
 - Emergency and Trauma Hospital Care
 - First Responder
 - **Traumatic Home Life**
 - Violence, Poverty, Neglect, Substance Abuse

- **Self-Caring Requires:**
 - Attending to one's own needs proactively, intentionally, and with compassion
 - Placing one's own well-being on one's list of priorities, i.e., admitting to oneself that self-care is **acceptable... important... necessary**

- **Common Modes of Self-Care: Activities/Strategies to care for one's own needs proactively and with compassion.**
 - Exercise/Activity – movement (e.g., walking, cycling, swimming)
 - Breaks from work (e.g., walk at lunch, napping, time-outs)
 - Socializing
 - Being outdoors
 - Healthy nutrition and hydration
 - Low caffeine/alcohol/drug intake
 - Meditation/Relaxation (e.g., breath-work, yoga, grounding)

- Many of these modes are not available to us today: gyms, classes, team sports, social gatherings

- **Very Important but Often Overlooked Mode of Self-Care = My Focus:**
 - **Personal and Professional Boundaries:**
 - **Psychological** (personal feelings, thoughts beliefs); **Physical** (touch, sex, behaviours); **Emotional** (validate feelings); **Spiritual** (one's own belief system); **Affective** (relationship and caring).
 - **Working Definition: Self-monitored and flexible personal “fences” that serve to protect ourselves and others from unwanted and unwarranted interaction**
 - **Everyone can have them, set them, and choose to enforce them when necessary, e.g.,** Saying “no” to unwanted touch (physical); not responding to inappropriately intimate questions (affective and psychological); not sharing emotions when the situation feels unsafe (emotional); refraining from certain behaviours (physical)
 - **Self-Interested** (Acting to protect one's well-being - for its own sake or to better be able to attend to others' well-being) **vs. Selfish** (Acting to protect one's well-being to the exclusion or detriment of others' well-being)
 - Maintaining **Personal Spaces** and exercising **Compassion and Care**
 - **Major Component: The difference between “Empathy” and “Sympathy”** - An important distinction, particularly for those who give care and show compassion
- **“Empathy” and “Sympathy,” and “Compassion”: Similarities and Differences – Implications for Self-Care**
 - Useful to Note:
 - Healthcare focused literature regarding Empathy, Sympathy, and Compassion is somewhat diverse, i.e., the terms themselves are disputed and, therefore, so is their use in discussing patient care (e.g., Sinclair et al., 2017; Jeffrey, 2016)
 - Here, I draw on my experience as a psychological counsellor to identify **Distinctions** among the terms

- Many of us enter “caring” professions because of our desire to help, heal, or care for those in need - **Altruism** - a good thing
 - **Altruism – Other-Focused (vs. Egoism = self-focused)**
 - Triggered by many things – the most noble of which might be our profound sense of interconnectedness and the requirements of justice that stem from knowing that we are, ultimately, a community
 - “Compassion” – passion with; to share in passion (an intense feeling/impulse, usually towards helping with another’s suffering)
 - Here – we experience empathy and/or sympathy
 - **Why is Being Altruistic Important in Healing and Self-Care?**
 - Relationship – re: counselling/therapeutic relationship, the quality of the client-counsellor relationship is the “most significant discriminating factor for predicting treatment outcome” (Clark, 2010, p. 96).
 - Patients want some kind of a relationship with their healthcare givers to facilitate their healing (if not also curing)
 - But to engage clients in a **healthy** care-giving relationship, one needs to attend to one’s **boundaries**
 - **Boundaries: Empathy and Sympathy**
 - Working definitions from my own practice

○ **Empathy - Working Definition:**

- **To understand and appreciate the feelings/experiences of another; to grasp their passion/pathos/struggle**
- **To observe, identify, and respond to another – but not necessarily to enter into their pathos**
- **To know that one cannot rescue another person from their feelings and sufferings - one can support, care for, respect, listen, etc., but one cannot fix them**
- **Is “other-focused”**
 - From the German “Einführung” – to get oneself into the other’s perspective, but not necessarily to live their experience
 - Requires – standing back from the passion/pathos so as to assist the other through it – some **“Emotional Detachment”** (Clark, 2010, p. 96)
 - The self is “the vehicle for understanding, and it never loses its own identity,” “the feelings are ‘in the other’” (Wispe, 1986, p. 318)
 - Carer – “reaches out” to the other; “substitute ourselves for others”
 - **“Affective” Empathy** – i.e., emotional; **“Cognitive” Empathy** – intellectual; **“Behavioural” Empathy** - ie., to act on one’s understanding of the person’s suffering; **“Moral” Empathy** - i.e., “an internal motivation of concern for the other and a desire to act to relieve their suffering by caring and driving acts of altruism” (Jeffrey, 2016)

- **Sympathy (Working Definition):**
 - **To share another's pathos/passion/struggle – and to help mitigate the suffering of the other - from one's own perspective, i.e., self-focused vs. other-focused**
 - **To enter into shared emotion/experience with another**
 - **Heightened awareness of suffering that needs to be alleviated**
 - German "Mitgefühl" – to share feelings with
 - Involves **entering into emotions** – "a reaction to a client's distress that becomes manifest in mild to intense expressions of feelings of sorrow for the plight of an individual" (Clark, 2010, p. 97).
 - Is more "self-focused" than Empathy:
 - Can become more about the carer than the person seeking care;
 - Involves carer emotionally in the plight of the other, to the detriment of the caring relationship – distracts from the client's emotional need and burdens the carer with excessive emotional investment - Often leads to "burnout"
 - (In the Sinclair et al. (2017) study, palliative care patients identified receiving "sympathy" from healthcare workers as "an unwanted and pity-based response to a distressing situation, characterized by a lack of understanding and self-preservation of the observer." Calgary/Manitoba)
 - "Concerned with communion rather than accuracy, and **self-awareness is reduced rather than augmented**" (Wispe, 1986. P. 318).
 - Carer – "moved by" the other; substitute others for ourselves; can be perceived as insincere

- **Why Empathy in caring professions is generally more favourable than Sympathy (Back to Boundaries):**
 - **Empathy** maintains a professional and personal boundary that protects both the client and the carer (whereas **sympathy** can cross boundaries, which impedes the carer's capacity for effective caring and the well-being of the patient/client)
 - **Empathy** engages the client in whatever their difficulties, while still allowing the carer to maintain objective awareness of what the issue might be (whereas **sympathy** might be detrimental to our capacity to view the situation helpfully, as a professional)
 - **Empathy** allows the carer to maintain enough emotional distance to be able to attend to many clients/issues over the course of a day/shift/career (whereas **sympathy** might unduly tax the carer and be emotionally exhausting in a healthcare/therapeutic setting – because everyone is needy!)

- **Self-Care in Covid 19 - Stressors**
 - **Unknowns:** Particularly, in the early days, so much of our practice was affected by something we knew very little about
 - **Unpreparedness:** While scientists, virologists, etc. had spoken for years about the possibility of a global pandemic, we still were not well prepared at the onset, e.g., PPE, Long-term Care Management (e.g., workers in multiple sites), Triage Planning re: Resources
 - **Results on the Healthcare Side of Things:** In addition to the usual stressors, caregivers were taxed with the reality of having to fight for appropriate and necessary resources
 - **Family situations:** Elderly relatives/friends, home-schooling, toilet-paper hoarding; distancing; disconnection; isolation; and excessive closeness
 - **“We’re all in the same boat” = NO!** We’re all in the same storm but some of us have decidedly better resources for riding out the storm, i.e., financial and justice inequities

- **Self-Care in Covid 19 - Possibilities**
 - **Recognize the Importance of Self-Care**, even when some of the most effective means of self-care are withdrawn, e.g., working out, gathering
 - **Re-vision self-care in small and important ways:**
 - **Breathing** - to ground and reinvigorate your body (i.e., alleviates stress and reassures your body that you are safe)
 - **Stolen Moments** at work and home - bathroom breaks?
 - Finding a **Routine**, whatever that might look like
 - **Eating well**
 - **Acknowledge Feelings and Thoughts without Judgement**
 - **Let Go of “Normal”** - this is now normal, even if it is not particularly pleasant (or if it is heavenly), i.e., conforming to what is normative - right now, normative is “adjustment” “flexibility” “introspection”
- **Discussion; Questions; Practice**

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