

Fit your own mask first

Professional Self-care
for Helpers



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All case histories in this text are presented as examples only and any comparison which might be made with persons either living or dead is purely coincidental.



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Fit Your Own Mask First

Professional Self-care for Helpers

Part 1 of 5
Introduction
and operating
paradigm

Written by
Mental Health
Academy



Fit Your Own Mask First: Professional Self-care for Helpers

About this Program

In this program, the intertwined questions of professional and personal self-care are investigated in a holistic manner, working from a paradigm of growth mindset aligned with a positive psychology stance, to offer insights and strategies for all levels of self-care.

Part 1 (this publication) explains the philosophical framework of the program. *Part 2* examines questions of exercise, diet, and sleep: the chief physical means of tending to self-care. *Part 3* asks about the scope, intensity, and direction, or purpose, of our service as helpers. Ways of maximising supervision are covered, along with a look into life-work balance, remuneration (from therapeutic services), and why therapists need therapy.

Part 4 treats the twin questions of: (1) connection, as seen in the central questions of social support and exercises for improving our relationships with self, Other, and the Self; and (2) individuation – issues such as boundary-setting, assertiveness, and locus-of-control. A section on self-compassion completes this part. *Part 5* discusses the importance of developing stillness and mindfulness practices followed by a short summary suggesting the completion of an action plan to consolidate program gains.

About Mental Health Academy

Founded in 2007, Mental Health Academy (MHA) is a leading provider of online professional development (CPD) education for mental health professionals.

Through our state-of-the-art learning platform, we connect you with global mental health experts and hundreds of hours of learning – all conveniently accessible online, 24/7.

We exist to empower people. We'd love to be part of your learning journey.

Part 1

Introduction

Aims

This is a very full agenda! Currently, in part 1 we propose overall aims, and each proceeding part has its own objectives. The overall aims are that, by the successful completion of this program, you should be able to:

1. Identify more clearly than before what your purpose is
2. Choose strategies for working from a growth mindset
3. Evaluate how you can succeed even better through the components of a positive psychology stance
4. Re-evaluate how you can improve your self-care through the bodily aspects of exercise, diet, and sleep
5. Demonstrate the appropriateness to your self-care regimen of work-oriented thrusts such as articulating your WHY, maximising supervision, remunerating yourself appropriately, managing life-work balance, and getting your own therapy
6. Determine modifications necessary to improve your self-care in the areas of social support, patterns of relating to self and others, and your capacity to function from your inner authority, setting appropriate boundaries (including around remuneration)
7. Assess how mindfulness/stillness practices may holistically enhance both your professional and personal self-care
8. Create an action plan for enhancing self-care

"In the unlikely event of an emergency, a mask like this will drop down from the ceiling. Fit your own mask first, before assisting other passengers..."

Physician, heal thyself

Many years ago, the airlines didn't routinely say the above lines, and in those days flying parents probably assumed that they were being more caring by fitting their children's masks first. But can you imagine the scenario in a real emergency? The air pressure in the cabin has dropped, so the masks are needed, but when parents try to cover the faces of their progeny with these strange contraptions, the natural reaction of kids is to resist, perhaps forcefully. After all, no one else has a mask on yet; they feel like they are about to be smothered. Meanwhile, the parent is getting more and more desperate to breathe in oxygen, and so is increasingly panicked and out of control, trying to force the mask first on the kids, who are by now also in panic. Screaming, chaos, and laboured breathing reign, to say nothing of being thrown around by potentially crazy orientations of the plane in the air if it actually has a problem.

In the field of mental health helping, it is incumbent upon us as helpers to do the figurative equivalent of what the airlines now advise: to fit our own masks first. That is, there is now more widespread understanding that the classical stance of the general practitioner to "Do as I say, not as I do" is not

viable. In contemporary health practice, no G.P. advising a patient to stop smoking has credibility if the ash tray on his desk is full. But what does it mean to fit our own mask first? This program examines that question in some depth, but first we offer some examples of mental health professionals whose "masks" do not seem to be adjusted quite right.

Masks slightly askew

Dee Dee is a psychologist who specialises in using diet and exercise to help regulate moods, so she attracts a lot of clients who are anxious or depressed and hoping that they can overcome these states of mind by working out or working on their diet. Dee Dee is pretty fit; she has no trouble getting through an hour-long aerobics or high-intensity-interval training session, and she knows a great deal about various dietary regimes. But she also has occasional panic attacks, and is about 14 kg overweight. Nothing she does seems to shift those conditions.

Jordan is everyone's "go to" person for a whole raft of causes: from organising the next "park run" event to volunteering at the hospital to leading a group of scouts, he is the upstanding citizen with the big heart. In his counselling practice, too, Jordan has been nothing but caring, even taking on some clients that cannot afford to pay. And he has numerous times failed to take action to recover fees for sessions when clients haven't paid, hoping that they will pay before they get too many sessions down the road. But Jordan has become aware lately of being very tired, inexplicably "down" and – uncharacteristically – feeling a bit hardhearted towards his clients; he wonders where the boundless compassion he used to feel has gone to. He just feels dead on the inside, and wonders if this is what burnout feels like.

Greta, a recently graduated social worker, has been struggling for several years to build up her practice. While she has had a few clients, things haven't really gotten going as she hoped. Her supervisor has tried to help, but he has also noticed a tendency toward some black-and-white, judgmental thinking. For one thing, Greta has been subtly very critical of Melinda, a fellow supervisee in the group supervision group. Melinda calls herself a "Christian counsellor" and gets many referrals from the church that she is an active member of; Melinda's counselling is firmly based on a Christian foundation. Greta has had several one-session clients who came with presenting issues of feeling confused about their spirituality. Greta flatly told them that there is no God, and that they should develop their autonomy so that they don't feel the need for a God; none of those clients came back for a second session.

The program paradigm

Not so many years ago, it seemed that the rapidly burgeoning "self-help" sections of bookstores were very clear. Down one row were the books that gave advice on diet, exercise, and getting sufficient sleep. Another row was exploding with titles to overcome anxiety, depression, addictions, and of course, broken relationships: in other words, all the mental-emotional and relational-level aspects that were said to keep us from having that perfect life. Books on religion and spirituality occupied still another corner. Not only that, but there tended to be one section for personal growth and development, and another for professional advancement – and never the twain shall meet.

With recent scientific advances such as fMRI and new insights into the gut microbiome – to name just two – such neatly defined levels of beingness have been shown to be untenable. We are now being asked to understand that dominant bugs in our gut have a surprising amount to say about whether we are anxious or calm and happy or depressed, and diet has an equally large say in which bugs are able to colonise our intestines on a long-term basis. Conversely, our capacity to establish and maintain good social supports has been demonstrated to impact on very physical aspects like the potential for having, and then surviving, a heart attack, or even whether we get dementia or not (Hartung, 2018). In short, we are increasingly called upon to recognise our inherent wholeness – with each level of beingness affecting each of the other levels – rather than believing that we can isolate any given aspect and heal ourselves through that alone.

Interconnectedness

Thus, we assume the interconnectedness of all levels of being. Moreover, just as each aspect of an individual is connected to each other aspect of that person, so, too, is each individual part of the whole interconnected web of humanity. And it goes holographically the other way as well: all potentials of humanity are contained within each individual. Accordingly, our enquiry into professional self-care must be an enquiry into personal self-care; they are intertwined. And our examination of what constitutes self-care must include all discerned levels of ourselves, from the immanent to the transcendent.

Meaning, purpose, and values

When we say "transcendent", however, we are not referring to any religious leaning, but a commitment to viewing our yearnings, goals, and accomplishments through the prism of a whole-of-life overview; it is a commitment to ask how we do the ultimate right-relating: not only to ourselves and fellow travellers on this life journey, but also how we relate to the "Something-more-than": the transcendent, the numinous, the sublime. For we also understand the crucial importance of what is sometimes called our "MPV": the meaning, purpose, and values that guide our choices and make the strivings worthwhile. What is our purpose in this life? What, then, has meaning? And what values do we derive from that, which will inspire the self-care choices that emerge as possibilities, or even necessities? How, as a professional helper, do we live life, and care for our own lives, *on purpose*?

Growth mindset

One primary notion helps to clarify the holistic, evolutionary, developmental framework from which we will be exploring self-care. That is the notion of growth versus fixed mindset. Do you believe that the intelligence level you started life with is the best that you can do now? Or do you entertain the possibility that you may be able to influence your levels of intelligence, literally growing smarter, through the attitudes and actions that you employ? As the world catches on to these concepts of growth mindset, originally proposed by Carol Dweck (2008), we in the helping fields seem to have a double-barrelled responsibility: to be able to master them ourselves, thus freeing ourselves from the constraints of a fixed mindset; and also, to imbue our clients with the sense that they, too, can grow their minds – if they only put their mind (read: will) into it!

Positive psychology

A final mindset pillar supporting our self-care recommendations is that of positive psychology. This burgeoning paradigm is not one of "happyology": a denial of all that is not strongly positive. Rather, it is a way of thinking about human beings and how we can best create conditions for our maximal growth. Thus, we will share with you a five-point program for wellbeing which answers the positive psychology questions of: "What makes people succeed?" and "How can we create environments that allow people to perform at their best?"

Overview of the program parts

We will see how all of the theories and self-care action steps we advocate rest on this holistic paradigm of attention to meaning, purpose, and values; taking up a growth mindset, and embracing a psychology which looks not at what is wrong with us, but how we can build on what is working. We will begin in part 2 with a study of how we tend to self-care through things we do with/for our bodies: exercise, diet, and sleep all figure importantly here.

Part 3 of the program, on tending to self-care through/for professional development asks you to reflect on the scope, intensity, and direction (purpose or WHY) of your work, with the last reigning supreme as a central aspect to tend to if you would care for your professional development. The clinical supervisions you get and how you charge for your services once in practice have a lot to say about how your work will progress, so we ask you to ask yourself questions about these aspects. Life-work balance comes to be important as one's work develops, so there is the question of how you are managing any incipient burnout, and why you should avail yourself of the therapy support you generously give to others.

We devote part 4 to the twin questions of connection and individuation, looking at how your social/relational self gets care. Social support and integration plus social contagion are important to take note of, and notions of right-relating give an overall framework to the wholeness of relationship. Yet, given that you must also tend to the drive towards individuation, we look at boundary-setting and locus of control as well. All of the relational thrusts are made easier if we can hold an attitude of self-compassion, so we finish part 4 with an investigation into that.

Finally, in part 5 we would be remiss not to include a discussion on how you can put it all together, managing an inclusive, holistic regime which governs your self-care choices from the very practical, mundane aspects to the transcendent. We see no better way to advocate for this than through a review of stillness and mindfulness practices, which improve the quality of life at every level of beingness.

Learning recommendations

Self-care is a vast topic, and there are many angles to it that we wish to discuss with you. The fullness of the program invites a part-by-part, program approach. We recommend that you complete the assessment of each part (via the assessment section) before moving to the next one. You may be familiar with some of the concepts we introduce and some may be new. Thus, we encourage you to take time to let the material for each part percolate through your being, allowing you to not only assimilate but integrate it as well. Also, it's often good to get a broad overview before drilling down into detail at greater depth. To that end, we have included an index of the part titles and main headings. Read through these so that you have an overall sense of where we're headed before you get "on the road".

Part 2: Strategies for the body (Exercise/diet/sleep)

- Objectives
- Exercise: A moving part of wellness
- The ubiquitous question of diet
- The microbiome, its importance, and what the research is saying
- Sleep: Just as important as exercise and diet
- Part summary

Part 3: Self-care in professional development

- Objectives
- Putting out our service as helpers
- Caring for your development through supervision
- Remuneration: What we take in from clients
- Life-work balance: What's yours?
- Therapy for yourself: Why you need it
- Part summary

Part 4: Connection and individuation in self-care

- Objectives
- The social environment
- Right-relating and the quest for connection
- Individuation and connection: Flip sides of the same coin
- Finding the limits of the self
- The fine art of self-compassion
- Part summary

Part 5: Stillness/mindfulness, summary and action plan

- Objectives
- Stillness and mindfulness, right-relating, and self-care: what's the connection?
- Benefits align with self-care benefits
- The skills of mindfulness
- Summary
- Action plan
- Concluding statement

The current part explains in more depth what we mean when we talk about working in purpose with a growth mindset: positively! We want that up front for you so that you will be able to keep relating the themes of the parts to these underpinning notions, and so that you will comprehend more deeply our references throughout the program to these central ideas.

Part 1

Working in purpose with a growth mindset – positively

You'll be reading references to meaning, purpose, and values and also the concepts of growth mindset and positive psychology throughout the program as these interact with the various program topics. Please read about the main ideas of them in the current part before moving onward.

Objectives

Upon successful completion of this part, you will be able to:

1. Articulate your purpose in a single sentence
2. Name three strategies to help you move toward a growth mindset
3. Recall the five components of the P.E.R.M.A. Model of Wellbeing
4. Explain how to work with the Broaden and Build Theory in order to enhance self-care
5. Identify five of your top strengths
6. Analyse a goal according to the Three-Factor Framework

MPV at the core

What has meaning for you, and on what level of beingness do you define this? What is purpose – and how do you know when you are "in" it? Can you easily identify the values by which you are choosing to live? How permeated is your life with your "core" values?

What's the purpose of purpose?

We pose these questions right at the outset of our discussions, because any kind of care – self-care or care for others – is inextricably bound up with what has meaning for us, and what we value. As any parent or caregiver knows, caring takes time, energy, and bandwidth. It isn't always easy; in fact, it sometimes takes great effort to continue our caring efforts when those same resources are scarce. At these times, we must dig deep into our reservoir of sensed meaning and purpose – reminding ourselves of our core values – in order to muster the will to continue.

As an extreme example of this, we can recall how, in the book, *Man's Search for Meaning* (Frankl, 1946/2006), author Viktor Frankl, himself a survivor of Nazi concentration camps who lost his parents, brother, and pregnant wife in them, offered robust testimony to the importance of meaning. While a prisoner in four of the camps – including Auschwitz – between 1942 and 1945, he noticed that those who saw meaning in life, or who gave it meaning, demonstrated much higher levels of resilience, enabling them to survive the brutal conditions that those with no incentive of meaning failed to survive.

Knowing your WHY as well as your WHAT

As a mental health professional, you know your "WHAT". You are intimately familiar with what you do – must do – to keep working in that capacity: from sessions with clients to writing up notes to making referrals and writing reports. But how do you see your "why" for this? In other words, how do you articulate your purpose?

Roberto Assagioli, the founder of the transpersonally-oriented psychology of Psychosynthesis, recounts the old story of three stone-cutters involved in building a medieval cathedral. When a passer-by asks the first stone cutter what he is doing, he replies angrily, "Can't you see? I'm cutting stones!" Moving onto a second stone-cutter, the observer asks the question again, to be told, "I am earning a living for myself and my family." When the passer-by asks a third stone-cutter, he receives a joyous and enthusiastic response: "I'm building a great cathedral, for our community and all of the world to worship in" (Assagioli, 1984).

Assagioli includes this vignette in a chapter on transpersonal will. His comment is that the first stone-cutter had "a sense of futility because of the dull and humble purpose" of his work (p 110). The second stone-cutter found some small, personal purpose: that of making a living. But the third stone-cutter was able to infuse his work – in fact, his whole being – with joy, because he identified a larger, more transcendent purpose for what he was doing.

Translating this into more contemporary language, we can see that the first stone-cutter knew his "WHAT" – and he resented it. The third stone-cutter, however, knew his "WHY", and it permeated his being, enabling him to have the will energy not just to continue arduous, physically demanding work, but to do that work with joy.

For a demonstration of the power of knowing your WHY, [watch this YouTube video](#) by Michael, Jr. (2015). Identifying some of his "WHAT" as that of stand-up comedian and author, he defines his "WHY" as inspiring people to walk in purpose. To demonstrate the difference between the "WHAT" and the "WHY", he calls on a member of the audience, E. Daryl Duff, who is the musical director for a local school. Michael asks Duff to sing a few bars of Amazing Grace, which Duff does in a pleasant singing voice; he gets an appreciative clap from the audience, and a comment from Michael to the audience that "That guy can sing". In other words, it is an admission that Duff knows his "WHAT".

"Now," says Michael Jr., "I want you to give me the version as if your uncle just got out of jail, and you got shot in the back when you was [sic] a kid. . . . Let me see the good version. Let me see if that exists." Duff "gets" the instruction, and the second rendition of Amazing Grace is, well, amazing: full of heart, soul, and stunning musical complexity. He gets a standing ovation. In just over three and half minutes (for the whole clip), Michael Jr is able to demonstrate what people write entire books on: the importance of purpose, or knowing your "WHY".

Bi-focal vision

You may be wondering at this point: given that we've gone on a bit about purpose right at the beginning, is this whole program going to be focused on a level of airy-fairy, hard-to-define concepts like purpose? Our response to that, is, "no, not *focused on*, actually, but *suffused with*." Our intention is to communicate the importance of guiding all your self-care efforts from a deep sense of purpose and meaning so clearly that you allow the notions to percolate through the layers of yourself, coming to permeate your every action, your every intention.

At the same time, however, we acknowledge that we are all *human* beings, living in a physical-material world that makes myriad, often conflicting, demands on us: a world in which we have a plethora of unmet needs, drives, and urges. So the quiet background mantra throughout this text will be something like, "Use your bi-focal vision". That is, have the good will and compassion to see yourself – and of course, your clients – as both an "unfinished" creature, with immanent needs ranging from simple survival to those of belonging and respect, and also – at the other end of the bi-focal specs – a transcendent Self, seeking connection with self, Other, and the sublime. We challenge you here to ask yourself which end of the bi-focal vision you are in more in touch with as you navigate the fast-moving currents of life and work. We need both "views" from our bi-focal specs: ourselves as a "self" dealing with the very mundane issues of life, and ourselves as a "Self", daring to venture into uncharted

territory as we "push the envelope" toward ever more joyous, purpose-permeated professional self-care. One aspect of your self-care which particularly impacts you at a level of professional self-care is that of how you grow, and how you see that you can grow.

Growth mindset

As well as acknowledging the interconnectedness of all levels of our being (and of our being with other beings) and gaining clarity on our purpose, we will be able to maximise our professional self-care if we are able to work from a framework which understands that, as living beings, we can essentially be growing beings. Here we return to the question we posed in the introduction: do you believe that you are "stuck" with whatever gifts of intelligence, emotional insight, physical strength, and even spiritual progress that you were born with? Or do you sense that you may be able to influence your levels of these things, growing especially through effort coupled with good strategy? Let's put it this way: the program has at least one section that treats the question of exercise, and at least one that deals with how well you set boundaries. If you don't believe that you can improve such aspects of yourself and your work, then why are you enrolled in this program at all? Log off now and save yourself further loss of time.

Or, stay with us and hear how you can actively choose whether you have what Carol Dweck has called a "fixed mindset" or a "growth mindset". Over a decade ago, Dweck (2008) published a ground-breaking book based on several decades of research into the different reactions people, especially students, have to challenges and failures. She had noticed that some students took them in stride, patiently figuring out what went wrong so that they could improve for next time. Others, however, shrank back, refusing to enjoin further challenges and deciding that they were stupid or failures. Many studies that Dweck and her colleagues have conducted in recent years have shown that it is the former group – those she came to declare had a "growth mindset" – who were able to attain greater achievement than those who retreated from challenge, using their energy to "prove" that they were smart. Dweck said this latter group had "fixed mindset".

The view you adopt for yourself affects how you lead your life

As Dweck explains it, the view that we adopt for ourselves profoundly affects how we lead our lives. It can determine whether we become the people we want to be and whether we accomplish the things we value. She queries how a simple belief can have such a power to transform our psychology and, as a result our life. She responds to her own question:

"Believing that your qualities are carved in stone – *the fixed mindset* – creates an urgency to prove yourself over and over. If you have a certain amount of intelligence, a certain personality, and a certain moral character – well, then you'd better prove that you have a healthy dose of them. It simply wouldn't do to look or feel deficient in these most basic characteristics. . . . I've seen so many people with this one consuming goal of proving themselves – in the classroom, in their careers, and in their relationships. Every situation calls for a confirmation of their intelligence, personality, or character. Every situation is evaluated: Will I succeed or fail? Will I look smart or dumb? Will I be accepted or rejected? Will I feel like a winner or a loser?" (Popova, 2014)

Dweck goes on to explain that there is another mindset we can live by, one in which these traits are not simply a hand we're dealt and must live with. The other mindset is not one in which we expend most of our energy and time trying to convince others – over and over again – that we're "holding a royal flush, when really we're secretly worried that it's just a pair of tens". In the growth mindset, the hand we're dealt is just the starting point of development. The mindset is based on the notion that our basic qualities can be cultivated through our efforts. Even though it's true that we're all different in terms of initial talents and strengths, interests, temperaments, and aptitudes, all of us can change and grow through application of effort and experience (Dweck, 2008).

This is not a claim that anyone can be an Einstein, a Da Vinci, or a Mozart. Rather, it is to say that our ultimate potential is unknowable, and that it's impossible to see what can be accomplished with years of passion, toil, and training (Popova, 2014).

"Fixed" or "growth": What are the characteristics?

In a nutshell, we can summarise the two different ways of managing ourselves through life and work like this:

FIXED MINDSET	GROWTH MINDSET
Intelligence is Static	Intelligence can be developed
Leads to a desire to look smart and...	Leads to a desire to learn and...
A tendency to avoid challenges	A tendency to embrace challenges
Gets defensive; gives up easily	Persists in the face of setbacks
Sees effort as fruitless or worse	Sees effort as the path to mastery
Ignore useful negative feedback	Learns from criticism
Feels threatened by other's success	Finds inspiration in other's success

Subscribers to the fixed mindset may plateau early and achieve less than their full potential. Those who act from a growth mindset reach even higher levels of achievement (Jane, n.d.)

What does the power of believing you can improve have to do with professional self-care?

As you begin to understand the fixed and growth mindsets, you will see how there is a domino effect. A belief that your qualities are carved in stone leads to you using your energy and will merely to convince others that you are smart, capable, strong. To the extent that you feel you must hide how you believe yourself to truly be, you act from inauthenticity, from a sense of inferiority. You cut yourself off from the challenges, feedback, and experiences which could help you genuinely overcome limitations and grow. Conversely, when you act from a growth mindset, you see setbacks and "failures" as opportunities to learn. You have come to comprehend that, as research on brain plasticity is now showing (Mindset Works, 2017), your neural networks – with practice – can grow new connections, strengthen existing ones, and build insulation that speeds transmission of impulses. In much the same way, the personal self-care that you may do in the gym as part of your exercise regime leads you to understand that, just because you can only do a biceps curl with five kilograms today, does not mean that you will always be at that weight. With practice, you can grow to lift much more. And the best part is, you are not spending your life defending a stance, so you can freely engage in those actions and activities that help you care for your body-mind, your relationships, and your clients.

Strategies to help you move toward a growth mindset

Given what we've just related about growth mindset, you might be feeling a bit "pumped" to embrace it. How can you do that? We encourage you to consider these strategies as you move through the program.

1. **Acknowledge that achievement takes time and effort.** Dweck has said this over and over again. One of the hallmarks of a growth mindset is the willingness to persist through setbacks and perceived failures – or even when there just don't appear to be any results at all (2008). You've heard the saying that "Any pearl of great worth has its price"? It is apt here. It means that, if in your efforts to improve your professional/personal self-care you begin some new regimes (e.g., dietary, exercise, stillness practices) and you don't see results right away, you're not allowed to

just say they didn't work and give up in discouragement! Growth on any level takes what time it will; be patient with yourself.

2. **Harness the power of "yet".** Dweck notes that the way we talk about things affects confidence, which can affect results. Imagine the difference between getting a failing grade and a grade of "not yet" competent. The former stigmatises the person, and stops growth in its tracks; if we've already been defined as a failure, why go on? The latter offers a path into the future. So whether you are looking to achieve a particular goal weight or grow your practice to a given level, the time before the achievement is when you say, "not just yet . . ."
3. **Embrace challenge.** Remember, in Dweck's experiments, those who embraced challenges ultimately learned more and performed better than those who avoided challenge, preferring to rest on their laurels: that is, avoiding further challenge so as not to be shown up down the line as being deficient in some way.
4. **Cultivate an attitude of genuine appreciation for others' successes.** This is admittedly easier said than done. But those who resent others' success are thwarting the blossoming of their own best self. An attitude of allowing ourselves to be inspired by another's mastery is better for both parties: the inspirer and ourselves!

Practicing growth mindset

Dweck (2008) has flagged one of the challenges for people who like the idea of a growth mindset: that they will say that they are operating from such a mindset, while actually being mired in habits that keep them stuck in a fixed mindset. These exercises ([click here to download](#)) will help you to work from a genuine growth orientation – and they are not one-offs. You can re-visit them at regular intervals to ensure that you continue to confront your life and work challenges in the most growth-oriented way possible.

Adopting a growth mindset is easier if we adhere to a positive psychology stance.

EXERCISE: Asking growth mindset questions ([click to download](#))



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Positive psychology: The basic notions as they relate to self-care

Some proponents describe positive psychology as "a branch of psychology that complements the traditional focus on pathology with the study of human strengths and virtues and the factors that contribute to a full and meaningful life" (Lino, 2017). Martin Seligman, the "father" of modern positive psychology, describes it as "The scientific study of optimal human functioning that aims to discover and promote the factors that allow individuals and communities to thrive" (Lino, 2017). Its aim is "to catalyse a change in psychology from preoccupation only with repairing the worst things in life to also building the best qualities (Seligman, as quoted in Langley & Francis, 2016).

Positive psychology: The underpinning notions

Instead of asking, "How can we fix what's wrong with this person?" positive psychology wants to know, "What makes people succeed?" and "How can we create environments that allow people to perform at their best?" Accordingly, it gives pride of place to the characteristics of abundance, a focus on virtues and strengths, embracing positive deviance (thinking "outside the box" from a positive emotional standpoint), and flourishing rather than languishing (that is: going for not just an absence of mental illness, but a positive presence of mental wellness) (Langley & Francis, 2016).

Side effects of mental wellbeing

Why do we work so hard to gain a sense of happiness or mental wellness? Apart from how good it feels – and, for our purposes, how much easier and more effective it is to do self-care – there are scientifically validated reasons. Research shows that higher levels of wellbeing are correlated with:

- Being healthier (and recovering more quickly when one does get sick)
- Having a stronger immune systems (so, getting the flu less and having it a shorter time)
- Living longer, with a better quality of life
- Being more tolerant of pain
- Achieving greater success in all areas of life (including the workplace)
- Having higher levels of caring and altruism
- Being more resilient
- Being more socially engaged
- Having better quality relationships (that is, more satisfied in relationships and less likely to experience problems, but more likely to deal with any problems effectively)
- Performing better academically
- Considering oneself to be luckier (Langley, 2017; Sharp, 2014)

Authentic happiness: What do we mean and why do we care?

In some of his earlier writings from a positive psychology framework, Seligman talked about achieving "authentic happiness" (Seligman, 2004). There were three types, or levels, of it, including:

1. **A "pleasurable" or "pleasant" life**, a state of subjective wellbeing consisting of hedonic experiences (sensual delights, positive emotions, and not too many negative emotions);
2. **The engaged or good life**, involving the realisation of satisfaction through concentrating on tasks or activities which we use our strengths and virtues to perform and which take us into a state of "flow", giving us gratification in the main realms of life;
3. **The meaningful life**: the highest level of happiness, in which a person is imbued with meaning and purpose, involving personal growth, self-acceptance, autonomy, positive relationships, environmental mastery, and a strong sense of purpose in life (Langley, 2017; Positive Psychology Institute, 2012).

P.E.R.M.A.-nent happiness

Re-thinking led Seligman to come out in 2011 with a revised framework, which he called the Wellbeing Theory. The new model (P.E.R.M.A.) has two additional components beyond the positive emotions of the Pleasant Life, the use of virtues and strengths in the Engaged Life, and the purpose-seeking Meaningful Life. The two new components are positive relationships and accomplishments. Thus, the current positive psychology model espouses:

Positive emotions

Engagement

Relationships

Meaning

Achievement/accomplishment (Langley, 2017)

Positive emotions

There's no question about it; positive emotions produce the "feel-good" factor in us. But apart from that, how is it that positive emotions influence overall wellbeing? Langley notes that emotions influence our decisions, our behaviour, and our performance. So, whether we acknowledge it or not, emotions influence us, and those influences in us influence the people around us (Langley, 2017). This means that, if we want to more deeply understand what creates permanent (overall) happiness, we are well-advised to look into all the aspects that emotions affect. The most complete platform for this is Barbara Frederickson's "Broaden and Build Theory" (Langley, 2017).

Broaden and build

Frederickson's research (2001) shows that positive emotions make us more likely to broaden and build our resources in physical, intellectual, social, and psychological aspects, as follows:

- **Physical resources.** Research is showing now is that positive emotions can develop strength, coordination, and cardiovascular health; improve grip strength; strengthen the immune system; and broaden the thought-action repertoire (PEPLab, 2014; Langley, 2017)
- **Intellectual resources.** Positive emotions have been shown to increase our cognitive resources, including the ability to learn and retain new information, solve problems, and persist in dealing with an issue (PEPLab, 2014; Langley, 2017)
- **Social resources.** When we are experiencing positive emotions, we are more likely to solidify existing social bonds, create new bonds, and have expanded social connections and social support
- **Psychological resources.** With positive feelings permeating us, we can achieve a more solid sense of self, improved goal orientation, greater resilience and optimism, and a stronger sense of identity (PEPLab, 2014; Langley, 2017).

The role of learned optimism

Seligman, through conducting the experiments on failure, stumbled onto the now-renowned notions of learned optimism, which we can define as "the tendency to expect the best possible outcome or dwell on the most hopeful aspects of a situation" (Langley, 2017; Seligman, 1992). It came about when he realised that, in experiments to induce a sense of helplessness, about one-third of subjects (not only human beings, but also rats and dogs) did not learn to be helpless, but *stayed optimistic about their chances for solving a problem or resolving discomfort created by the researcher*. The human subjects, at least, did so by adopting an explanatory style that: (1) assumed the negative circumstance (say, a shock or noise) would not go on for long; (2) only affected one area of life and was not a global threat/problem, and (3) was not personal – it just happened.

A key to better self-care: the feedback loop of optimism, positive emotions, and wellbeing

When a person is rewarded for a response (say, in Seligman's experiments the stopping of the noise or shock), it generates a positive emotion. That positive emotion triggers activity in certain neural pathways of the brain. Each bit of activity along these neural pathways, triggers in turn, spontaneous,

positive automatic thoughts about the response/activity, which tends to increase its frequency. That is, a human subject in Seligman's experiments who learned to turn off irritating noise would tend to feel more competent and powerful for being able to accomplish that. Those feelings of competence and control/power would feed into positive automatic thoughts of having mastery over the environment, which would tend to rewire the person's brain (via the neural pathways) toward more positive emotions and consequently stronger thoughts of problem-solving capacity in future. Of course, we are more likely to again engage behaviours about which we are having positive emotions and positive automatic thoughts, so the cycle begins again. The more positive the emotion attached, the more we do the "broaden and build", which amplifies the cycle.

Knowing that we can take this same cycle and apply it to nearly any circumstance in which we can manage to receive a "reward" for a given response, we see that all we need to do is start with a single optimistic, positive response/behaviour/explanation. From there, the feedback loop involving explanatory style and broaden-and-build can start creating the infrastructure that rewires our brains toward higher levels of wellbeing and performance.

(Positive) Engagement: Working with virtues and strengths to enhance motivation and resources

The second leg of Seligman's P.E.R.M.A. model asks those who would approach life from a positive psychology paradigm to think about what makes them feel alive and connected, and which tasks or activities are enjoyable, challenging, and meaningful (there's that WHY again). Seligman observed that the answers to those questions point us in the direction of our "best self". Why? Because, when involved in activities we are passionate about, we can use our greatest strengths, talents, and potentials: our motivated skills. Being engaged in a focused way with absorbing yet challenging activities using strengths and skills we love creates optimal experience, or flow, which takes us to the most inclusive type of happiness: that of the meaningful life (Langley & Francis, 2016).

A strength has been defined as: "A pre-existing capacity for a particular way of behaving, thinking, or feeling that is authentic and energising to the user, and enables optimal functioning, development, and performance" (Linley, 2008). It refers to a pre-existing capacity which is authentic and energising to use, and induces optimal function.

Benefits of using strengths

Several studies (Govindji and Linley, 2007; Linley, Harrington, & Garcea, 2010), have demonstrated that people who use their strengths more:

- Are happier
- Are more confident
- Have higher levels of self-esteem
- Have higher levels of vitality
- Experience less stress
- Are more resilient
- Are more likely to achieve their goals
- Perform better at work
- Are more engaged at work
- Are more effective at developing themselves and growing as individuals

Two tools are available if you wish to clarify what your strengths are.

VIA: Values in Action

One of the main tools for examining strengths and virtues is the Values in Action Survey, in general use since 2001. The 120 questions take about 20 minutes to answer, and the free report gives the user the rank order of the top five strengths (a more extensive report is available to purchase for about \$40 USD at this writing) (Langley, 2017). At this writing, you can [click here](#) to get started.

The Strengths Profile

Designed by Alex Linley and associates, the Strengths Profile (www.strengthsprofile.com) assesses 60 strengths and does so – uniquely among measures – across three dimensions: energy, performance, and use. Also unique is the yield of results. They show up in four quadrants:

- *Realised strengths*: the things that we find energising, perform well, and use often
- *Learned behaviours*: those things that we have learned to do competently, yet which do not energise us when we do them
- *Weaknesses*: the things we perform poorly, find hard to do, and are draining
- *Unrealised strengths*: The things we find energising and perform well, but don't use often (Langley Group, 2016)

Find your strengths: A challenge

Are you clear on what your strengths are? It's easier to keep on reading, thinking that this is interesting and you will do it later, but we challenge you here to stop, go online now to either the VIA or the Strengths Profile, and assess your strengths. Think about it: if you are genuinely interested in doing holistic self-care, doesn't it make sense to gain clarity on your strengths so that you can better protect and maximise them?

(Positive) Relationships

There is a saying in transpersonal psychology that being in a body means having needs. We go into relationship to get those needs met, and the quality of the relationships we experience determines how comfortable we are in our body, which leads us to examine how many of the needs have been met, whereupon we go back into relationship again to get needs met, and so on.

Hard-wired for relationship

What this simple cycle illustrates is just how crucial relationships – meaning, high-quality experiences of "Other" – are to our growth as human beings. Sue Langley puts it more strongly: we are designed as social and emotional beings, she says, and further, there is evidence from multiple fields – including neuroscience, anthropology, and wellbeing – that this is so. Neuroscience, for example, has discovered that there is a particular area of the brain responsible for reading faces, and an area designed for understanding others' intentions. For example, the brain has a threat-reward system, triggering a friend-or-foe response, wherein the foe response comes first (just in case the being we encounter may want to kill us). This is not a conscious response; it's how our brains are wired (Langley, 2017).

The Ripple Effect: Social contagion is real

You may have heard about social contagion or The Ripple Effect; if we would understand positive relationships from a positive psychology standpoint, we need to understand this phenomenon. In 1948, researchers began a longitudinal study that is still running today. The Framingham Heart Study has followed 15,000 people, with the original idea of investigating the incidence of physical disease in the context of other variables of the subjects' lives. Nicholas Christakis, a medical sociologist and doctor at Harvard, and James Fowler, a political scientist at the University of California (San Diego) used the Framingham data set to examine how our social relationships affect what we experience and do. The authors have found solid basis for a potential powerful theory in epidemiology: that good behaviours – including being slender or happy or quitting a bad habit like smoking – pass from friend to friend almost as if they were contagious viruses (Dlende, 2009).

Tightly backing up the findings that we are hard-wired for relationship, Christakis and Fowler's studies showed each of us is a pebble – and our actions in life are like the pebble of our self being dropped into the proverbial pond: we create ripples. The researchers followed over 4700 people for more than 20 years. The basic finding was that happiness is contagious, spreading among friends, neighbours, siblings, and spouses like the flu. For the first time, it was shown how emotion can ripple through groups of people who may not even know each other. A second study tested whether the Ripple Effect worked for qualities like altruism, and found that one person's initial generosity and cooperativeness could spark a chain of benevolence (Stein, 2008; O'Callaghan, 2010).

The researchers' long-term study was different from others on the topic for at least two reasons: (1) it showed that one person's happiness can affect another's not just for a moment or a day, but for up to a year, and (2) it documented for the first time how positive emotions can spread across groups of people who do not know each other. When one person in the network became happy, the chances that a friend, sibling, spouse, or next-door neighbour would become happy increased between 8 percent and 34 percent. The effect continued through three degrees of separation, although it dropped progressively from about 15 percent to 10 percent to about 6 percent before disappearing (Stein, 2008).

Positive psychologists interpret these results, and the whole Ripple Effect, as an admonition that we can't just cite chapter and verse on happiness to people whom we would like to influence. We must be happy if we want to create a positive Ripple Effect. We must show up in life as the best version of ourselves (Langley, 2017)!

Compassion/empathy and our brain's neural pathways

Given what we have been discussing about social contagion and benevolent acts towards others, we can ask how the practice of these may affect mental health helpers' relationships with self and others. Later in the program we look into burnout, a companion phenomenon to "compassion fatigue", referring to helpers who, over a period of time, come to feel unable to generate compassion for those they are helping. Recent advances in brain science, however, show that it may be more precise to talk about "empathy fatigue".

Empathy requires certain neural networks in the brain, particularly in the limbic system; these are different from the pathways taken by someone experiencing compassion. What may happen to us as helpers is that, because we have been empathising (that is: feeling what the client is feeling) over a period of time, we come to take on the client's "down" feelings. We have been "infected" (in social contagion terms) and then need to turn it around in order to avoid being "drained" (finding that our neural pathways no longer lead to a state of feeling "with" others), so that it is possible to keep generating feelings of compassion (Langley, 2017).

Forgiveness

The final quality we must consider if we want to examine how to fully embrace positive relationships is that of forgiveness (note that this topic comes up later in the context of compassion for ourselves). We have probably all been told that we should forgive. The reason to do so is to free ourselves. It is a gift to us more than the transgressor to rid ourselves of the resentment and anger we harbour when someone's bad deeds toward us are still unforgiven. Positive psychologists hasten to add that forgiveness does not mean that we forget what happened. Nor do we necessarily wish to restore the relationship; indeed, restorative practices may be neither appropriate nor necessary. But knowing what we know now about social contagion, we are far more capable of being the happy person (that is: one not weighed down by negative emotions) who positively "infects" others if we have removed negative feelings from our emotional body (Langley, 2017).

Meaning: The search for happiness through living on purpose

We human beings are meaning-making machines. We noted this in terms of Viktor Frankl's observations about which prisoners survived the Nazis (Frankl, 2006) and with respect to the notion that we use our will to engage meaning, purpose and values for the most satisfied lives (Assagioli, 1984). It also shows up in exploration of Simon Sinek's notions of the WHY (2009, 2017). Here it is again, as the fourth component of Seligman's P.E.R.M.A. model. At the risk of boring you, we say yet again: if you want to do high-level self-care and live the most fulfilling life possible, you must be clear on what has meaning for you and what your purpose is!

"A" is for achievement

Just as we noted earlier how human beings are "hardwired" to be in relationship with one another, positive psychology would say – backed up now by research – that so, too, are we hardwired to achieve things. We are naturally oriented toward searching for a goal – the right goal – that will move us toward a particular purpose. Why? Achieving goals contributes to our sense of accomplishment and self-efficacy. We feel our highest motivation when our goals are congruent with our values and interests. There is a trick to making it work in the highest possible way, however: a trick that can help

us now connect the dots between the various arms of the P.E.R.M.A. model. That is that the more we understand our deepest motivations for achieving positive emotion, engagement, relationships, and meaning, the better positioned we are to achieve success (as we personally define that). The work of several psychologists/researchers supports this.

The Three-Factor Framework

Robert Biswas-Diener and Ben Dean (2007) proposed a framework for helping clients formulate goals which raise people's levels of happiness and wellbeing. The authors asserted that three factors need to be considered when conceptualising such goals: orientation, content, and motivation.

Orientation means whether the goal is oriented positively: that is, toward something the person wishes to have – an "approach" goal – as opposed to negatively oriented, or "away" goals, which tend to have less impact than approach goals. Thus, "not wanting to be fat" is less motivating than "feeling comfortable, healthy, and good in my body".

Content has to do with what the goal is about. Goals about intimacy (linked to positive relationships), generativity (linked to positive engagement), and spirituality (linked to positive meaning) are better than goals with content relating to position and power (such as a goal to become the CEO of a given company within two years simply because one likes being the top guy).

Motivation can be intrinsic (those things that we do because we love them or find them satisfying in some way) or extrinsic (things we do because we are rewarded, such as through payment, praise, or position). Intrinsic goals are more fulfilling, with at least one other researcher finding that people tend to move toward intrinsically motivated goals (aligned with their values) over time (Sheldon & Elliot, 1999).

EXERCISE: Analysing a Goal, Positively ([click to download](#))



This final piece of the central P.E.R.M.A. Model is logical. Desirous of positive emotions and positive engagement with our lives, and hardwired to search for positive relationships and positive meaning and purpose aligned with our most profound values, we cannot help but be questers: beings which pursue the noblest, highest goals in search of the most happiness-engendering outcomes possible. It is in pursuit of such goals that we are the most efficacious in our self-care.

Part 1

Summary

This part has fleshed out the framework of purpose, growth mindset, and a positive psychology stance from which all other topics will be approached. Let's get on with the surprisingly broad topic of mask adjustment! Part 2 looks at practices that tend to your physical body, so that you can do your helping work in the most optimal way possible. We examine exercise, diet, and sleep.

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Part 1 Reflective Assessment

This reflective assessment has been designed to support your learning. Whilst it is recommended that you reflect on and answer each question for your personal development, you are not required to submit your answers (i.e. MHA will not mark this assessment or issue a Certificate upon completion).

After reading part 1, reflect on each question and record your answer in the space provided below?

Q1 What does the term "transcendent" refer to in the current program?



Q2 In Roberto Assagioli's vignette about the three stonecutters, what response did the stonecutter who knew his WHY give?



Q3 In the research of Carol Dweck, what kind of mindset did students who took failure in stride, embraced challenges, and tried to figure out what went wrong so they could improve, demonstrate?



Q4 What are the main characteristics of a "fixed mindset"?



Q5 Friends Stephanie and Megan took ice-skating lessons together for six months. They both felt that they had learned a lot during that period. When the ice-skating studio announced that they would soon name the "Student of the month" - the one who had made the most progress - Megan thought that she might win that coveted award. When the winner was announced, though, it was Stephanie. Megan was disappointed that she hadn't won, but she was happy for her friend and tried to see if there were any things Stephanie was doing that she was not, which would allow her to accelerate her progress for future. With this attitude, what characteristic of a growth mindset was Megan demonstrating?



Q6 What are the main characteristics that Positive Psychology embraces?



Q7 What are the additional components contained in Seligman’s revised P.E.R.M.A. model of wellbeing?



Q8 What Positive Psychology theory are we engaging in when we enhance our physical, intellectual, social, and psychological resources through positive emotions?



Q9 Name the main reasons why learned optimism is so powerful.



Q10 The definition: "A pre-existing capacity for a particular way of behaving, thinking, or feeling that is authentic and energising to the user and enables optimal functioning and development" refers to which concept?



Q11 How was Christakis and Fowler's research discovering the Ripple Effect different from other studies?



Fit Your Own Mask First

Professional Self-care for Helpers

Part 2 of 5
Strategies for the
body (Exercise/
diet/sleep)

Written by
Mental Health
Academy



Fit Your Own Mask First: Professional Self-care for Helpers

About this Program

In this program, the intertwined questions of professional and personal self-care are investigated in a holistic manner, working from a paradigm of growth mindset aligned with a positive psychology stance, to offer insights and strategies for all levels of self-care.

Part 1 explains the philosophical framework of the program. *Part 2 (this publication)* examines questions of exercise, diet, and sleep: the chief physical means of tending to self-care. *Part 3* asks about the scope, intensity, and direction, or purpose, of our service as helpers. Ways of maximising supervision are covered, along with a look into life-work balance, remuneration (from therapeutic services), and why therapists need therapy.

Part 4 treats the twin questions of: (1) connection, as seen in the central questions of social support and exercises for improving our relationships with self, Other, and the Self; and (2) individuation – issues such as boundary-setting, assertiveness, and locus-of-control. A section on self-compassion completes this part. *Part 5* discusses the importance of developing stillness and mindfulness practices followed by a short summary suggesting the completion of an action plan to consolidate program gains.

About Mental Health Academy

Founded in 2007, Mental Health Academy (MHA) is a leading provider of online professional development (CPD) education for mental health professionals.

Through our state-of-the-art learning platform, we connect you with global mental health experts and hundreds of hours of learning – all conveniently accessible online, 24/7.

We exist to empower people. We'd love to be part of your learning journey.

Part 2

Introduction

Aims

Upon successful completion of part 2, you will be able to:

1. Determine what sorts of activities are appropriate in any exercise program for you
2. Customise the components of your exercise program to make it balanced and complete
3. Organise an eating regime which is suitable for you and your needs
4. Explain the chief ways in which the gut microbiome affects your health
5. Name the seven healing secrets and assess how well your eating regime stacks up in the context of those secrets
6. Assess whether you are at risk for sleep disorder
7. Identify at least three ways to improve the quality of your sleep

You are one being, with myriad aspects and levels. When you are in your wholeness, the various parts are interconnected, with energy flowing easily from one to the other. And modern science has demonstrated over and over again that that interconnection means we cannot intervene on only one level of ourselves; whatever we do for/with/to ourselves affects us throughout our entire being. That said, we can talk about professional self-care strategies that we implement by working through a given aspect of yourself, which we do in this and the next two parts of the program. In this part, we look at how we care for ourselves by tending to the physical body through exercise, diet, and sleep.

Part 2

Exercise: A moving part of wellness

As with questions of diet, exercise is perhaps uppermost in the minds of individuals looking to enhance their wellness. The quest for fitness, however – as with diet – is so pervasive in developed cultures that some controversies are inevitable. As with the section on diet, we believe the best approach is to offer you basic guidelines to help you (re-)shape your fitness regimen, but let you be the ultimate arbiter of what is right for your body, lifestyle, and preferences. In order to maximise the value of our tips and be instrumental in making your program a long-term one, we encourage you to respond to the questions below before you review the points in the rest of this section. As you will read, making an exercise program work is about more than choosing the exercise. The intensity of it, the time of day, the setting, cost factors, and who else is involved all help determine whether the program will be a success or not for you. For the sake of you continuing with the program, the question becomes that of how to customise the various factors to suit your individual needs.

EXERCISE: Stacking the Continuity Deck in Your Favour ([click to download](#))



Components of your exercise program

You may already be doing some exercise, but what types of exercise should you engage in order to say that you have a "total" fitness plan? We look at the "standard" three: strength/resistance training, aerobic/cardio, and flexibility, and also include a word on balance, a component which seems unnecessary when we are younger, but comes to be more important as people get older.

Strength/resistance training

This aspect of physical training helps us improve our ratio of lean muscle mass to fat, builds muscle, tones muscles, and protects against bone loss. Any time our muscles have to work a bit harder than what they are used to – that is, they encounter increased resistance – they begin to get stronger from having to adapt to this. We can use the increased strength both for actual strength training exercises (say, when we can increase the weights we are lifting) and also as functional strength to help us do things in everyday life (such as lift a heavy grocery sack or a growing child, or climb more/steeper stairs than usual). Current guidelines say that we should be working each of our major muscle groups (shoulders, chest, arms, abdomen, back, hips, and legs) once or twice a week. One "set" (probably 8 to 12 repetitions) is okay, although 2-3 sets would be better. Bodies need to recover for 48 hours after strength training, so we can either fill in with other components of exercise on the "off" days, or else train, say, upper body on Monday and lower body on Tuesday, then upper body again on Wednesday and so forth, alternating the muscle groups.

What can we do?

Machine weights, free weights (either barbells or dumbbells), and resistance bands and tubes are all good tools for strength training. Many exercises, however, can use just our body weight. These include push-ups, lunges, squats, crunches, and planks.

Tips to make the most of it:

1. Warm up and cool down. Get the muscles ready to be tightened by, say, walking. Stretching works well as a cool-down.
2. Go for a steady tempo. You can stay in control and make better strength gains when you are actually lifting the weight, as opposed to using momentum to help lift it.
3. Focus on form, not on how much weight is being lifted. You will be able to lift more weight sooner and keep with the program if you do not sustain injuries through bad form. Slow, smooth lifts and controlled descents work best; ensure that you actually isolate the muscle being worked.
4. Challenge the muscles to lift increasing weight; remember it is resistance training. Breathe while doing it.
5. Regular practice and respecting the 48-hour recovery period cement the gains (Mayo Clinic, 2016; Robertson, 2009).

Aerobic/cardio exercise

Many exercise experts consider aerobic exercise the lynchpin of an exercise program, the central component around which other types of exercise must revolve. Cardio or endurance activities, as they are also called, burn calories, work off unwanted fat, and are the type of exercise most often named in studies which assert the capacity of exercise to avoid, or even reverse, disease, lengthening the lifespan. Aerobic exercise typically involves the large muscles which contract and relax repeatedly, boosting heart rate and breathing, oxygenating the muscles, and accelerating cardiovascular endurance. Ask yourself how much aerobic activity feels right. Experts say we should aim to do 2.5 hours weekly of moderate aerobic activity (such as walking) or 1.5 hours weekly of vigorous activity, working up to totals of 5 hours moderate or 2.5 hours vigorous endurance activity. To make it harder, exercisers can go faster on the treadmill, they can skate or bicycle against the wind, or they can add distance or incline (a hill) to a walk/jog.

What can we do?

When you think "cardio", think of walking or jogging (indoors on a treadmill or outdoors), swimming, biking, skating, and skiing.

Tips to make the most of it:

1. Safety is paramount. Physical safety involves not going through unsafe neighbourhoods – or perhaps after dark – and choosing routes on quiet streets that have footpaths or trails clearly marked. Reflective vests may help you get noticed if in traffic.
2. Comfort is a close second. While safety is Number 1, it is important to get comfort right so that you will be able to continue the program. Thickly-cushioned walking shoes or trainers with flexible soles are a must, while "breathable" materials such as nylon mesh help the sweat factor. Lighter clothes or fewer layers are needed than if just standing in the same environment, so layering the levels and being able to pull off some as the warm-up proceeds is helpful.
3. Brisk but not breathless works best. If you are too breathless to keep conversation going, slow down. Good posture helps a person's health in so many ways, including making the exercise easier in the long run, so pay attention to having your back straight with head up and chest and shoulders lifted (for walkers, joggers, or skaters). When going uphill, lean forward slightly.
4. The warm-up and cool-down are important. Starting at a slower pace makes for a better warm up; stretching is a good way to cool down.
5. Slow and steady wins the race. Going too fast or doing too much in the beginning increases the potential for injury, to say nothing of destroying your motivation to continue. Start moderately and increase intensity and/or duration as you get more fit (Helpguide.org, n.d.; Mayo Clinic, 2016; Robertson, 2009).

Flexibility exercises

Muscles get shorter and tighter when we don't use them and as we age, making us vulnerable to injuries and contributing to neck/shoulder, back, and balance issues. Stretching and flexibility work helps to reverse that trend through repetitive performance of exercises which isolate and stretch elastic fibres surrounding muscles and tendons. We can improve our performance of various sports and activities when our muscles are flexible, as we can attain the full range of motion. Reaching, bending, stooping, serving a tennis ball, teeing off for that golf game, or even swaying properly on the dance floor are all more possible with a well-stretched body. The more we do, the more limber we get.

What can we do?

This component includes disciplines such as yoga, Tai chi, Pilates, and most stretching exercises which occur after aerobics classes or strength training workouts. These are often combined with relaxation activities (such as meditation or mindfulness work) for maximum impact. A balanced exercise program should have a minimum of several stretching sessions a week, but every day would be even better. Idea: flexibility exercises can be done on the same days of the week as aerobic or strength training; they can form the cooldown part of the workout. Each muscle group should be stretched.

Tips to make the most of it:

1. Check with the doctor. Especially for those who have osteoarthritis or other joint issues and those who have had joint replacements, consultation with one's medical advisor is an important prerequisite.
2. Don't warm up for stretching with stretching. This used to be advised, but now guidelines are to walk, take a warm shower, or otherwise get the muscles warmed up before starting to stretch in earnest. Warmed-up muscles are much more flexible.
3. Go for "sweet pain". Some proponents of yoga observe the difference between "sweet pain" – that is, mild tension, which accompanies a good stretch – and injury-causing pain, when a muscle is stretched too far.
4. Don't bounce; it tightens the muscle.
5. Breathe through the stretch. Hold a stretch for 10-30 seconds and repeat several times, breathing through the nose (some disciplines, such as yoga, have different holding and breathing requirements) (Helpguide.org, n.d.; Mayo Clinic, 2016; Robertson, 2009).

Balance exercises

An addition in recent years to the ruling triumvirate of strength, aerobic, and flexibility exercises, activities to enhance and maintain balance now rank high in the minds of many fitness experts, especially for those who: (1) have conditions such as neuropathy (a complication of diabetes), (2) are on certain medications, (3) have vision problems, or (4) are part of the rapidly expanding demographic of seniors. Because our balance tends to get worse as we get older, it is wise to begin working on this aspect of fitness well before the tendency to fall sets in during the later years. Falls can cause head injuries and disabilities (sometimes permanent) to the bones and nervous system, jeopardising independence. Clues to the importance of this in the minds of fitness experts can be seen in the recommendation to do 30 minutes of balance exercises, three times weekly.

What can we do?

Fortunately, many of the exercises which help flexibility – yoga, Tai Chi, Pilates – as well as some forms of dance greatly assist with the maintenance and promotion of balance.

Tips to make the most of it:

Balance exercises work in well with both stretching and cool-downs from aerobic and strength-training sessions. It's never too early to begin.

Some general tips

Exercise is not something we do today because we are trying to lose weight, or throughout the next month because we are entering some sports competition. It is to be thought of as a lifelong endeavour, something that is central to a life well-lived. To help attain the regularity and continuity that we need from our fitness efforts, here are a few additional strategies which you may wish to employ.

- Keep a record of milestones (i.e., the first two-hour walk, the diary of weight increases on bench press, the first time kayaking all the way around the island near home, etc.). In fact, it's a great idea to put goals onto paper in the first place as a reminder of what you are going for, and later, how far you have come.
- Supplement your efforts with music you like. Not all situations can support this, but with devices attached to fitness belts and earphones, music can go many places with us.
- Variety is the spice of life; don't be afraid to vary routines and activities, trying to keep all your components going.
- Get a team of supportive people together, who can champion your improvements and efforts and help you stay on course when motivation and energy might flag. And don't forget to:
- Develop a network of like-minded people: the ones you get together with time and again to do your preferred fitness activities.
- Be flexible. Life happens. You might plan for a yoga class one day and end up taking a walk with your partner instead. The point is that you are still moving.
- Have compassion for yourself. If you miss a day, consider it "no drama"; it is nothing compared to the whole life of movement you are committing to.
- Don't forget to reward yourself for achieving your fitness goals.
- Use technology. Pedometers and "Fitbit" or other tracking devices can help you measure just how many steps you have taken and how much you have gotten your heart rate up.
- Do you have budget issues? Don't forget about local recreation centres, which sometimes offer instruction in certain sports or activities far more cheaply than private gyms can. Also, if you have gone for a set of dumbbells, a few stretch bands, and a stability ball, the internet has many DVDs and instructional video clips to help you know what to do with the equipment while you work out at home (Information in this section adapted from: Helpguide.org, n.d.; Mayo Clinic, 2016; Robertson, 2009).

In the final analysis, you will only be able to keep a commitment to an exercise program which is comprised mainly of activities you enjoy. Take a moment now to evaluate the four components of exercise in the context of the activities you prefer.

EXERCISE: Your Exercise Plan ([click to download](#))



Part 2

The ubiquitous question of diet

Is diet a "four-letter word" in your vocabulary? Does the mere mention of the word arouse a sense of resentment, imposition, and drudgery in life? Whether we are too heavy, too thin, or just right, most of us in the developed world have to face the reality that, day after day, in most media we use, the question of what food we take in is ever-present. Dietary fads come and go, and yesterday's "superfood" is today's Public Health Enemy Number One. Yet at the same time, we live in societies which, with ever-greater insistence, tell us that food is supremely important. We are, they tell us, what we eat. We are warned that not only moment-by-moment alertness, but also long-term preservation and growth of memory, concentration, and brain capacity depend on the brain being well fed. Diet, they say, determines whether or not we get cancer, dementia, heart disease, and much more (Australian Government Department of Health, 2017). So in the interest of leaving no stone unturned to ferret out a complete and valid professional self-care plan, what do we eat, and how?

This section does not tell you what to eat; you get enough of that everywhere else! We will, however, examine which considerations should guide your dietary choices so that you create a way of *eating for life and optimum health*. Note the italicised words here; it is about developing a relationship with food that can enhance your health on all levels for the rest of your life.

Organising a diet: What to think about

First, let us be clear. When we say "diet", we don't necessarily mean "plan to lose weight". Admittedly, about 65% of both Americans and Australians are either overweight or obese (Zelman, 2008; AIHW, 2018a), so for more people than not, the question of diet will be about choosing a plan that helps the individual to lose weight, or at least not gain more of it. However, we use the term here in the broader sense of "eating plan": in this case, a plan for the purpose of maximally enhancing health, which in turn, maximises your professional self-care and thus your effectiveness. In any case, the considerations which validly guide a weight-loss diet are also generally applicable for individuals who wish to set up a way of eating for life which most greatly supports their overall health. Let's look at them.

Consider your lifestyle, personality, goals, and preferences

Why are you thinking about this issue? What are you trying to achieve? No single eating plan works for everyone, but if you can identify some of the major factors involved, you are more likely to be able to commit, and stick with your commitment, to the diet. Before moving ahead, complete the exercise below to assess important food intake considerations:

EXERCISE: Food Plan - Preliminary Considerations ([click to download](#))



Decide if you should involve a professional

Especially if there are health issues involved in your choice, or if you are thinking to significantly restrict caloric intake (for those trying to lose weight), think seriously about whether you should involve a professional. The first port of call here might be to a G.P. Given that the world of dietary knowledge has seen vast shifts and additions of evidence-based knowledge in recent years, some general practitioners won't know what they need to in order to advise you, but they have the power of the pen, and can refer you to a licenced dietitian or other professional who can advise in this regard. Especially if you are trying to come up with a new dietary regime on a slender budget, you can stretch your dollars available for this by going into the first appointment with a detailed "food diary" of everything you have eaten, and when, for the last week or so. With this, the professional has immediate evidence at their fingertips to help you create a customised plan (Mayo Clinic, 2018).

Choose a plan that you can live with forever

Well, maybe not *forever*. But what is wanted here is to find a way of eating that is not just for some short-term gain (or loss!), but which is a long-term solution to see you through all of your days until/unless you figure out something that works even better. Aspects to consider here include:

Flexibility. Selecting an eating plan that asks you to forgo certain foods, or even groups of foods, on a permanent basis is not only courting health problems (as your body may occasionally need those foods), but also builds a sense of deprivation, which generates resentment, which causes you to abandon the diet, and so on . . . Ask yourself whether the plan matches your eating style, at least in terms of number and timing of meals, its capacity to adapt to travelling or eating out, and family-friendliness. If you are someone who fears going off track if there is not a structure created for you, you can create such a structure in your eating plan, but still try to include some "wriggle" room (Zelman, 2008; Mayo Clinic, 2018).

Balance. Does a proposed plan give you adequate nutrients and calories? Trying to survive on 800 calories a day (for those trying to lose weight) is not do-able in even the medium term; one's metabolism slows down and makes future loss even more difficult, plus it's a miserable way to live. Eating large quantities of a given food (say, grapefruit or meat) may mean missing out on vital nutrients that would have been supplied in a more varied diet. Similarly, if your proposed diet asks you to consume large quantities of supplements, something is probably not right. A balanced dietary regime should have all of the major food groups and mostly be able to offer you the nutrients, vitamins, and minerals your body needs. Part of balance is also portion control (Kubala, 2018; Mayo Clinic, 2018).

Enjoyable. Let's face it: food is a sacral pleasure! The more pressured and stressed we become, the more we desire to gain a bit of pleasure from the food we take in. In planning a long-term way of eating, therefore, it is important that you actually like eating most of the foods that the diet advocates ingesting. Plans that are overly restrictive or comprised of boring foods that are strictly an "acquired taste" are plans that are likely to be ditched in the not-too-distant future. We say, don't even go there. Recognise that food is a pleasure, and work within the guidelines you are following to incorporate the healthy foods you prefer to eat. Along these lines, you may also be happier if you have a plan that allows you to have (healthy) snacks (Zelman, 2008; Mayo Clinic, 2018).

Congruent with exercise levels. Consider whether your proposed diet will work with your activity and exercise levels. For instance, some doctors and others (Zelman, 2008; Mercola, 2019) now advocate a ketogenic diet, which contains moderate amounts of protein, high levels of healthy fats, and fruits and vegetables. Neither dairy nor refined carbohydrates (such as breads and pastas) appear on this plan. That may be work well for those with a sedentary lifestyle, but what if you are, say, very active in your work? Will whatever plan you are considering contain the amount and type of food to sustain you throughout the day?

Allows you to incorporate "baby steps". Assess whether a dietary plan you are thinking of will allow you to change from your present regimen in several smaller steps. Any diet that insists on sweeping changes immediately is setting you up for failure (Zelman, 2008). Unless you are seeking the change for strictly health reasons, such as a diabetic realising that he needs to go off sugar – immediately and completely – you may be more able to achieve the healthy way of eating that you are visualising if you

can get used to a few changes now, and then introduce a few more in a few months, and so on. So you may give up, say, sugary drinks now and decide that in the next step forward, you will limit the servings of empty-calorie chips to one treat a week: or something like that. You get the idea. Make it workable for you.

Look deeper into what you'd be signing up for

Because eating is such a primary activity, it makes sense to learn as much as possible up front about a new way of doing it, before we make the commitment. Here are a few mission-critical questions:

What's behind the diet? Does science back it up? If you head to a supposed professional, are they licenced by an authority that you recognise? For example, the Dietitians Association of Australia has developed credentialing systems for the credentials 'Accredited Practising Dietitian' (APD) (and formerly the 'Accredited Nutritionist' - AN) which are protected by law, and only qualified practitioners who have met certain requirements can use these titles (Nutrition Australia, 2015).

Are the diet's recommendations safe for you? Hopefully most dietary regimens are safe for most people, but a purely plant-based diet that recommends high amounts of nuts will not work for someone so allergic to them that she gets anaphylaxis upon ingesting them. A diet high in fruits may be awkward for someone with gut issues who is trying to follow a low FODMAP diet (Monash University, 2013). Some people may need to take medications which interact with some foods.

For those trying to lose or gain weight, what are the results promised? Are they realistic? If the before and after pictures look too good to be true, they probably are. If you are trying to change your weight, note that the more quickly the weight changes – especially with weight loss – the shorter time the results are likely to last. Quick-loss diets often take off more water and muscle mass than fat. Losing .5 – 1 kg a week on average is a safe and effective rate; slow and steady wins the race (Zelman, 2008; Mayo Clinic, 2018)!

Does the proposed diet tackle any bad habits you have around eating? Sorry if that hits a nerve, but we have to ask. If you want to be healthy long-term, drinking milk all the time instead of water or only eating dried, not fresh, fruit, or guzzling several cans of diet soda a day is not ideal, is it? Again we advise: slow, steady, small steps toward your ideal way of eating can help you move past any "addictive" habits in food. Of course, even the "bad" foods should be available to you on occasion, to help you avoid a sense of deprivation.

A few general tips

Regardless of your particular goal with respect to food intake, we suggest a few general guidelines to help you stay healthily involved with food and on track with any plan.

Eat mindfully. Later in the program, we'll be looking at utilising mindfulness in a more general way, but for now, note that when you eat food – any food – with focus on it, that food is more enjoyable, fulfilling, and filling. It nurtures as well as nourishes. So, for mealtimes, we suggest: turn off the television, the computer, the phone, and any other devices or distractions. Notice the aroma of the food as you are about to begin eating it. Really feel its texture as you chew and swallow it. Notice how you feel as it goes down, filling you up. Studies show that eating while distracted may cause you to consume more calories, thereby gaining weight (Kubala, 2018).

Dump the sugar overboard. No matter what plan you adopt, sugar is on the "do miss" list – except in small quantities for a very occasional treat. Sugar is found in sugary drinks, baked goods (even those said to be "organic"), and many sauces and condiments as well. For extra credit: find out all the names manufacturers use to describe this delicious but health-destroying ingredient. Hint Number 1: there are over 50 names. Hint Number 2: Anything that ends in "-ose" is a sugar, although not all of them are always bad (for example, fructose is fruit sugar) (Kubala, 2018).

Healthy fats can make you thin. And even if you are not trying to lose weight, healthy fats, such as found in foods like olive oil, avocados, and nuts, have been shown to maximise health as well as weight loss in several studies (Estruch et al, 2016; Dreher and Davenport, 2013).

Stay hydrated. A study of nearly 10,000 people found that those who were not adequately hydrated had significantly higher BMIs (Body Mass Indices) than those who were properly hydrated. Water before a meal helps a person to feel fuller and consume fewer calories (Chung, Ravi, Plegue, Sonnevile, & Davis, 2016).

Don't go it alone. Regardless of what you are trying to achieve with your eating plan, you don't have to do it alone. Can you find a healthy eating buddy, who can encourage you – even as you encourage the buddy – towards ever better eating? If there is no one who wants to step out on the new healthy eating path you are creating, it is still hugely helpful to round up the supports you have among family and friends. Sharing your goals with trusted, positive friends can help you stay motivated and on track, keep you accountable, and set you up for success (Kubala, 2018).

The above tips and strategies for enhancing your professional self-care through what you take into your body should underscore one thing: we are all different. As a unique individual, the dietary regimen you set up should be yours alone, customised for your life, work, and personality, and likely to be most appropriate for you alone. There's one other area we should look at before we leave this question of what you take into your physical body, and it, too, will underscore the uniqueness of you as an individual. It's a question that has recently garnered intense scientific and public interest – and scrutiny – and only exploded into international consciousness in the last several years. It is the question of your gut microbiome, and what that means for your general health and capacity to do self-care: professionally or personally. We turn to that now.

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Part 2

The microbiome, its importance, and what the research is saying

First we need to define what we are talking about when we say, "microbiome". Then, with a shared understanding of what that means, we can respond to the "So what?" question of why we should be concerned about it, particularly in the context of what it means for self-care. We look at new research starting to come through – some of it scientifically robust – which establishes solid correlations between gut dysbiosis (an unhealthy microbiome) and various mental health complaints. We finish the section with a listing of the classes of dietary input which can most greatly help you create a healthy microbiome, leading to high-level capacity for wellness.

Definitions: The microbiome and the gut microbiome

The microbiome refers specifically to the vast ecosystem of microorganisms, or microbes, that live in or on our bodies (or those of any host animal), including bacteria, yeasts, fungi, viruses, and protozoans. Their collective genome interacts with our host genes; it does this peacefully with healthy hosts. The microbiota used to be called "microflora" and there are more of them than human cells in the body, with some claiming that our microbial friends outnumber our own cells by a factor of ten to one (Robertson, 2017; Foroutan, 2015; Fleming, 2017).

The gut microbiome: The gastrointestinal tract, where most of the microbes live, hosts the gut microbiome, which contains more than 1000 species of bacteria, each playing a different role in the human body. Most of these are integral to health, although some of them cause disease. The microbiota collectively weigh up to two kilograms: that is, heavier than the average brain. Increasingly, scientists are treating the gut microbiome as an organ in its own right (Mercola, 2015; Fleming, 2017; Robertson, 2017).

Why the gut microbiome is crucial for health and capacity for self-care

Most people think negatively about bacteria: a foe whose presence is to be defeated in order to continue our sanitised modern lifestyle and – we hope – enhance our health. As we will see, however, recent findings show us that the opposite is true: our too-clean lives have resulted in not enough of our microbial friends, and our collective health is the worse for it. Gut bacteria help us digest food by breaking down otherwise indigestible plant fibres into short-chain fatty acids that intestinal cells can access for energy. The bacteria break down toxins, make both B-complex and fat-soluble vitamins and hormones, and train our immune systems to distinguish friend from foe. They also crowd out pathogens, help our bodies absorb nutrients such as calcium and iron, keep our pH balanced, maintain the integrity of the gut lining, metabolise drugs, modulate genes, neutralise cancer-causing compounds, and produce digestive enzymes (Chutkan, 2015; Mercola, 2015; Fleming, 2017; Foroutan, 2015).

When the gut bacteria get out of balance, the result is gastrointestinal conditions such as IBD (inflammatory bowel disease), IBS (inflammatory bowel syndrome), and manifestations in the wider system such as Type 2 diabetes, obesity, and other problems. In fact, the microbiome is now seen as so important that the U.S. National Institute of Mental Health spent more than one million dollars on a new research program targeting the microbiome-brain connection. And a symposium at the annual Society for Neuroscience meeting in 2014 presented evidence for the link; the meeting was called "Gut microbes and the brain: Paradigm shift in neuroscience."

Science has come to realise that the microbiome is one of the factors that drive genetic expression, turning genes on and off, depending on which microbes are present (Mercola, 2015). Let's look at how these microbes interact with body and mind, and some of the aspects of life and health which they are increasingly shown to impact. The good news for your self-care is that, if you are suffering from any of the conditions that we identify, your microbiome – unlike your genes – is utterly modifiable.

How the microbiome affects us

General nutrition

The gut microbes make small molecules which travel throughout the bloodstream. These molecules affect how our bodies store nutrients, use sugar, regulate our appetites, and control our weight (Abbott Nutrition News, 2018).

Sugars such as table sugar and lactose (milk sugar) get absorbed quickly in the upper part of the small intestine, but more complex carbohydrates like starches and fibres are not as easily digested and may travel down to the large intestine, where the microbiota help to break down the compounds with their digestive enzymes. The short chain fatty acids (SCFA) produced by the fermentation of the indigestible fibres can be used by the body as a nutrient, but the SCFA also play a starring role in muscle function and – it is now coming to be seen – in the prevention of chronic diseases, such as certain cancers and bowel disorders. SCFA may be useful in the treatment of ulcerative colitis, Crohn's disease, and antibiotic-associated diarrhoea. The microbiota of a healthy person also provides protection from pathogenic organisms entering the body through eating or drinking contaminated water or food (Harvard School of Public Health, circa 2015).

The following list shows the many areas of our health which we are coming to realise are affected by the inhabitants of our gut. For a fuller discussion of new research findings about the power of our microbes in these areas, we refer you to the **Mental Health Academy** course, [Counselling and the Microbiome](#).

- Sleep and mood
- PTSD and depression from early trauma
- Inflammation and infection
- Brain Health
- Skin conditions
- Autism
- Food choices and cravings
- Food allergies
- Autoimmune and other diseases (Abbott Nutrition News, 2018; (Leclercq, Forsythe, & Bienenstock, 2016; Robertson, 2017; Mercola, 2015; Chutkan, 2015; Mayer, 2016; Foroutan, 2015)

The microbiome and gut-brain interaction: Effects on health

The above maladies detail some of the most common classes of conditions associated with imbalance in the microbiome, but not all of the presumed connection is based on rigorous scientific evidence.

Now we examine a sample of the more robust research coming through which is showing, both through human and animal studies, how the microbiome may be affecting our health, on both physical and mental-emotional levels. The research is in its infancy, and the chief studies to date have shown *correlations* between guts and various health conditions, but the challenge remains to establish *cause and effect* of specific bacteria. Also, some of the studies have attempted interventions with substances such as pre-biotics (the non-digestible food parts that nourish the probiotics in your digestive tract), probiotics (the good bacteria or live cultures that are like those found naturally in the gut), and faecal transplants. Faecal transplants are an attempt to re-colonise the microbiome of people with gut dysbiosis in order to assist them in attaining a healthier gut (Abbott Nutrition News, 2018). Here are summaries of some of the studies now illuminating the landscape of the microbiome-health connection.

Anorexia nervosa

Evidence is growing that the gut microbiome interacts with the central nervous system and the immune system, influencing weight regulation and psychopathology, such as anxiety and depression. A "leaky gut", characterised by antigens going through the intestinal wall, was demonstrated in an animal model of anorexia nervosa, and could underlie the low-grade inflammation and increased risk of autoimmune disease found in that condition. Beyond that, starvation has a significant impact on the gut microbiome, and diets used for re-nutrition based on animal products may support the growth of bacteria capable of triggering inflammation (Herpetz-dahlmann, Seitz, & Baines, 2017).

Obsessive-compulsive disorder

The aetiology of OCD is complex and involves multiple pathways, with imbalances in central serotonin, glutamate, and dopamine neurotransmitter systems thought to play a causative role. The gut bacteria may be able to alter levels of neurotransmitters, as they produce them. One study revealed that two and four weeks of pre-treatment with a probiotic (*Lactobacillus rhamnosus* GG) attenuated OCD symptoms to the same degree as fluoxetine (an anti-depressant) in mouse models of OCD. Another study showed that, in healthy people, 30 days of daily intake of a probiotic formulation containing *Lactobacillus helveticus* and *Bifidobacterium longum* has been shown to reduce a variety of subscores on the Hopkins Symptom checklist, including "obsessive-compulsive" and global Hospital Anxiety and Depression Scale scores, compared to placebo (Turna, Patterson, & Van Ameringen, 2017).

Obesity, Type 2 diabetes, and metabolic syndrome

In a study of the microbiome of identical twins where one was obese and one was healthy, the gut microbiome differed completely. When the microbiome of the obese twin was transferred to mice, they gained more weight than those that had received the microbiome of the lean twin, despite both groups of mice eating the same diet (Robertson, 2017). Studies of people with Type 2 diabetes have consistently shown gut dysbiosis. Healthy control subjects tend to have more of the helpful bacteria that produce the SCFA butyrate, whereas people with type 2 diabetes tend to have higher levels of pathogenic bacteria, such as the *Clostridium* species (Foroutan, 2015).

Helping control blood sugar/lowering risk of diabetes

The gut microbiome helps to control blood sugar, which affects the risk of both Type 1 and Type 2 diabetes. In one study, the diversity of the microbiome dropped suddenly before the onset of Type 1 diabetes in 33 infants with a genetically high risk of developing Type 1 diabetes, and also the levels of unhealthy bacterial species increased just before the onset of Type 1 diabetes. Another study found that, even when people ate the exact same foods, their blood sugar could vary greatly; this was thought to be due to the types of bacteria in their guts (Robertson, 2017).

Alcohol dependency and leaky gut

In one investigation, a major subgroup of alcohol-dependent subjects admitted to hospital presented with increased intestinal permeability (that is, leaky gut) and strong alterations of specific gut microbiota composition, whereas the remainder showed gut permeability and microbiota similar to those of healthy controls. The dysbiosis was characterised by decreased levels in the anti-inflammatory bacteria *Faecalibacterium prausnitzii* and *Bifidobacterium* and increased scores of depression, anxiety, and alcohol craving (Leclercq et al, 2016).

Heart health

A study of 1500 people found that the gut microbiome played an important role in promoting "good" high-density lipoprotein (HDL) cholesterol and triglycerides. Certain unhealthy species in the gut microbiome may also contribute to heart disease by producing trimethylamine N-Oxide (TMAO), a chemical that contributes to blocked arteries, which may lead to heart attacks or stroke. (Robertson, 2017).

Cognitive function (in healthy adults)

43 community-dwelling older adults (ages 50-85) completed a brief cognitive test battery and provided stool samples for gut microbiome sequencing. Participants performing more than one standard deviation below normative performance on two or more tests were compared to persons with one or fewer impaired scores. Results showed different distributions of *Bacteroidetes*, *Firmicutes*, *Proteobacteria*, and *Verrucomicrobia* between intact and impaired groups. These species were significantly correlated with cognitive test performances, particularly *Verrucomicrobia* and attention/executive function measures (Manderino, Carroll, Azcarate-Peril, Rochette, Heinberg, et al, 2017).

Depression, probiotics, and the gut: summary of a systematic review

The last decade of neurogastroenterology investigation has revealed extensive and direct biochemical signalling between the gastrointestinal tract and the central nervous system (the "gut-brain axis" we referred to earlier). The health research community has known for many decades that stress and other psychological factors affect the health of the physical body, particularly the gut. But, thanks to recent studies, we now have evidence that the communication network is bidirectional: that is, central nervous system psychiatric disorders such as major depressive disorder are linked to changes in the gut microbiome; thus, looking at the relationship between consumption of probiotic and depression could be fruitful. A systematic review by Wallace and Milev (2017) analysed the current body of research assessing the effects of probiotics in humans on aspects of mood, anxiety, and cognition. Ten studies met the inclusion criteria, which contained quality controls:

- **Mood.** Five of the ten studies assessed mood symptoms and all but two reported improvements after treatment with a probiotic.
- **Anxiety and stress.** In the seven of ten studies assessing anxiety and stress, all but two reported improvements after treatment with a probiotic.
- **Cognition.** Three of the studies evaluated some aspect of cognition, and two of them reported positive effects when a probiotic was consumed (see *Counselling and the Microbiome*, MHA, 2018a).

Clearly, a healthy microbiome is essential not only for physical health, but also for psychological health and well-being. The body of research showing how the gut's health affects the rest of the person is steadily growing and already has amply demonstrated that we need to update our traditional views on what is needed for a healthy, happy life. The good news is that we can change our microbiome, so we want to take the next section to show you what you can do to improve the health of that all-important "second brain"; going for good gut health, as we have seen, is a crucial pillar of self-care.

EXERCISE: Flagging Gut Issues (click to download)



Good gut health with seven healing secrets

The following strategies (some with explanations of the "why") are what gut experts recommend for the best "rehab" job on the microbiome.

Healing Secret 1: Become rich – in probiotics/fermented foods

Probiotics (foods containing the good bacteria or live cultures that are like those found naturally in the gut) are among the most potent weapons an individual with terrible guts can bring to bear on the healing process. What's special about fermented foods? In the metabolic process of fermentation, carbohydrates like sugars are converted into either alcohols and carbon dioxide or organic acids. The

process requires the presence of yeast or bacteria or both. The type of fermentation that makes most foods rich in good bacteria (and therefore probiotic) is lactic acid fermentation, wherein good bacteria convert the sugar molecules in the food into lactic acid, and the bacteria then multiply and proliferate. The lactic acid protects the fermented food from being invaded by pathogenic (bad) bacteria because it creates an environment with a low pH (i.e., an acidic environment), which kills the harmful bacteria with a higher pH (Perlmutter, 2015).

It may be better if you can add some fermented food to your diet rather than supplementing with probiotics, because natural foods are more bio-available. Such foods maintain the integrity of the gut lining (preventing leaky gut syndrome); balance the body's pH; serve as natural antibiotics, antivirals, and antifungals; regulate immunity; and control inflammation. Moreover, probiotic bacteria suppress the growth of pathogenic bacteria by producing antimicrobial substances called bacteriocins. Finally, as these good bacteria metabolise their sources of fuel from the person's diet, they free up various nutrients in the individual's food, making them more easily absorbed. Vitamins A, C, K, and some of the B group are included here (Perlmutter, 2015; Mercola, 2015).

The best probiotic foods

Fortunately, the process of rehabilitating a microbiome can happen with the addition of common, everyday foods. Here are some of the principal fermented foods.

Live cultured yogurt, kefir, aged cheeses, and lassi. It seems the dairy shelf of most supermarkets has recently exploded with options for yogurts. The trick here is to ensure that there aren't added sugars, artificial sweeteners, artificial flavours, or other "nasties", so the bottom line is: read the labels! The aged cheeses with probiotic content are cheddar, Gouda, parmesan, and Swiss cheese. For those who are dairy-intolerant, coconut yogurt may be the way to go (Perlmutter, 2015; Abbott Nutrition News, 2018). Kefir is a fermented dairy product similar to yogurt, with a combination of yeast, bacteria, and goat's milk that is high in *lactobacilli* and *bifidobacteria*. Again, there is a coconut-kefir option often sold. Similarly, lassi is the Indian yogurt-based drink (sometimes flavoured with fruit such as mango) that complements spicy Indian cuisine while nourishing the microbiome (Mercola, 2015; Perlmutter, 2015).

Sauerkraut/kimchi/pickled vegetables/kombucha. These staples of so many diets around the world contain a wealth of "goodies" in addition to the helpful fermentation. Sauerkraut (fermented cabbage), for example, contains choline, a chemical our body uses to transmit nerve impulses from the brain through the central nervous system. The national food of Korea, kimchi, has calcium, iron, beta-carotene, and vitamins A, C, B1, and B2. Just be sure you can stand the "heat" of this wonderfully spicy dish before you buy a huge container! Pickled vegetables, such as onions, beets, olives, and cucumbers are also excellent probiotics, but all of these foods only contain the probiotic benefits if the foods are unpasteurised, having been pickled in brine, not vinegar. Kombucha (black) tea is fizzy and said to increase energy while helping people to shed weight (Perlmutter, 2015).

Tempeh/natto/miso, or fermented soy, is used by vegetarians as a substitute for meat; miso is often served as a soup. These have all the amino acids and are a great source of vitamin B12 (Mercola, 2015; Abbott Nutrition News, 2018).

Healing secret 2: Go for a high-fat, low-carb diet

No, we're not talking about the Atkinson diet here: one that was popular a few years back in saying that adherents could have all the meats they wanted as long as they kept the carbohydrates low. The type of diet that is shown to best serve the microbiome sounds similar, but has a few basic differences. First, the "high fats" that help the gut microbes are not just any fats, and certainly not the fats found marbled in that juicy steak! They are high-quality fats, such as found in olive oil, coconut oil, organic and pasture-fed butter, ghee, almond milk, avocados, nuts and nut butters, cheeses (as above; exclude blue cheeses); and seeds (think flaxseed and sunflower, pumpkin, sesame, hemp, and chia seeds).

Second, in saying that low-carbohydrate diets are better, we need to make a distinction between simple and complex carbohydrates. The simple ones are the ones that people typically associate with the word "carbohydrate": that is, what you find in pasta, breads and other grains (except brown rice), corn and corn products, white rice, white potato, gluten, soft drinks, and other processed carbohydrates. In other words, they are all the foods that are associated with dysbiosis because they are broken down into simple sugars upon digestion, or else they damage the intestinal lining or its microbes. Complex

carbohydrates, on the other hand, are those such as fruits and vegetables. They are the carbohydrates that are wanted for good gut health, and they should take up about two-thirds of the plate, with the protein taking up the remaining third (Chutkan, 2015; Perlmutter, 2015).

The proteins should be as much plant protein as possible, meaning nuts, seeds, and legumes much more than animal meats. If meat is consumed, it's better to go with fish and seafood products than the heavier meats such as beef and pork; we'll explain about the value of plant proteins more in a moment when we talk about pre-biotics.

Healing secret 3: Feed your bugs with pre-biotics

Pre-biotics are the non-digestible food parts that nourish the good bugs, the probiotic bacteria in the digestive tract; go for these! Robynne Chutkan, in her book, *The microbiome solution* (2015), has a relatively digestible (for lay people to nutrition) explanation of why we need pre-biotics as much as probiotics. She explains that the sort of dietary regimen we laid out above is sometimes called a modified Paleo diet, or what she calls a "Veleo" approach: combining "Paleo" with "vegan" in order to emphasise the vegetable-based philosophy. In this diet, one can have limited animal products (although it is not required), but it's completely compatible with being a strict vegan, and Paleo people can exclude grains or pulses if they wish. But what is absolutely essential in any microbiome rehab attempt is that there be large amounts of the type of plant fibre that isn't completely digested; the leftovers feed your (good) microbes. These indigestible or poorly digestible fibres are the hallmark of what Chutkan calls her "Live Dirty, Eat Clean" approach to a healthy gut. Suffice it to say here that, if our good bugs aren't nicely nourished, they can't do the massive work that nature has tasked them with doing for our health, on all levels.

Thus, pre-biotics must have three characteristics: (1) they must be non-digestible; (2) they must be able to be fermented by the intestinal bacteria; (3) this activity has to confer health benefits (Perlmutter, 2015).

Pre-biotic foods

These pre-biotic foods include: fruit, especially berries, bananas, apples, tomatoes, and vegetables; grains, such as barley, flaxseed, and oats; and legumes, such as beans (black, kidney, navy, and white), chickpeas, and lentils (Abbott Nutrition News, 2018; Robertson, 2017).

Resistant starches and inulin

While we're talking indigestible fibres, let's discuss these two aspects that are now gaining a name for themselves in health-conscious circles. Resistant starches are a specific type of complex carbohydrate that don't get digested in the small intestine; rather, they travel through the gastrointestinal tract until they reach the colon, where the gut bacteria ferment them to produce SCFAs (short chain fatty acids), which are a primary energy source for cells in our colon. Both anti-inflammatory and anti-carcinogenic, they function more like dietary fibre than regular starch, encouraging the growth of the healthy microbes and acting as a pre-biotic. Resistant starches include green bananas and green banana flour, green peas, lentils, uncooked rolled oats, and white cannellini beans. These foods also help control weight, partially because they create a sense of satiety and partly because with them we produce less of the hunger hormone, ghrelin. They prevent blood sugar spikes, reducing the risk for diabetes, and reduce glycation (which increases free radicals).

Inulin, another complex carbohydrate – known as a fructan, also has pre-biotic qualities in that it feeds our little worker-microbes to promote a healthy gut. These foods include artichokes, asparagus, bananas, chicory root, dandelion root, garlic, leeks, and onions (Chutkan, 2015).

We have already flagged the importance of eating more plants (as in the notion that more of the total intake be plant-based, but also including the notion of eating a wide variety of plants). Here is our final word on this important topic: when we don't eat enough pre-biotic fibre, we risk starving the good bacteria we are trying to cultivate. Like us, they want so survive, so what will they do? They will start eating us instead, gnawing at the protective mucous lining of our intestine. Much better that we feed them heartily, so they can produce the SCFAs that nourish our intestinal cells (Chutkan, 2015)!

Healing secret 4: wine, tea, coffee and chocolate on the menu

Hoorah! For all the "fun" stuff it seems we need to give up in order to have a healthy gut, it's wonderful to hear that our favourite beverages – and chocolate also in solid form – are on the menu. Let us explain why. Stay with us here; you'll be happy at the end of this technical explanation.

You may already have heard about one category of "bad guys" in our bodies: the free radicals that are produced by processes of oxidation. They are inflammatory, so many of us take antioxidants to counter their deleterious effects on our health. It turns out that plants produce flavonoids to protect themselves against free radicals. The flavonoids produced are *polyphenols*, powerful antioxidants which may be the most abundant antioxidants in the human diet. In recent years, polyphenols have been the subject of intensive research, as scientists have begun to discover their powerful role in preventing diseases from osteoporosis, cancers, diabetes, and heart disease to neurodegenerative conditions. In numerous studies, polyphenols added to the diet have significantly reduced markers of oxidation (that is, the free radicals), which in turn reduces the risk for the above-named ailments. Now – drum roll, please – *the main dietary sources of polyphenols are fruits and vegetables and plant-derived beverages, including coffee, red wine, tea, and chocolate* (Perlmutter, 2015)! So, go take a break now and grab your favourite tea/coffee/chocolate drink!

Healing secret 5: Re-engineer your taste buds and your life

Few will be surprised to read that most Westerners' diets have veered off a dietary path that we could call organic or attuned to nature. We drink chlorinated, fluoridated water, we cleanse ourselves and our homes with harsh synthetic chemicals, and we consume many foods with lists of ingredients that underscore their adulterated nature – and signal death to the microbiome. This healing secret covers a multitude of sins: water, dirt, sugar, and the ubiquitous processed foods.

Water

Filter your drinking water; in fact, install a filter on your shower head so as not to ingest the chemical-laden water into your body through the skin either.

Dirt

Those irritating people talking about sustainable living claim that we shouldn't buy produce that has travelled too many "food miles". Apart from that aspect, there is another reason why it makes sense to buy things that are produced by the local farmers' collective rather than some huge grocery chain: the dirt. Food begins to lose its nutrient – and therefore also microbial – value the minute it is harvested. Thus food that is locally produced can get to you quicker and is likely to be fresher. Even more importantly for the microbiome, it is often produced in real dirt, as opposed to a bed of chemicals. The organic, dirt-laden veggies are far more likely to have intact microbes for your gut (although you still need to wash the stuff before eating it!). So, look for food with dirt on it, or at least food which is not perfectly uniform in colour or size to get that local (i.e.: high-microbe) content. Beyond that, get some dirt onto yourself: get out into the garden and create some of the locally-grown foods we are talking about. Garden dirt can help reacquaint your immune system with beneficial microbes on the plants and in the soil.

Sugar

We know sugar's bad for us, but do you know why from the gut's perspective? Sugar feeds the gut bacteria, but only the pathogenic ones that you don't want to encourage. When they get out of control, they foster the growth of yeast infections and interfere with the ability of the body to destroy toxins: an effect that starts within a few minutes of imbibing sugar. Moreover, the insidious aspect of these bugs' will to live is that, as these bad bugs' populations increase, they are ever more effective at interfering with your taste receptors (ultimately re-wiring your brain) to crave more sugar. Yet artificial sweeteners promote glucose intolerance, elevating the risk for diabetes. The bottom line on this not-so-secret secret? Say "no" to sugar. Do a detox if you need to, but whatever you do, retrain your taste buds not so expect so much sweetness from you (Chutkan, 2015).

Processed foods

The situation with additives and highly processed, refined foods is similar to the situation with sugar: we all know we shouldn't be touching them "with a barge pole", but we are uncertain why. Here's a starting list from the microbiome's point of view:

1. Such foods may have additives and preservatives harmful to (good) gut bacteria. This may include emulsifiers such as polysorbate 80, carrageenan, and polyglycerols.
2. They may be full of hormones (used to induce growth and increase profits)
3. They may have antibiotics (which kill the good bacteria as well as the bad)
4. They may have been sprayed with pesticides that are toxic to the microbiome
5. They may be genetically modified (GMO) such that our gastrointestinal tract cannot digest them
6. Most of the healthy fibre or nutrients may have been removed

We are talking here about gluten, dairy, refined carbohydrates, typical processed foods, GMO foods, and artificial sweeteners. It may take time to completely re-train your taste buds; be patient with yourself (Chutkan, 2015; Robertson, 2017; Mercola, 2015).

Healing secret 6: Fast

It's been part of religious and spiritual rituals for thousands of years. Christians have followed the example of Jesus, who went into the desert for 40 days and didn't eat during that time (Matthew, 2011). Muslims have what is these days called intermittent fasting as part of the month-long observance of Ramadan (personal communication to author, 2017). Similarly, Buddhist monks undertake a lifestyle in which they agree not to eat after midday (except for tea and chocolate) (personal communication to author, 1992). Hindus follow Ayurvedic medicine, which advocates fasting on a regular basis (Bhat, 2017). Contrast those practices with that of many in the developed world, who begin to feel irritable and deprived if their regular mealtime is delayed even slightly. And the thought of fasting (what: a whole day or more without food?) is anathema. Yet science finally seems to be catching up with what traditional religions have known for millennia.

The human body, fortunately for survival, is able to convert fat into fuel during times of starvation. The process creates specialised molecules called ketones, and some are particularly good for the brain and microbiome. Ketones increase the number of mitochondria and stimulate the growth of new brain cells. Moreover, fasting turns on the Nrf2 gene pathway, which produces a dramatic increase in antioxidant protection and detoxification, as well as a decrease in inflammation. Calorie restriction has been shown to minimise apoptosis (programmed cell death), enhance mitochondrial energy production, decrease mitochondrial free radical formation, and increase mitochondrial growth. It also has been demonstrated to increase insulin sensitivity, reduce overall oxidative stress, trigger the expression of genes to manage stress and resist disease, and switch the body into fat-burning mode.

Admittedly, the idea of reducing one's calorie intake is not appealing! Food is, after all, a pleasure and a comfort. But from our perspective of gut health, the really good news is that fasting is finally being shown to prompt beneficial changes to the gut bacteria. It does this by enriching strains of bacteria associated with increased lifespan and suppressing those that are correlated with reduced lifespan.

There are numerous ways to achieve these benefits, from the intermittent fasting of diets that advocate calorie restriction (to about 500 calories) two days a week to 24- or 36-hour fasts once a week to longer ones less frequently. Perlmutter advocates doing a three-day fast (lots of water, no food) at the change of seasons, meaning four times a year (Perlmutter, 2015).

And while we're on the subject of food intake, let's talk quantities. When you do eat, it is well to exercise portion control; smaller portions help the gut deal with the food (Mayer, 2016).

Healing secret 7: Adopt a gut-friendly lifestyle

While most of the secrets we mention here are about what we take into our bodies through our mouths, the reality that most people have yet to confront in their quest for better health is that how we live and what we ingest through our breath and our skin also has an effect on our microbiome.

Specifically, some findings are emerging that most of us live in a too-sterile environment, except for the many chemicals and medications, which turn out to be far worse for us, and for our guts, than we ever imagined. Moreover, the emotional environment in which we ingest food is not "clean" at all (Chutkan, 2015; Mayer, 2016). To counteract the effects of these, consider a few lifestyle changes:

Antibiotics

Don't take them unless it is absolutely necessary. It can take years to re-colonise the microbiome with the good bacteria after a bout with antibiotics. If you have to take them, re-seed your gut with fermented foods and/or a probiotics supplement.

Mind the social/emotional climate around food

Avoid eating when you are stressed, angry, or sad. At these times, your body/mind is highly engaged dealing with the stressor or event making you sad; there is not as much, if any, bandwidth left over for digestion. That food goes down best which is enjoyed for its pleasurable aspects and/or consumed in a positive social climate (Mayer, 2016).

Get down and dirty – and flag the soap?

Household items such as harsh cleansers and anti-bacterial soap kill off both good and bad bacteria, and contribute to antibiotic resistance. Ditto the dishwashing: wash your dishes by hand, as it leaves more bacteria on them than the dishwasher does, and eating off the less-than-sterile plates decreases your risk of allergies by stimulating your immune system. And Chutkan advocates showering completely without soap. Sweat is good because people who exercise regularly have a greater diversity of gut bacteria (which equals a healthier microbiome). Finally, get more bacteria into your home. A gut-friendly lifestyle can be enhanced by adding both plants and pets (which have bacteria) to the home, as can opening windows on a regular basis to increase natural airflow and improve the health and diversity of the microbes there (Chutkan, 2015; Mercola, 2015; Robertson, 2017).

The healing secrets evaluation

Disclosure: in researching this program, we spoke about the healing secrets with family, friends, and fellow professionals – many of whom either have known or now suspect they have wayward gut bugs – and we got a range of responses. The material contained in the secrets is new thinking, but it's not controversial. Still, the reaction of some people was, "No thanks; this is all too hard", to which we responded (respectfully), "That is your choice". If someone prefers to continue feeling less than optimal because they aren't ready to undertake a change, that is their choice (and they will experience the consequences). So we say to you: what's your reaction to these healing secrets? Where in them might you make inroads toward better self-care? Have a go at answering the questions below:

- My least favourite healing secret is:
- This one doesn't work for me because:
- What I will do instead is:
- My favourite healing secret is:
- I notice I'm already engaging these aspects of it:
- I commit to doing these additional aspects now:

In addition to conscious strategies for exercise and diet, good self-care demands we look into what happens when we go unconscious during sleep.

Part 2

Sleep: Just as important as exercise and diet

Do mornings find you gazing in the mirror with sleep-deprived eyes begging to go deeply unconscious at night? If so, you can attest to the crucial importance of sleep to health and wellness. Without good sleep, even basic self-care becomes onerous. We look first at all the aspects of health that a good night's rest is linked to and suggest ways that you can improve the quality of sleep if you, like 60 percent of adults, are not getting enough sleep or good enough sleep (NIH, 2012).

Why is sleep so important?

Sleep plays a crucial role throughout our lives in helping to protect physical, mental, and emotional health; quality of life; and safety. How we feel when we are awake depends partly on what happens while we are sleeping, with damage from sleep deficiency causing not only daytime tiredness, but also interference with work, school, social functioning, and driving.

Lack of quality sleep: The negative effects

The following list is a minimal (probably not exhaustive) set of reasons from the National Institutes of Health why we should make every effort to turn off the TV or computer, put down the book, and just go to bed at a reasonable hour.

1. **Insufficient sleep slows you down mentally and harms your memory.** Your alertness, attention span, concentration, and capacity to solve problems all decrease significantly the day after a poor night's sleep. If the situation continues chronically – especially for young people – overall mental development and intelligence levels can be affected. Moreover, scientists have now learned that the brain's ability to consolidate and organise new learning for future access is jeopardised by poor sleep.
2. **You are at higher risk for accidents.** Both at work and on the road, you are a danger not just to yourself but to others. Drowsy drivers often don't realise that they are about to doze off, but being tired behind the wheel is said to be just as dangerous as being drunk. The U.S. National Highway Traffic Safety Administration reckons that in the United States, driver fatigue is a significant factor in over 100,000 car crashes, and responsible for over 1500 road-related deaths each year. Australia has done much to counteract this problem, with roadway signs such as "Tired drivers die" and "Rest, revive, survive". There are also many way stations where drowsy drivers can stop just off the motorway for a free "cuppa" to wake themselves up. The problem – if that tired driver is you – is that you need to be alert enough to realise that you are drowsy: a difficult proposition!
3. **Poor sleep can make you fat.** Short sleep duration, studies show, is one of the strongest risk factors for obesity, with one large meta-analysis finding that adults and children were, respectively, 55 and 89 percent more likely to become obese (NIH, 2012). Adequate sleep helps to

maintain a healthy balance of ghrelin (a hormone which makes you hungry) and leptin (which makes you feel full). When you are sleep-deprived, your ghrelin goes up and your leptin level goes down, resulting in extra hunger pains and probable weight gain. One study found that those who slept less than six hours regularly were nearly 30 percent more likely to become obese than those who slept between seven and nine hours.

4. **With sleep deficiency you may be depressed.** One study found that those who regularly reported an inability to sleep were five times more likely to be depressed than those who were sleeping well. Note here that it has not been definitely established whether being depressed causes sleeping problems or having insomnia makes one depressed, but either way, we can see that there is a strong relationship between poor sleep and depression.
5. **Diabetes is more likely.** Sleep affects how a person's body reacts to insulin, the hormone that controls blood sugar levels. Sleep deficiency results in elevated blood sugar, which increases the risk for diabetes. In one study, healthy young men had their sleep restricted to 4 hours for 6 nights in a row; they developed symptoms of pre-diabetes (which was able to be resolved after a week of increased sleep duration). Those sleeping fewer than six hours per night have repeatedly been shown to be at increased risk for diabetes. Visit a doctor promptly if you have extreme thirst, tingling in your hands and feet, blurred vision, or constant fatigue, even after a seemingly good night's rest.
6. **Poor sleepers have higher risk for heart disease and stroke.** In a recent review of 15 studies, short sleepers were found to be at far greater risk of heart disease or stroke than those who sleep seven or eight hours per night. In another study, those experiencing difficulty falling asleep, staying asleep, or waking up not feeling rested in the morning were three times more likely than non-sleep-disordered individuals to develop heart failure over an 11 year period.
7. **With insomnia you look more aged.** It is common knowledge to most of us that the mirror seems to be particularly unkind after a late night or poor night's sleep, but sleep deficiency can have longer-term effects as well. When we are fatigued, we tend to run on cortisol, a hormone our body produces when we are stressed. High levels of cortisol break down the collagen protein that helps glue your skin cells together. Chronically sleep-deprived people have increased fine lines, poor skin tone, and wrinkles. Also, you need deep sleep for skin repair. Human growth hormone, affecting the firmness of your skin and the underlying muscle tone, is only released in optimal amounts when people are rested.
8. **Sleep deprivation impairs immune function.** In one large study, volunteer subjects received nasal drips with the virus that causes colds. Those who slept less than 7 hours were three times more likely to develop a cold than those who slept 8 hours or more (NIH, 2012).

The risk for sleep disorder

While all ages, races, and ethnicities and both sexes can be affected, certain groups of people are more likely to be sleep-deficient. Read the list of groups below who are at higher risk for sleep disorder. Note any of the situations which may apply to you. Do you:

- Have a schedule which runs counter to your internal body clocks, such as do shift workers, people who travel frequently for work, or first responders?
- Have lifestyle habits which militate against sufficient sleep, such as taking excessive alcohol, drugs, or medicine to stay awake or just not getting to bed in time to get enough sleep?
- Have medical conditions or take medicines that interfere with sleep?
- Have untreated (undiagnosed?) sleep disorders, stress, anxiety, or medical problems?
- Have insufficient time available for sleep (this group includes such people as caregivers, people working long hours, or those working several jobs)?
- Have certain medical conditions linked to sleep disorders, including heart failure/disease, diabetes, high blood pressure, stroke or TIA (mini-strokes), depression or ADHD (attention-deficit hyperactivity disorder)?

(List compiled by NIH, 2012)

You could have a sleep disorder whether or not you have any of the risk factors for sleep problems; having the risk factors just increases the probability that you will have a sleep disorder. Note the situations of day sleepiness below that comprise the actual symptoms of sleep disorder.

The signs and symptoms

You might be sleep-deficient if you find that you nod off (or could) while doing any of the following. Note which of these apply to you:

- Sitting quietly after lunch
- Riding in a car for an hour without stopping
- Watching television or reading
- Sitting in traffic for a few minutes
- Talking to someone
- Sitting still in a public place, such as a movie theatre, meeting, or classroom (NIH, 2012)

If you have noted even one of the points above on either the risk factors or the symptoms list, we recommend that you head straight to your G.P. to see what tests you may need to do to establish whether your life and health are being impaired by poor quality or insufficient sleep. Don't assume that you know if you have a problem; it is claimed that 80 percent of those with Obstructive Sleep Apnoea do not know they have it (Res-sleep promotional video, 2019). Even if you only ticked one sign of sleep disorder, be reminded that any inappropriate sleepiness could prove fatal, to you or someone else.

Sometimes a minor change in bedtime habits is all that is needed to tip the balance in favour of a good night's sleep. The following section offers tips on how to improve your sleep hygiene, wherever you are on the continuum of good or poor sleep.

Improving sleep quality

If you are struggling with a sleep issue, how can you improve the situation? Here are the top tips from a doctor cum sleep expert.

1. **Try to go to bed and get up at the same time every day, even on weekends.** This conditions our body to follow a regular pattern of sleep, allowing our circadian rhythms to regulate the body's natural clock.
2. **Set up a quiet, dark, cool sleep environment.** Studies show that by reducing light and noise, we also eliminate many of the disruptions that would wake us too early. Note that bedrooms are a place for sleeping and sex, but not engaging with electronic devices, working, or playing with pets. Computers and tablets, for instance, should not even be used in the brief period before sleeping, as the blue light emitted stimulates the brain, fooling it into thinking it is time to be wakeful.
3. **Four to six hours before retiring, steer clear of items on the "forbidden" list.** Not only caffeine, nicotine, and chocolate make this list, but also alcohol. Busting a myth here, we can say that a "nightcap" will help you get to sleep, true, but alcohol worsens your sleep, fragmenting the stages of it and often keeping you from staying asleep. In fact, any eating or drinking at all in the several hours before bedtime can cause disrupted sleep, through problems such as heartburn, reflux, and excessive need to urinate. The other item on the list is exercise, which is great overall for improved wellness and healthy sleep, but shouldn't occur fewer than four hours before you sleep, as your revved-up body will resist sleeping.
4. **Say goodbye to the "nana" nap.** Have you ever heard of "sleep drive"? The longer we are awake, the stronger the drive to go to sleep. Taking a nap relieves the desire to sleep, but then reduces the drive to sleep later at an appropriate time. Despite the popularity of "la siesta" in Latin cultures and the defence of it by some doctors and researchers, there are sleep experts who insist that, if

you are getting sufficient sleep of good quality, you shouldn't need a nap. If you consistently do, you may wish to get an evaluation for sleep disorder.

5. **Develop some sleep rituals which include quiet activities before sleeping.** Reading, listening to relaxing music, meditation or other stillness practice, and the traditional warm bath can all relax us, helping to induce sleep. Try these 15 minutes before bedtime.
6. **Don't fight your body in bed.** If you are being visited by insomnia, don't lie there struggling, as your body/mind begins to associate your bed as a place of anxiety and difficulties. After 15 minutes of not being able to sleep, get up and go do a quiet activity in another quiet place until you feel sleepy; then return to your bed to sleep.
7. **Sleep is supremely important; treat it with respect!** Don't sacrifice sleep just because all the things you were doing during the day/evening took longer than they should have. Schedule your sleep like a good time manager and stick to your sleep schedule no matter what else happens during the day (adapted from Peters, 2014).

Part 2

Summary

Part 2 has covered a lot of ground in discussing exercise, diet, and sleep. While each is important in its own right, they are complex components of how we work through the physical body to achieve wellness. Perhaps the final word is a plea for balance. For the best self-care leading to optimal wellbeing, we need a balanced program of different types of exercise. Moreover, we need a balanced diet in order to be able to sustain a full and demanding personal and professional life. Even the best efforts at these two areas will have far less impact than they could, however, if we are consistently sleep-deprived. Part 3 examines how we can do self-care through activities aimed directly at our professional lives.

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Part 2 Reflective Assessment

This reflective assessment has been designed to support your learning. Whilst it is recommended that you reflect on and answer each question for your personal development, you are not required to submit your answers (i.e. MHA will not mark this assessment or issue a Certificate upon completion).

After reading part 2, reflect on each question and record your answer in the space provided below.

Q1 Which type of exercise is recommended to improve the ratio of lean muscle mass to fat, build and tone muscle, and protect against bone loss?



Q2 According to the current program, what is no longer advised for flexibility workouts?



Q3 Skating, bicycling, jogging, swimming, skiing, and brisk walking are examples of which type of exercise?



Q4 Which questions should you ask yourself in coming up with a suitable eating plan?



Q5 What is the vast ecosystem of microorganisms that live in or on our bodies called?



Q6 What are some of the ways that mental and physical health can be impacted by the inhabitants of our gut?



Q7 Name three examples of pre-biotic foods.



Q8 Describe some of the positive benefits of fasting?



Q9 What impact does poor or insufficient sleep have on overall health?



Q10 Vincent was a real academic, staying up very late on nights when he needed to mark students' papers. To keep himself wakeful enough for the evening's work, he would take a nap in the late afternoon or early evening and follow that with several robust cups of coffee. After marking the papers, he would dive straight into bed - without even turning off the lights! - and usually find that he slept poorly, which made him grumpy with the students the next day. What sleep hygiene rules was Vincent violating?



Fit Your Own Mask First

Professional Self-care for Helpers

Part 3 of 5
Self-care in
professional
development

Written by
Mental Health
Academy



Fit Your Own Mask First: Professional Self-care for Helpers

About this Program

In this program, the intertwined questions of professional and personal self-care are investigated in a holistic manner, working from a paradigm of growth mindset aligned with a positive psychology stance, to offer insights and strategies for all levels of self-care.

Part 1 explains the philosophical framework of the program. *Part 2* examines questions of exercise, diet, and sleep: the chief physical means of tending to self-care. *Part 3 (this publication)* asks about the scope, intensity, and direction, or purpose, of our service as helpers. Ways of maximising supervision are covered, along with a look into life-work balance, remuneration (from therapeutic services), and why therapists need therapy.

Part 4 treats the twin questions of: (1) connection, as seen in the central questions of social support and exercises for improving our relationships with self, Other, and the Self; and (2) individuation – issues such as boundary-setting, assertiveness, and locus-of-control. A section on self-compassion completes this part. *Part 5* discusses the importance of developing stillness and mindfulness practices followed by a short summary suggesting the completion of an action plan to consolidate program gains.

About Mental Health Academy

Founded in 2007, Mental Health Academy (MHA) is a leading provider of online professional development (CPD) education for mental health professionals.

Through our state-of-the-art learning platform, we connect you with global mental health experts and hundreds of hours of learning – all conveniently accessible online, 24/7.

We exist to empower people. We'd love to be part of your learning journey.

Part 3

Introduction

Aims

Upon successful completion of part 3, you should be able to:

1. Define the limits of the scope and intensity of your professional service
2. Articulate the direction/purpose/WHY of your professional service
3. Assess whether your clinical supervisions are maximally helpful in terms of the goals, approach to learning, role of the supervisor, and type of processes established
4. Analyse your degree of comfort with the question of remuneration
5. Evaluate your life for work-life balance
6. Recognise any signs of incipient burnout
7. Consider whether you should do a spate of therapy for yourself

The self-care we do through our bodies constitutes professional self-care, but it does so indirectly, in that a well-exercised, healthily-fed person who is getting sufficient sleep is far more likely to be able to cope with the demands of professional life than a person not in that category. Other components of a professional self-care regimen are more direct. The boost you give to your work when you are clear on what you are doing and how and why you are doing it is immeasurable. The self-care of clinical supervision is universally recognised as not merely a "nice-to-do" but a necessity if we would care for our helper selves (to say nothing of our clients!). Similarly, the capacity to earn a living from helping is a function of being able to charge appropriately for our services. Most helping professionals have myriad demands made on their professional time and energy, so part of self-care is the working out of just how much the professional can give: that is, the work-life balance. And for all the giving out, mental health professionals occasionally need to complete the loop, bringing care and attention back to themselves; thus, therapy for the therapist is another needed component. Part 3 of this program looks at all of those.

Part 3

Putting out our service as helpers

A key focus for mental health helpers is the service that we put out to our clients and others, but do we truly understand our own offering? Let us clarify that. Your work takes a particular *direction*, according to your purpose in doing it. Within that purpose, you have a particular scope which defines what you do and how you do it. And you also decide, consciously or unconsciously, the level of intensity that will be right for your service. We look at your service in relation to those three notions, focusing first on scope and intensity, but mostly on direction.

Scope and intensity: A useful "WHAT" and "HOW"

How do you decide what you do and what you don't do in your work? Especially for newer therapists who may lack experience in a number of areas, which aspects will you keep outside your scope of practice, and which areas will you include, thereby gaining competence, experience, and confidence in them? How much is too much? Here are some questions for reflection that may help you to refine the WHAT and HOW of your practice as it relates to your scope and intensity; take a few moments to reflect on them, making notes for any areas you may wish to adjust.

Scope

- What are your credentials which, to some extent, legally and morally define what you can do?
- What are the conditions of your employment? Specifically, what is your role?
- In what setting(s) do you practice?
- Who are your clients? You can think about this in terms of such aspects as the demographics of their age, gender, level of education, socioeconomic status, and even geographic locality.
- What presenting issues/mental health needs do your clients mostly have?
- What does mental health mean to you? To your clients? How will you know when a client has achieved it?
- What are the "edges" of your scope – that is, your WHAT – in practice: what is "in" and what is "out" for you? How does this scope change as you grow and continue developing professionally, and as society evolves?
- What tools, techniques, interventions, and approaches inform your practice?
- With whom do you collaborate to deliver the care and services your clients and community need? Does your WHAT include any areas that might have traditionally been thought of as within the scope of a different professional group? If so, what were the circumstances that prompted you to expand/extend your scope? And what, if any, upskilling did you undertake to ensure safe practice?
- What are your core beliefs: about therapy and mental health? About what it means to be human?
- What is the philosophy that guides your service? What ethics guide you? And what knowledge base(s) do you work from? (Adapted from Jones & Ross, 2003)

Intensity

- How many client hours do you have per week? Is this the right number, or too many or too few?
- What number of hours puts you into burnout territory? What number is too few to be a viable practice (if you run a private practice)?
- In terms of presenting issues, which ones might you "cap" at a certain level in order to thrive more in your practice (for example, some therapists believe that, say, even two borderline clients at the same time is too many. Alternatively, some may wish to limit the number of a certain type of presenting issue or client demographic in order to maintain variety)?
- What other considerations do you have for determining the intensity of your therapeutic work?

The direction of your service: Answering the WHY

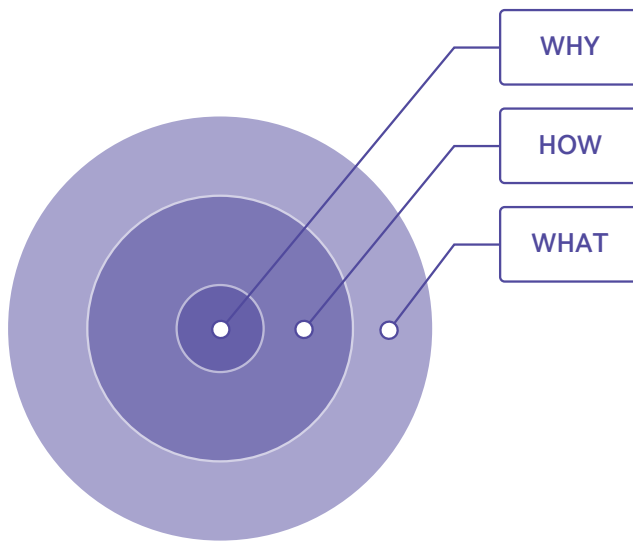
By the time you are with a client, you know WHAT you are doing. Supporting, challenging, reframing, building rapport and relationship, and helping clients to gain insight are all part of the WHAT of your service; we invited you to reflect on other aspects above in the section on scope. You undoubtedly were also able to elaborate on HOW you do what you do in the preceding section as well. That is, you are well versed in the techniques, procedures, and interventions that spell success in a session. Hopefully, you have been able to map out your WHAT and your HOW (thus informing the scope and intensity of your service). But are you able to articulate your direction, or what leadership expert Simon Sinek calls your WHY?

Simon Sinek and the Golden Circle

Author and leadership educator Simon Sinek explains that everyone in an organisation – and certainly small business owners – can talk about WHAT they do. Everyone is easily able to describe the products or services that their company sells, or their role within the company that provides them. He goes on to note that some companies and individuals also know their HOW. They are able to talk about their "differentiating value proposition" or their "unique selling proposition". Even a non-commercially-oriented therapist would usually be able to note that she, unlike most therapists, is very experienced in, say, dialectical behaviour therapy, or schema therapy, both of which have a particular "HOW". Another therapist may claim that his niche is, say, in working with people with a disability. Sinek explains that individuals will often serve up their "HOW" as an explanation for how they are better or different, or assume that their point-of-difference "HOW" is the motivating factor in a decision. It might be, but Sinek warns that it would be false to assume that that is all that is required. He asserts that there is a missing detail: the WHY, which he claims that very few companies or individuals can clearly articulate (Sinek, 2009, p 39).

Sinek visualises the WHY, or ultimate purpose of one's work, as the innermost layer of concentric circles. It is surrounded by the HOW, which is surrounded by the WHAT, or outer layer of the circles:

Figure 1: The Golden Circle

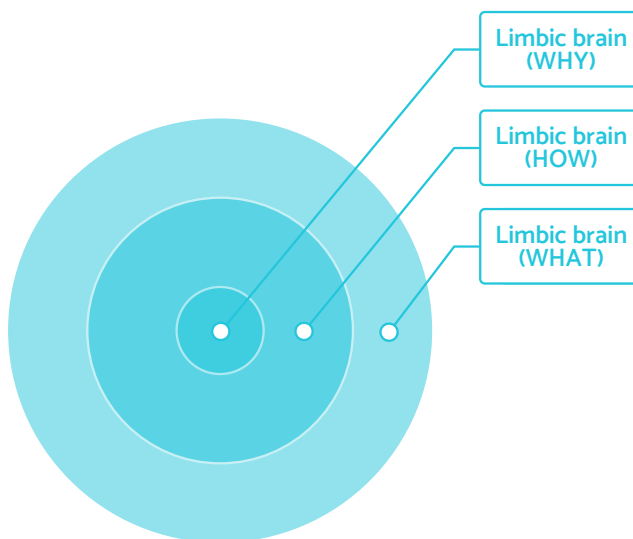


(Adapted from Sinek, 2009)

Sinek observes that most people start from the outside and work their way toward the centre, the WHY (although most don't arrive). He adds that great, inspiring leaders do the opposite: they get clear on their WHY, and start with that, running their companies from the inside outward.

Sinek then goes on to explain how the WHAT corresponds to the outer section of the brain, the neocortex, which is responsible for analytical and rational thought, such as we find in facts, figures, and language. The HOW and the WHY, conversely, correspond to the limbic system in the middle of the brain, which is responsible for behaviour, decision-making, and our feelings. Without capacity for language, the limbic system is where our "gut feelings" come from – which explains why we may struggle to articulate a feeling we get about a decision we have to make. Sinek insists, however, that we can learn to put words to the feelings, and when we do, we are better able to inspire ourselves and others. What's more, having clearly-articulated words at the centre – where our WHY is – means that we know what helps us feel fulfilled (Sinek, 2009). For our purposes in this program, we then know what we can put out to the world when we are at our natural best, which – working backwards from that – helps us manage the self-care aspects that lead to the wellness inherent in being our natural best.

Figure 2: Correspondence of brain regions to the Golden Circle



(Adapted from Sinek, 2009)

Sinek, with authors David Mead and Peter Docker, explains how to get to your WHY. It is a simple process, involving a tuned-in and listening partner, a few stories, and a few hours. We recommend you go to Sinek, Mead, and Docker themselves (2017) for the inspiring and detailed version, but here is the process in a nutshell so that you can get a handle relatively quickly on what you are putting out to the world – or what you would like to. The process of clarifying your direction – that is, finding your WHY – involves you finding an appropriate partner for your process and briefing that person on what will happen, picking a time and venue, gathering stories from your past that are significant, sharing your stories with your partner, identifying the themes that emerge from them, and then drafting your WHY statement.

We realise that, even if you have been faithfully doing the various exercises and reflections as you move through this program, the following process is more time-intensive, and you will need to plan for it, at least by finding a partner. Nevertheless, it is a highly valuable exercise which yields an immense sense of rightness and capacity to care for one's professional self. Thus, we highly recommend it, even if you can't do it immediately today. The steps are contained in the exercise below.

EXERCISE: Finding Your WHY ([click to download](#))



Your WHAT, HOW, and WHY in relation to your self-care efforts

We've devoted a relatively large amount of real estate/effort/time to examining the scope, intensity, and direction – the WHAT, HOW, and especially the WHY – of your practice, as part of what you put out to the world. Why is this so important? Let us answer the question with another question: how can you know how to focus the (limited) time, energy, and resources you have available for self-care if you have not been able to establish what is important, and therefore worthy of being cared for? If you are not living in purpose – meaning, with a well-articulated, clear direction or WHY – you cannot intelligently choose the actions, activities, or attitudes that preserve, maintain, and grow your purpose. You cannot select effective WHATs and HOWs if you are uncertain what your direction/purpose/WHY is. And mostly, you cannot enjoy the deep fulfilment and transcendent sense of wholeness that comes from identifying your place in the larger scheme of things, your point on the web of interconnectedness that is life on earth. Once that direction/purpose/WHY is articulated, genuine self-care demands that it be treated with the greatest of respect and compassion. It will also yield far more productive clinical supervision sessions.

Part 3

Caring for your development through supervision

As a professional mental health helper, you will have the understanding of how crucial your clinical supervisions are for your clients' continued wellbeing. We have placed this section within this self-care program in order to underscore how important supervision is for *your* self-care as well. Why? We said in part 1 that professional and personal self-care cannot help but be intertwined. Some of the aims of supervision are to develop a sense of collegial/professional support, to explore values, to increase your scope of practice, to facilitate self-awareness, to identify your gifts and barriers to development, and to support your wellbeing and self-care (Barletta, 2009); these align strongly with any self-care regimen, so we must include an examination of how supervision can help you do this. The aspect of it that we focus on here is that of identifying your expectations, goals, and needs. Specifically, we pose four questions from Wilson and Lizzio (2009) which you and your supervisor should answer collaboratively. They are pivotal to forming the type of working alliance with that supervisor which will facilitate growth and assist you in caring for your professional self:

1. What learning goals shall we pursue?
2. What approach to learning suits our circumstances?
3. What type of relationship will work the best?
4. What management processes do we wish to establish? (Wilson & Lizzio, 2009).

We take each question in turn.

What learning goals shall we pursue?

In terms of the medium- and longer-term supervisory alliance, you are best served by identifying goals in an overarching way and then creating with your supervisor an initial contract that addresses them, with an eye to achieving specific outcomes. Some goals will need to be pursued before others, different goals will be of varying lengths, and some will not even come into view until you have moved on in your development as a mental health helper. Together, you and your supervisor will need to identify goals as you begin work together and then at intervals throughout the supervisory relationship. Several options stand out for the types of topics/goals you might work on.

Process (intervention) skills. These could be defined as what counsellors do in their sessions, from requesting information, reflecting, role playing, and confronting to supporting. It is also called "technical competence".

Conceptualisation skills. These involve your cognitive processes and include sometimes out-of-awareness behaviours, such as identifying client concerns, discerning predominant client themes, designing interventions, and planning future sessions. Also referred to as *conceptual competence*, this category allows you to conceptualise your practice and explicate underlying principles that inform interventions.

Personalisation skills. These refer to the interplay between your personal qualities and your work with clients, and also your ability to form an identity as a counsellor. This broad-ranging category encompasses a multitude of issues, from aspects such as separating your reactions from those of your client, through non-defensiveness with clients and supervisor, to dealing with emotions in clients and in yourself. Included here can be skills of *self-regulation*: the capacity to self-reflect on your practice and learn from your experience.

Professional skills. This last major category can overlap the others, but is comprised of aspects such as knowledge and adherence to ethical and professional standards. In addition, it includes professional behaviours such as being on time for appointments, completing paperwork in a timely fashion, maintaining confidentiality, establishing appropriate relationships with clients, and general professionalism. (Pearson, 2004; Wilson & Lizzio, 2009; Mental Health Academy, 2018b)

Note that, while these skills categories provide a reasonable framework for thinking about goals you might set up with your supervisor, they don't include many skills addressing issues that fail to fall neatly into these domains: for example, issues of transference or parallel process, aspects of policies and procedures within a workplace, or challenges such as the effect social and/or political conditions are having on clients which cannot be adequately addressed in counselling.

Even after deciding which practice challenges you most urgently wish to tackle and setting appropriate goals, you will want to explore how to meet them in terms of learning approaches.

What approach to learning suits our circumstances?

This second question of Wilson and Lizzio (2009) is that of how you, as supervisee, can best learn in your supervision, or put another way: what supervisor roles will maximise your experience and development? A useful way to delineate the supervisor's roles is to talk about the supervisor as teacher, counsellor, and consultant. Which role – and hence, which approach to learning you will be engaging – depends on a number of factors, including how much experience you have in counselling, your personal style of learning, and the purpose of the supervision session.

- Supervisor as teacher: A more directive, didactic approach can be said to be occurring when the supervisor is providing advice on how to address a specific issue.
- Supervisor as counsellor: In the counsellor role, your supervisor is facilitating your personal growth and helping you explore your reactions to things that have happened in your sessions with clients.
- Supervisor as consultant: If supervisors facilitate discussion about the session and provide options and alternatives, they are functioning more in the role of consultant.

All of the supervisor roles are likely to be helpful to you at one stage or another, and the most useful questions to ask may be that of *when* and *how* your supervisor might use each, and what the right balance is (Pearson, 2004; Wilson & Lizzie, 2009).

What type of relationship will work the best?

Three words characterise a supervisory relationship which may be considered ideal: support, challenge, and openness.

Support. We can talk about *support* as the degree to which you as supervisee feel adequate and affirmed as a result of interactions with your supervisor. Your greatest opportunity for professional growth and development as a supervisee happens in the context of a healthy relationship in which you experience the core Rogerian conditions of empathy, congruence, and non-possessive warmth. With these, you can use the relationship to explore your counselling issues with a sense of trust, even if

you have to face unhealed or other limiting areas in yourself which may have affected your client work (McEvoy, 1998; Wilson & Lizzio, 2009).

Challenge. We can refer to *challenge* as the extent to which you feel stretched – perhaps asked to think about things differently – as a result of your interactions with your supervisor. Because supervision – even by virtue of its name – suggests an inequality of the roles, there is inherently a power differential; simply, the person with "oversight" responsibility – that is the supervisor – is more experienced than the person seeking the oversight: that is, the supervisee. (McEvoy, 1998; Wilson & Lizzio, 2009). The balance of support and challenge comes to be crucial in defining how you want to "run the relationship".

Openness. The third crucial factor, *openness*, can be operationalised as the extent to which you believe that your supervisor is relating to you nondefensively and openly in regard to your background, limitations, and opinions. It is the supervisor's job to keep the space open for you to develop safely, exposing your weaknesses as well as your strengths. Your responsibility, on the other hand, is to be proactive in utilising the relationship to voice your fears, difficulties, and inhibitions, and to make mistakes and take risks. (McEvoy, 1998).

What management processes do we wish to establish?

The fourth pivotal question to ask in the initial supervisory session is that of which processes you wish to establish in order to manage the relationship. You are advised to think carefully about the following aspects:

1. *Purpose.* Are you mainly concerned with your professional development, and/or do you want to monitor your quality and accountability?
2. *Boundary management.* What sorts of boundary issues will you need to discuss with your supervisor? This could include questions such as confidentiality and dual relationships.
3. *Preparation.* What sort and level of preparation is expected? Will you, for instance, be bringing either audio or videotapes of your sessions? Will you be doing transcripts and analyses? Who will be choosing the topics for each session?
4. *Feedback.* How will you know when the supervision session you have had is a good one? In other words, how will you evaluate and review the whole supervisory process? (Wilson & Lizzio, 2009).

EXERCISE: Supervision - A Reflection ([click to download](#))



Getting appropriate supervision seems simple, and yet is a process with myriad factors affecting its success. Of the seven statements above, how many did you have left of the centre line (that is, statements with which you somewhat or strongly disagreed)? The more statements there are in the dissatisfied half, the more important it is for you to review this crucial aspect of professional self-care. Ultimately, you will have a sense of whether your sessions are allowing you to care for the growth and development of your helping self. Getting this right will also feed into your greater comfort with a crucial aspect of valuing your professional self: charging a fair fee for services rendered. We look at that next.

Part 3

Remuneration: What we take in from clients

It's a simple transaction. At the time of booking, you explain to the client that sessions are an hour long and that you charge \$xx for each session, including missed sessions that haven't been cancelled in time. In return, you will give the client the benefit of your full attention, considerable experience, and high-quality training. The client comes, the session happens, and you collect the money and book the next appointment: just like your dentist, doctor, or accountant would. Simple, right?

Sadly, many therapists find that the mere thought of collecting money from someone they are helping lands them in a mine field of unresolved issues, which they gingerly tiptoe through, possibly endangering the therapeutic relationship – to say nothing of their own sense of value – en route. Most of us accept that services rendered must be paid for, and we have no problems paying the plumber, the handy man, or the geek who comes to fix our computer. On an energetic level, many of us also acknowledge that energy is always moving and that, to close the abundance loop, some of it – in the "frozen" form of money – needs to come back to us after we have given out energy, as we do in the helping act. So why, then, does charging for our services remain such a thorny issue for many therapists? Let us unpack some of the issues that seem to arise for mental health helpers when it's time to collect the fee.

The value of the service

A therapist who wrote about his experience of starting his own private practice bluntly states that valuing himself was "by far and away the most important lesson I learned from being in private practice" (Redwood, 2017). He contends that private practitioners generally undercharge, and that he himself did that. Why? Because "I didn't believe I was worth more".

Patricia Doherty, whose master's-level dissertation (Doherty, 2012) examined private practitioners' experiences and perceptions of charging for counselling, concurred in the primacy of the value-for-money issue. Of her six chief findings, three or four arguably centred or touched on the issue of valuing oneself. Her first one, however, said much about the state of the issue: "Counsellors face tensions by charging a fee" (p 43). One of the 32 respondents to her 22-item anonymous questionnaire stated that, "I charged very little because I felt unworthy ... imagined they would not get value for their money". Still others acknowledged that they needed to make a living, but "it was – and still is – challenging to work in return for money. The charging part has been a challenge". Others equated the smoothness or apparent productivity of the session with their own worth: "When I feel the session was not productive, I sometimes feel unjustified to charge for it ... 'I didn't do a good enough job'".

In fact, the discomfort of some around charging was so pervasive that, even though they had initially notified the client that missed appointments not cancelled in time would attract the fee, it was still difficult: "I invoice(d) a client for the missed session but ended up only invoicing for the room cost, whilst apologising for doing so, despite it (being) clearly written in my contract that I charge if they don't provide 24 hours' notice" (Doherty, 2012).

From this single, primary issue for therapists, a full set of ramifications cascades into the actual practice, manifesting in a very practical way the energetic message (i.e., "Don't hire me; I'm not worth much") that counsellors send out through a stance of undervaluing themselves. Many of these downstream occurrences naturally have to do with the capacity to build up a full practice.

Create a client feed

Are you/is your practice listed on professional directories? Redford suggests that you should be. Melinda, the Christian counsellor we named in the introduction, gets many referrals from her church. It is a reliable client feed, and is helping her to build up her practice. Wendy, a psychologist with the public hospital system for 17 years, quit that job to start her own practice and has a steady stream of referrals still coming from the hospital. But for many therapists who are not connected in these ways, being listed on different directories may help to get a client feed going.

Invest in a good 'shop front' – and your business

Redwood observes that, to attract clients in our interconnected world before one's reputation is established, it is essential to have a good quality website. He says that his is his "shop front" (Redwood, 2017), and discusses the qualities a good one needs (such as being visual and cohesive and having good copy). Where we get back to valuing oneself – and thus being able to do self-care – is in acknowledging what goes with a high-calibre website. Power asserts that private practitioners need to:

1. Choose a niche for marketing purposes and have a solid marketing plan.
2. Take consistent action every single week to make progress
3. Invest in their counselling business to make money (Power, 2017).

Think about those assertions in terms of being able to value yourself enough to command decent remuneration from a sufficient number of clients. First, if you do not value your service in a general way, how would you be able to choose a specific "niche"? Power asserts that, in the contemporary marketing climate, being a generalist is no longer effective. The savvy clients are looking for specialists. What's your specialty, and if you cannot identify one, why not?

Second, many private practitioners would like to do a "set and forget" deal around counselling marketing. Both Redwood and Power insist that that is not realistic. Both say that building up a practice takes hard work – not just this week or next week, but all the time, in a sustained way – and therapists resist the suggestion that they must do the ongoing work.

Moreover, they need to invest in their practice: over and over, for the life of the practice. Again, we beg you: consider this need in light of the capacity for self-valuing. Why would you think that you, or your service, should be invested in if you don't believe it has much merit? What would motivate you to commit the precious resources of time and money to achieve the marketing if the value of what is being marketed is dubious to you? Getting very real here, you can ask yourself how many restaurants, retail shops, or consultancies succeeded when no investment was made in them for needed services or materials.

Redwood suggests that there are two routes to a good website to display your services, and that one costs time and the other costs money. The time-intensive route is to build your own site; the money-intensive one is to get a professional web design.

Establish a professional presence

A quality website is not the only way of showcasing your professional skills and experience. You need to establish a professional presence in general, and other ways of doing this are by writing articles or blogs and/or giving talks to various groups. At least, you can get professional development hours/points for the writing, in both the United Kingdom and Australia (Redwood; ACA website, 2019). Beyond that, says Redwood, you need to simultaneously do two contradictory things: stand out from the crowd (as there is an overabundance of therapists) and also be conformist (you must conform at least somewhat to expectations people have about therapists). Striking that delicate balance is not easy, but presenting yourself as a professional with a particular specialty, or set of them, will help that.

Charging an appropriately robust fee will help that, too. Doherty notes that one of her six main findings was that private practitioners believed that charging a fee signified a contracted professional business service. As one respondent noted, "The act of agreeing to a fee....sends a message that this (is) a business transaction, albeit unlike any other." A majority of respondents stated that their fee structure was listed "explicitly, on the website", with one person commenting that "Payments are upfront, i.e. on my website that this is a paid service such as buying any other service."

Fees: A hornet's nest?

So, how much should you charge, and what fee structures will work? "Going rates" differ from area to area, and nothing says that you must abide by a certain fee per hour merely because others are, but here are some considerations:

- What message do you send if you are considerably below the market rate (students, of course, are an exception, as they are acknowledging up front that they are still in training)?
- What emotions arise in you at the thought of charging more than the going rate? What might you have to deal with, both in yourself and from clients and others?
- Are your fees listed in a clear, straightforward manner? That is, do people know what service you will give, for how long, for what price? Sessions have traditionally been 50 minutes to an hour, but some therapists serve populations that feel better served with 90 minute sessions (e.g., in couples work, where one is dealing with two processes), and other client populations (such as people with an intellectual disability) may need shorter sessions.
- Is there anything else included in your fees, especially for regular clients? Some therapists give permission to be called between sessions if it is a crisis. One therapist doing psychodynamic work said, "My practice can bear to offer the client seven free minutes [over the telephone, between sessions]. After that, the client can choose to finish talking with me or pay for my time." He added, "Knowing that you have only seven minutes can focus the mind wonderfully on the issue" [personal communication to author, 1998]. The point is that your professionalism, your capacity to set boundaries, and – at the bottom of it – your capacity to care for yourself professionally – demand that you be clear and consistent on this.
- Have you ever considered a different structure? The supportive.com.au website in 2017 tried an innovative plan which they believed would make counselling more accessible to the general population. They offered clients an "all you can eat" (within reason) amount of texts and/or emails for a certain price per month, ongoing, and a certain number of "live" teleconferencing or phone sessions were offered in addition for a higher price. It was, they said, for the client and the therapist whom they assigned to the client (of their pool of signed up, at-the-ready therapists) to decide what was "reasonable" and whether there were any times when calls/texts to the therapist were "off-limits". The advantage of such a fee structure to clients is that they have their therapist "on tap" (according to the boundaries and agreements set up) when they need the person; for the therapist, the advantage is that the client is paying an ongoing monthly fee, which shows some commitment and would tend to motivate the client to be engaged. The downside for the therapist in such a situation is that, as with some Dialectical Behaviour Therapy clients (who tend to be borderline clients), the therapist may be "pulled on" more than he or she can manage, given the rest of the practice and the demands of personal life.

Consistency is therapeutic

Whatever fee structure you settle on, you must be consistent, and this includes actioning your policy around missed appointments. As a number of the respondents in Doherty's study explained, charging a fee can be therapeutic. One therapist said, "In a consumer-led society, paying for counselling appears to positively impact the client, in that they are paying for a service and therefore, engage with the work, as they want a result for the money they have paid."

Many clients' issues arise in part because they have poor boundaries in their life, and therapy is a space which helps to contain them, generating greater feelings of safety. Charging a fee, says Doherty, raises issues of control, boundaries, modelling of core conditions, and internal processes within the client and the counsellor. These issues may be used to therapeutic effect or ignored. The fee is an

integral part of the therapeutic frame and boundaries. Her respondents were aware of the modelling role, with one stating that it is "important to role model a sense of value to the client". Another observed that, in being matter-of-fact about her fee, she could model "how 'to do' the financial aspects - [It is] 'normal' for me to pay my therapist - and 'normal' for my client to pay me" (Doherty, 2012).

However you charge for your time and attention - and however squeamish you are at the moment about declaring value through imposing fair fees - you may be comforted to know that, in Doherty's study at least, but also true for Power and Redwood, it is a journey for counsellors to get to a place where they feel comfortable charging fees (Doherty, 2012; Redwood, 2017; Power, 2017).

For our purposes, we can reframe it as steps along the way to consistently high-level self-care, for only when we are able to bring in from clients a fair price for the service we put out to them can we be said to be caring for ourselves as much as for them. Only when we can comfortably model this form of self-care can we expect clients to learn how to do it for themselves. The good news is that comfort with this aspect of being a professional helper engenders a better sense of life-work balance.

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Part 3

Life-work balance: What's yours?

Perhaps the most overarching aspect of self-care, encompassing both professional and personal levels, revolves around how well we can balance our work and personal lives. Clearly, this is never easy, as the ever-more globalised economy sees companies outsourcing increasing amounts of work, engendering in on-shore workers a sense of needing to work longer hours and increase their productivity in order to protect their jobs. Yet they do it at a cost. Stress-related disease and illness are on the increase, with stress-recovery opportunities, such as holidays, declining. A 2013 Harvard Medical School study of senior managers found that half believed that the chief executive of their organisation was suffering burnout, while 75 percent said that their senior managers suffered from it (Yu Dan Shi, 2019). And in the United States, at least 658 million vacation days go unused each year, according to Project Time Off (Bradley University, n.d.).

As mental health helpers, we tend to be a dutiful lot, taking our moral, ethical, and professional responsibilities seriously. Thus, we can often count too many times when our own plans for de-stressing, leisure, or "downtime" activities got hijacked by clients' needs (think weekend emergencies of clients going through a particularly bad time). Even in the best of times, it is easy to miss out on rewarding aspects of personal life (like, your child's first steps or their school play) because of work, and it is equally easy to be off-balance in the other direction, finding work hard to concentrate on in cases such as when there are marital or financial problems, or we have a loved one going through a distressing situation. What self-care tips can help us to restore and then maintain an ongoing balance?

Burnout: Recognise the signs

Low achievers, you may skip this section, for burnout most often occurs to high-achievers, who get so caught up in the passionate chase of their ambitions and goals that they do not see the burnout coming. Besides, its nature is that it creeps up on a person. But if you have been working exceptionally long hours, taking on exceedingly heavy workloads, and putting enormous pressure on yourself to excel, you are ripe for burnout. Trying to please everyone, lack of job control, unclear task expectations at work, and dysfunctional work dynamics all have a role as well, as do any extremes of activity (for example, when you must be in a state of focused concentration all the time or the job is always monotonous), lack of social support (we'll get to that in part 4), and work-life imbalance (Carter, 2013).

EXERCISE: Signs & Symptoms of Burnout ([click to download](#))



Avoiding burnout

So far we have outlined steps for the physical body of diet/exercise/sleep and the direct aid to professional life of knowing your life purpose and getting good supervision. In future parts we will also see how to avoid burnout through social support and stillness/mindfulness. Here we offer some general tips in addition to those topics:

Set boundaries – but with flexibility

We need definite, consistent, boundaries which we are willing to defend in life and work, not only with clients, but also with family members and friends. One counsellor's "red line" (not to be crossed) might be answering client correspondence in the evenings after working hours. Another person might be extremely firm on a 48-hour cancellation policy, charging clients for sessions cancelled just after 48 hours before a session was to occur. Each professional has some boundaries that are morally and ethically recognised by all of the profession (like: no sex with clients!), and also some individual ones, which must be clearly communicated and consistently maintained. That said, there is an argument for flexibility, as extenuating circumstances do arise, and maintaining a hard (rigid) line can often cause more stress than the boundary itself is able to prevent (Bradley University, n.d.; Counselling Connection, 2009). Later we look at boundaries through the prism of how we do relationship (especially in the individuation aspect), but for now, note that a good rule of thumb is to work out the boundaries that you need, but give yourself enough "wriggle" room for the unpredictable events of life that always occur (like car problems, sick kids, and client emergencies). Maintaining your health is a great investment in your professional future.

Take a holiday

As we note above with the more than half a billion unused days of leave in the United States alone, there is the ever-present temptation when the pressure is on to simply forgo the time off: work longer hours or more days, take work with you on holiday (!), or otherwise deprive yourself of needed "R and R" time. Don't do it! Australian National University conducted a study in 2017 which found that people who worked more than 39 hours a week put their health at risk, commonly experiencing symptoms of distress, anxiety, or being "down". Stanford University professor of labour economics John Pencavel found that employee output falls sharply after a 50-hour working week and falls even further after 55 hours (Yu Dan Shi, 2019). Thus, gains do not even show up in productivity, let alone are the extra hours worth the long-term accumulation of stress and decreasing capacity to care for yourself.

Exercise your creativity and playfulness

How involved in creative endeavours are you: for example, do you do any painting, arts and crafts, music, or creative writing? What activities are you regularly involved in which bring out your playful side? Dogs and young children are excellent for this, but if you have no access to either of those, do you have other outlets for expression of playfulness that comes so naturally to children?

Get personal support

Finally in this part on components of a self-care program which directly address your professional wellbeing, we must have a word about putting you in "the other chair": the one where you are the client getting therapy instead of the therapist giving it. Read on.

Part 3

Therapy for yourself: Why you need it

Perhaps one of the most helpful yet infrequently discussed aspects of professional self-care is that of therapy for the therapist. Carl Jung suggested that "a good half of every treatment . . . consists in the doctor's examining himself, for only what he can put right in himself can he hope to put right in the patient" (Plata, 2018). This question of acknowledging the "wounded healer" in ourselves is important, and does not come without controversy. There is first the question of whether therapists can even practice ethically if they do not do their own therapy, which is said to be "far more informative than any graduate class or textbook" (Latham, 2011).

As therapists, of course we wish to be ethical, but there is the accompanying question of what it will cost us. Some writers have commented on the reality in our associated helping professions that, while there is an acknowledgement that we are human, it is also true that there is still a stigma associated with having psychological distress – especially as a mental health professional – and having "vulnerability" is not necessarily seen as a strength. Many counsellors fear professional repercussions if they acknowledge present or former psychological struggles (Plata, 2018). Others note that, while some clients are comforted to know that their therapist has had therapy, others are disconcerted by it (Latham, 2011). Yet therapy is important. Let us examine why you are strongly recommended to engage in your own therapy as part of the self-care of your helping work.

To prevent burnout

Burnout and compassion fatigue are rife in the helping professions, as we have just noted. A study of mental health professionals in Panama found that 36 percent of its community had suffered from burnout at one point or another in their careers (Plata, 2018). Personal support as found in counselling helps people to prevent the problem or recover from it.

For greater empathy and understanding

We can be more empathetic with clients if we've had experience in "the other chair", as we can anticipate unstated feelings more readily than therapists without that firsthand knowledge. Concepts such as transference are more easily understood experientially than from textbooks. Even for those therapists who are non-psychodynamic, being able to recognise transference and other "real time" emotional reactions (because they've had them themselves) gives therapists who have had therapy an advantage in terms of rapport, compliance, and other aspects (Reidbord, 2011).

To process clients' thoughts and feelings

Hearing about heavy-going issues such as abuse, addiction, trauma, and other mental health challenges can weigh on a therapist. We can preserve our own mental health better by processing through therapy our reactions to what we hear (Forte, 2018). In terms of the transference, we note that those practicing psychodynamic therapies use transference and countertransference as essential treatment tools; it takes self-knowledge – well acquired in our own sessions – to use these tools therapeutically, because without self-knowledge we cannot sort the client's issues from our own (Reidbord, 2011).

To deal with our own issues

A recent Antioch University of Seattle study found that 81 percent of psychologists studied had a diagnosable psychiatric disorder (although a large percent of these were mild), including substance abuse, mood disorder, depression, anxiety, eating disorders, and other personality dysfunctions (Plata, 2018). In doing therapy, we are forced to look at our own base instincts, neuroses, and "blind spots": not always easy. The same study found that 43 percent of psychologists struggled to see the mental illness and psychological distress within themselves (Latham, 2011). In therapy, we get to confront our issues, learn to accept feedback, and strengthen our professional identity, thus reducing the risk that we will act out in ways that harm our clients (Reidbord, 2011).

To de-stigmatise therapy

When clients know that we, too, have had therapy, it normalises it. Apart from reducing the errors based on unexamined transference, our stint of therapy – acknowledged judiciously to clients – encourages humility and decreases hubris.

Part 3

Summary

Part 3 has investigated components of a self-care program that apply directly to the professional life we strive to lead. We began with a discussion of scope, intensity, and direction, asking you to outline the WHAT, HOW, and WHY of your work, with particular emphasis on the direction: the purpose or WHY of your service to the world. That service is well-honed when sharpened by appropriate, well-chosen goals and processes in supervision. Moreover, the service can continue supporting the helper in earning a livelihood if the fee structure and charging for services has been tended to appropriately. No matter how well organised these aspects are, however, the bottom line is that, if work and personal life are not balanced, a person will feel stressed, with possible movement toward burnout. We asked you to rate how many of the signs and symptoms of this you may be experiencing, with the exhortation to take care of it **now** if you are troubled by its symptoms. We offered general tips on avoiding or recovering from burnout, an important strategy of which is that of getting therapy for yourself; it takes a long time to recover from burnout.

In part 4 we study the social and relational aspects of a self-care program.

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Part 3 Reflective Assessment

This reflective assessment has been designed to support your learning. Whilst it is recommended that you reflect on and answer each question for your personal development, you are not required to submit your answers (i.e. MHA will not mark this assessment or issue a Certificate upon completion).

After reading part 3, reflect on each question and record your answer in the space provided below.

Q1 Jonathan is a newly-graduated counsellor just setting up his private practice. He is asking himself hard questions, such as what his credentials allow him to do, what settings he wishes to practice in, and what the age, gender, and socioeconomic status of his intended clients are. He wants to delineate which presenting issues he will take on. Which aspects of service, as discussed in this program, do these considerations address?



Q2 According to Simon Sinek, what conditions are required for people to be most fulfilled in their work and most able to inspire others?



Q3 Simon Sinek's process to help someone articulate their WHY encourages the person working on their WHY to gather stories about past experiences. What criteria should these stories always meet?



Q4 In setting up a contract with her supervisor, Sue said that she wished to improve her technical competence. This meant that she and her supervisor would primarily be addressing which skills?



Q5 When Ana graduated with her counselling degree, she appreciated a more didactic approach from her supervisor. As she gained experience, however, she came to prefer supervisory discussion which provided options and alternatives. What new role had Ana come to want for her supervisor?



Q6 Ingrid always left her supervision sessions feeling somehow off-balance. While she welcomed criticism as a way of improving herself, she felt like Simon, her supervisor, did not think much of her, as he rarely affirmed any of the good work she did. Taking into consideration the elements of a positive supervisory relationship outlined in this program, what aspect was Ingrid's supervisory relationship lacking in?



Q7 Joel was a social worker with seven years' experience. He had always enthusiastically embraced his work, taking on the difficult cases that his colleagues shied away from. Day after day he reached out to the poor, the drug-addicted, and community members who felt hopeless. Many days he started before dawn and was still on the helping trail late at night. The more misery he saw, the more he extended himself, driving himself relentlessly to give more, although he had never clarified exactly what his purpose was in all the giving. One day, though, whatever it was that allowed Joel to help others was gone. He felt numb, dead to his clients' pain, and utterly depleted and exhausted. What was Joel probably suffering from?



Q8 Georgina had been working hard, with long hours, at a stressful job. On a rare day off, she picked up her guitar to play, an activity she had always enjoyed. But strangely, she didn't enjoy it. In fact, she felt pessimistic and isolated, like no one understood her. She felt somehow distant from her job, from her family and friends, and from society in general. Which category of burnout symptoms did Georgina seem to be suffering from?



Q9 What are the components outlined by Dr Kristin Neff as part of self-compassion?



Q10 What steps does the process of "embracing your common humanity" involve?



Q11 Why is it recommended that therapists get therapy for themselves?



Fit Your Own Mask First

Professional Self-care for Helpers

Part 4 of 5
Connection and
individuation in
self-care

Written by
Mental Health
Academy



Fit Your Own Mask First: Professional Self-care for Helpers

About this Program

In this program, the intertwined questions of professional and personal self-care are investigated in a holistic manner, working from a paradigm of growth mindset aligned with a positive psychology stance, to offer insights and strategies for all levels of self-care.

Part 1 explains the philosophical framework of the program. *Part 2* examines questions of exercise, diet, and sleep: the chief physical means of tending to self-care. *Part 3* asks about the scope, intensity, and direction, or purpose, of our service as helpers. Ways of maximising supervision are covered, along with a look into life-work balance, remuneration (from therapeutic services), and why therapists need therapy.

Part 4 (this publication) treats the twin questions of: (1) connection, as seen in the central questions of social support and exercises for improving our relationships with self, Other, and the Self; and (2) individuation – issues such as boundary-setting, assertiveness, and locus-of-control. A section on self-compassion completes this part. *Part 5* discusses the importance of developing stillness and mindfulness practices followed by a short summary suggesting the completion of an action plan to consolidate program gains.

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Part 4

Introduction

Aims

Upon successful completion of part 4, you should be able to:

1. Assess how strong your social supports and social integration are
2. Evaluate how/whether you may be experiencing social contagion
3. Articulate the patterns of your relating at different levels
4. Reflect on the balance of love and will in an important relationship
5. Clarify your capacity for assertive boundary-setting
6. Explain whether you are more oriented toward internal or external locus of control
7. Enhance your capacity for self-compassion

Recent neuroscience advances, such as in fMRI, are increasingly demonstrating what we, as helpers, have always known: the human animal is a social one and we are hard-wired for connection. If we are inhabiting a body, it has needs. To get them met, we go into relationship. The way we go about relating and the type of relationship we experience determine how well those needs are met – and may give rise to more needs, whereupon we go back into relationship and run around the cycle again. Knowing this, how can we use the social aspect to enhance our self-care? We need to look not only at social support and integration, but also at the emergent notions of social contagion. Our capacity to be in right relationship – not only with ourselves and "Other" (all other beings), but also the "Something-more-than" – determines how well the self-care goes. Yet our direct attempts at connection do not comprise the whole picture. We must also examine how we tend to needs for individuation, which paradoxically, leads us back into connection, albeit indirectly

Part 4

The social environment

In 2005, Hurricane Katrina devastated southern coastal areas of the United States. During and in the aftermath of the storm, an estimated 575,554 individuals (not tied to any organisation present in the area) volunteered their services, while the Red Cross alone supplied 220,000 volunteers to aid in relief and recovery. Salvation Army volunteers served close to six million hot meals (National Service, 2006). In Australia, 2011 saw terrible flooding in Queensland, which directly affected many thousands. After this weather event, more than 62,000 people registered to assist with the clean-up in Brisbane's worst-affected suburbs (Australian Institute of Professional Counsellors, 2011).

Both of these events witnessed an outpouring of time, energy, compassion, and skills to help the unfortunate people affected. In both cases, the social environment was positively affected by the willingness to supply different types of *social support* to those in need. Both countries, during and after these events, were able to call on immense amounts of *social capital* to get them through the disaster. And we may surmise that the idea of volunteering – and, indeed, the infusion of hope that the thousands of volunteers brought with them – was a manifestation of *social contagion*.

In this section we look at each of those concepts with an eye to seeing how you can use them to enhance your capacity for self-care.

Social support

Touted by health researchers of all stripes as one of the best self-care "tools" a person can develop, social support enables individuals to accelerate recovery from illness and surgery, get through tough times – whether financially, emotionally, or otherwise – with greater hope and less trauma, and generally stay on an even keel as we navigate the serpentine path of life with all its twists and turns. Research has identified five important functions, or types, of social support.

Emotional. An example of this support occurs when we comfort or console someone, such as a bereaved person.

Instrumental. This happens when we provide help which is material – a means to an end – such as food or shelter, to keep people going until they can be self-reliant again.

Informational. Giving someone vital information may provide crucial support, such as details of where to go for a specific type of help.

Companionship. This type of aid occurs, for example, when volunteers visit elderly community members who are lonely, or people who have few social outlets, such as those confined to hospitals.

Validation support. This function of support is seen when supporters encourage helppees' self-care efforts, such as engaging in weight-loss or stop-drinking programs (Wills and Shinar, 2000).

Who provides it and why do we need it?

While you may occasionally need instrumental (material) or informational support, our focus here is on emotional, and to a lesser degree, validation support. The people that provide it to you are likely to

be social intimates (that is, friends and family), but they could also be members of self-help groups, community caregivers, or even – should you find yourself caught up in a disaster – volunteers like the ones we described above in the wake of Hurricane Katrina and the Queensland floods. How much social support do you reckon you have at the moment?

With 2.32 billion users (Statista, 2019), Facebook "connects" us in ways we could not have imagined even 20 years ago, so it would seem that we can garner much support from our "friends" online. Yet, if you are interested in doing self-care and receiving social support, which involves having a network of family and friends you can turn to in times of need (Cherry, 2018), can you count on the connections from Facebook to be there for you? Research from 1985 tells us that people in those days tended to have three confidants. Comparable data in 2010 (several years after the establishment of social networks) found that the most common response was "zero confidants" (Cline, 2014), so we must question just how available such connections tend to be for genuine support.

As you will be aware if you are a mental health professional, research has demonstrated strong links between social relationships and many aspects of wellness. Poor social support is associated with depression. Loneliness (a situation of little perceived support) has been shown to increase the risk of depression, suicide, alcohol use, cardiovascular disease, and some re-wiring of the brain. Drilling down a bit into just how we may be able to improve our social environment, we see that there are two aspects: social support and social integration.

Social support and social integration

As we noted above, social support happens when we receive psychological and sometimes material resources from a social network to help us cope with times of stress, crisis, or other need. Social integration, conversely, refers to actual participation in different social relationships, from intimate partnerships to friends, clubs, or religious communities. The membership and sense of belonging that arises from being integrated into such groups confers a protective benefit against both maladaptive behaviours (e.g., anti-social behaviours or self-harm) and also unwanted health consequences (Cherry, 2018).

EXERCISE: Your Social Support & Integration ([click to download](#))



Social capital

There's another assessment you can make of your social environment. That is the question of how much social capital you perceive there to be in your community (or you could do this exercise focusing on, say, the organisation you work for). Social researchers note that we have increased this resource when community networks get strengthened. New Zealand's Department of Internal Affairs defines this capital as "the stock of good will and trust built up when people voluntarily participate and cooperate for mutual benefit". It leads, they say, to "a sense of belonging and confidence to resolve community problems and provides a platform for social and economic wealth" (NZ Department of Internal Affairs, 1999).

How much social capital do you perceive your community to have? Has it ever been seriously tested (i.e., through having to respond to a disaster)? If your answer is not what you would prefer for your community, what one step could you take today to contribute to the social capital, knowing that someday it may benefit you?

Social contagion, revisited

Recall the discussion in part 1 about the data from the Framington Heart Study? The researchers, Christakis and Fowler, used it to understand how social relationships affect what we do. We need to look at the whole concept again, now in the context of how our social environment can help or hinder our efforts at self-care, and what we can do about it.

Three degrees of influence

Christakis and Fowler found that, even with phenomena such as loneliness, an individual's influence stretched out three degrees before it faded out: what they called the "three degrees of influence". Specifically, the more extended web of interconnectedness showed that, if a Framington study participant became obese, his or her friends were 57% more likely to become obese as well. The researchers' astonishment grew when they realised that the influence didn't stop there, and in fact, could even skip links. Thus, a Framington participant was about 20% more likely to become obese if the friend of a friend became obese – even if the "connecting" friend didn't put on a single kilo! A person's risk of obesity went up 10% even if it was a friend of a friend of a friend who gained weight.

Focusing on phenomena such as loneliness, the researchers became aware that their work was providing a deeper cut on understanding not *why* loneliness spreads, but *how* it does: that is, their work illuminated the role of social networks in loneliness. They found that it occurs in clusters within social networks, and that the three degrees of separation (influence) are disproportionately represented at the periphery of social networks. Weirdly, they also found that, while loneliness does spread through a contagious process, lonely individuals are gradually moved closer to the edge of the social network, and its spread was found to be stronger than the spread of perceived social connections, stronger for friends than family members, and stronger for women than men (Dlende, 2009).

Christakis and Fowler advance several hypotheses to explain social contagion, including the idea of picking up subconscious social signals from those around us, the working of mirror neurons in the brain, and even the on-the-ground reality that with behaviours like smoking, the contagion can occur simply because if, say, a few smokers quit smoking and thus withdraw from a group who gather outside the building of their workplace at break times, it's not as convivial and pleasant for those who remain. And imagine being the last one left smoking: standing outside with no one to talk to even on a really cold day, just so that you can take a few drags!

Happiness is more contagious

There were limits of the data in the Framington study, and there is more to the theory, including notions of directionality (e.g., the idea that, if I like you more than you do me, your influence over me will be greater than mine over you), but overall it is a wonderful boon to health efforts to note that happiness is more contagious than unhappiness: each additional happy friend, says the analysis, boosts your good mood by 9%, whereas each unhappy friend only drags you down by 7% (Dlende, 2009).

What may we take from this research for purposes of engendering good self-care? Caroline Adams Miller, a positive psychology expert, talks about "Finding the right birds to flock with" ([click here to access this talk](#)), and introduces a number of concepts and techniques which extend the Christakis and Fowler work. It all revolves around the idea that, as the Spanish say, "Dime con quien andas y te digo quien eres": Tell me who you walk with and I'll tell you who you are. Now, it's your turn. Fill in the exercise below to see how to make the concept of social contagion work on your behalf.

EXERCISE: Social Contagion ([click to download](#))



Of course, social contagion is not always so simple or easily identified. But your efforts to "inoculate" yourself against unconscious, unwanted influence may pay off big dividends, health-wise. Remember: the social contagion research found only that members of a social network were *more likely* to become obese, lonely, depressed, or whatever, on exposure to a given individual. It was never an automatic, foregone conclusion that the influence would happen. You still have free will to choose what you eat and drink, how you think, and how you relate to people. In fact, as we see in the next section, your will becomes an important component of your overall ability to be in right relationship, and thus to create the best self-care.

Part 4

Right-relating and the quest for connection

We said in the introductory part that, given the holistic stance from which we write this program, our review of self-care needed to be broad enough to address all the levels of ourselves, from the immanent to the transcendent. We clarified that "transcendent" has nothing to do with religious dogma, referring rather to the whole-of-life approach of right-relating that we will now explain in more depth. That is, we examine transcendence in the context of our quest to be fully in relationship not only with ourselves and other beings, but also with the sublime, unmanifested aspects of ourselves: what Jung and others have called the Self. In this task we are best aided by the work of Roberto Assagioli, the founder, along with Abraham Maslow (1968, 1971), of transpersonal psychology; Assagioli called his psychology Psychosynthesis (1993, 2000). We look briefly into the consciousness model that led to Assagioli's declaration that only love and will together could create the ultimate connection of right relating that leads to whole Selfhood and – we say – exquisite self-care.

Psychosynthesis and the levels of consciousness

We have Freud to thank for introducing into mainstream culture the notion that we are all much more than our conscious selves. Freud understood that each person's psyche also contains a subconscious aspect, which is the repository of memories and desires, and – for Freud – the place where most individuals' neuroses lived. Most of us can relate to occasions in our life when we – on reflection – observe that we may have acted according to dictates of the subconscious without being aware of its influence in the moment. For example, we may have been too hard on someone or treated someone meanly and only much later realised we were jealous of the person. Or perhaps we found ourselves pursuing a seemingly crazy course of action, one which seemed illogical to everyone who knew us, and yet at some stage, we became aware of dreams or desires in our subconscious, hidden even to ourselves, which were driving things from underground.

Assagioli, one of Freud's disciples who later broke away, agreed with the notion of the unconscious, but proposed an expanded version of it: a model which included for each person not only a subconscious, but also a superconscious aspect. The superconscious, he said, holds our greater human potential, and it is experiences of the superconscious which Assagioli described as transpersonal experiences. These are "universally ... accompanied by the characteristics of joy, depth, ascent, expansion, empowerment and awakening. Transpersonal experiences are how we occasionally glimpse and access our full creative, personal, and spiritual potential" (Lombard & Muller, 2016). They are what Maslow described as "peak experiences" (Maslow, 1971), and are associated with feelings of wonder, awe, and great happiness. The superconscious connects with both the "personal I" – the conscious self – but also the transpersonal or universal, called the Higher Self, or merely the Self (Lombard, 2017).

Let's begin to get a handle on how you run your relationships, especially in terms of patterns suggesting the different levels at play.

EXERCISE: The Relational Experience ([click to download](#))



Assagioli maintained that, in addition to (super)consciousness, the Self has transpersonal will, which is an expression of the Self, and its action is felt by the personal self as a "pull" or "call". It is in this way that the Self typically compels the human personality to express higher qualities such as beauty, compassion, and love, as well as to perform actions involving sacrifice, hardship, risk, and courage (Lombard, 2017). The Self has been seen as "an inner source of wisdom, altruism, growth, and creativity" (Haronian, 1976, p. 21). The Self relates to the higher qualities within human beings that allow them to foster the connection between their Self and their authentic personality (called the "I-Self" connection), as well as connection between the self (personality) and other human beings.

Will and love: The guiding principles of right-relating

Assagioli was clear that, for right-relating on all levels, two central concepts were involved: will and love. Will could express not only as strong, but also as good, skilful, and transpersonal will. One's will is pure energy that the "I" (the self or personality) can direct into conscious choices and activities in the world, and especially in relationships with others. Thus, the (personal) self and will are intimately in relationship with one another.

By gaining awareness of how the will operates in a person's life, an individual can strengthen and then call upon whatever aspect of will (strong, skilful, or good) is appropriate in a given situation. At higher levels of Psychosynthesis, a person learns how to recognise, relate, and work with transpersonal will, meaning that one learns to deepen the I-Self relationship: the relationship of the personal "I" to universal consciousness. Once this connection of the personal self to the Self is solid, transpersonal will can also transcend the limitations of normal consciousness through acts of love, beauty, and self-realisation (Assagioli, 1984).

Those who work through Psychosynthesis processes (for example, in Psychosynthesis counselling) are guided to a fuller relationship with the self, others, and (hopefully) the Self by bringing will and deep awareness to the present moment. To Assagioli this meant that people who would "right-relate" must have both love and will equally available, so that the two may reinforce each other. They need to be synthesised into a higher unity that transcends the qualities of either. As an example, Psychosynthesis would not say that mere compassion, however loving, is sufficient. Rather, for true right-relating, a compassionate act is needed: the loving experience of compassion complemented by will executing appropriate action.

The idea is to create a real, open, and honest space for love and will to synthesise, which allows for personal and transpersonal growth. With such work, we learn to relate to our inner worlds (self) and outer worlds (others) and to the sublime in a new way. We come to understand the long-range goal (of Psychosynthesis, but of other psychologies as well) as that of establishing a full, permanent sense of relationship with all beings (Haronian, 1976). It is only through empathic connection to others that we receive an awareness of ourselves as whole. As we empathically attune to others, we are able to manifest the I-Self connection which allows us to heal earlier wounds, becoming who we truly are. Moreover, it is that connection within us which allows us to mirror clients and others, thereby helping them to heal and redeem their authentic personalities. But it can only happen in the context of love and will together that defines right relationship (Lombard, 2017).

EXERCISE: Love & Will - Assessing the Balance ([click to download](#))



To right-relate, we come into relationship with others while staying in relationship with ourselves. In any self-care regimen, the challenge of doing that can come when others may oppose our wishes. Can we express our needs to individuate in a relational way? Can we still care for ourselves with compassion if we do? We look into that now.

Part 4

Individuation and connection: Flip sides of the same coin

From early in life when the infant does not yet realise s/he is a separate being from mother through the "terrible twos" of the toddler stage to that of full maturity as an older person, human beings naturally evolve through a series of stages which see them negotiating both individuation – the burgeoning realisation of the wholeness inherent in their individuality – and also the apparent opposite, of connection: the drive to be "similar to" and thus included and belonging to the "tribe". Both drives are essential for full growth and development; thus, both must be looked after in any legitimate self-care program. We need to understand what is involved in each in order to navigate them successfully. Yet, like so many other paradoxes of life and growth, when we come to understand them more deeply, we see that individuation and connection are just different sides of the same coin.

Individuation: The process toward wholeness

Recognising the inherent drive in human beings toward experiencing their own unique wholeness, Carl Jung proposed that our lifelong journey is that of searching for our souls. He saw the process as one moving through three general stages, beginning with infancy, when we are relatively asleep as part of the collective, moving through years when we begin to experience tension between our conscious and unconscious aspects, and arriving finally at the (whole), relatively conscious Self.

Stage 1, The Shadow: We are part of the collective and live unconsciously

At birth we come into our first "tribe": the family, which will have a major role in shaping our personality. At this stage, believed Jung, we are mostly "asleep", or unconscious, as we learn to follow the guidelines that the "conventional code" (our environment, including family, friends, religion, school, and culture) holds with respect to what we should believe, how we should behave, and how we should make meaning generally. There is structure and order in this conventional outer world, but it's not our structure or order; it's only what has been imposed on us.

Thus, while we may go along consciously and believe that we are aware of most of our thoughts, feelings, actions, and behaviour, Jungians note that, in truth, we are mostly unconscious, with myriad conflicting feelings, drives, and thoughts residing unawares within us. Jungians refer to these ignored, denied, or repressed parts of ourselves as the shadow. Society has conditioned us to be/act in accordance with how it deems we should be/act, and so – for about the first half of our life, said Jung – we live in shadow, remaining unconscious of our true selves (Jeffrey, n.d.).

Individuation as the route to destiny

Despite the unconscious start, Jung believed that each person is unique and has a distinct destiny: what Psychosynthesis would call our purpose, and what Simon Sinek trumpets as our WHY. The process of coming to discover and live that destiny is the path of optimal development for an individual. Thus, we eventually come to engage our journey of individuation: "The process, simple or complex . . . by which every living organism becomes what it was destined to become from the beginning" (Jeffrey, n.d.). It is the process of increasing the individual's consciousness.

As people gain consciousness, they can begin to heal the splits in their mind between the conscious (often externally imposed) aspects of their psyche and the unconscious (often internally arising) aspects, thus engendering greater wholeness. The path is not necessarily a smooth or easy one.

Stage 2: Tensions build, as unconscious opposites surface

Jung believed that each person's psyche takes on a mission of moving the individual toward wholeness, and part of how that happens is that material stored in the unconscious, in shadow, begins to fight its way to the surface, demanding recognition from the person. Individuals begin to recognise that what they want is not always what the collective wants for them. We see this early on with two-year-olds taking on "no" as their favourite word, and it certainly accelerates in adolescence as teens reject family values in order to forge their own path. Jung identified many pairs of archetypal opposites, which he believed needed to be integrated and transcended in order to come into wholeness. Aspects such as the masculine (in women) and feminine (in men), instincts/bodily needs versus those of the psyche, good and evil, and even traits such as introversion versus extraversion are all grist for the mill of our increasing consciousness/wholeness. (Jeffrey, n.d.).

Stage 3: The Self

As the individual progresses through life (mostly the second half) and through the process of integrating and transcending the opposite drives – those that are the "in-the-light" and the (hidden) shadow aspects – he or she comes to live more fully in the Self, Jung's term for the archetype of wholeness and self-transcendence: an image often represented by the Wise Old Woman or Wise Old Man (Jeffrey, n.d.). It is at this final stage that one has individuated, or come to know his or her authentic Self.

In terms of our quest to create a holistic self-care plan, what signposts along the way toward individuation do we need to pay attention to? We turn our attention first to issues of boundary-setting and assertiveness.

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Part 4

Finding the limits of the self

En route to the experience of wholeness, you will inevitably want different outcomes than others would prefer. You undoubtedly will encounter individuals who would dominate you, coercing you to submit to their wishes without respect for yours. Alternatively, it is possible that, as you grow, you yourself may be tempted to disrespect another's boundaries, attempting to force them to do your will. Ultimately, your capacity to foster a positive environment in which you stay in purpose (on target with your WHY) and act with compassion and resilience will be determined by whether you can employ these skills of assertiveness and boundary setting. They may have been more of a "flavour of the month" during the 60s and 70s when they emerged into popular culture, but it's still relevant to our mission here of self-care.

EXERCISE: Boundary Clarity for Self-care ([click to download](#))



Ruthless compassion in order to be yourself

Let's review the behaviours that generally create boundary-setting moments. You may need to take action if someone is:

Discounting, overlooking, dismissing, ignoring, intimidating, menacing, alarming, terrorising, belittling, denigrating, deprecating, minimising, trivialising, excluding, banning, prohibiting, rejecting, ostracising, manipulating, manoeuvring, exploiting, controlling, or being passive-aggressive (McGregor, 2017).

Psychiatrist Marcia Sirota, founder of the Ruthless Compassion Institute, coined the term "ruthless compassion" to refer to assertive boundary-setting and dealing with people who are aggressive. The strategies it encompasses are well aligned to self-care:

1. **Know your limits.** A good exercise in self-awareness is to challenge yourself to see how many boundaries you can identify in the domains above. Clarity on your limits before a boundary-violating incident occurs helps you to have the strength to maintain the boundary during the incident. You may, for example, not be too worried about someone standing too close to you (violating your personal space), but it may be cause for major action if that same person attempts to discredit your spiritual beliefs.
2. **Listen to your gut instinct and tune into your feelings.** The natural impulse of instinct kicks in to help us recognise when we need to run from a personal danger. If you have experienced abuse, neglect, or trauma, however, this self-preserving voice can be silenced. Re-invigorate it by honouring its presence – consistently – when you receive warning messages. If the stranger on the street seems to be making a reasonable request but your guts are going wild, look around: what's wrong?

3. **Give yourself permission to not gain others' approval.** The need to have it (or the fear of conflict) derails the best of intentions to do self-care via assertiveness. Just because it's a friend or family member doesn't mean that you must give up the self-respect of healthy boundaries. You can maintain them whether they like and approve of you or not.
4. **Start small and practice.** It takes time to be able to bring forward your "No" without blinking an eyelash. Begin with smaller matters that are easier and work your way up to the tough stuff.
5. **Get support.** Do you remember the list of social supports we asked you to make earlier? Review it now, and see whom you can call on for support before or after you need to set a firm boundary. Before the event, the supporter can help you plan how to set the boundary, and afterwards you can be soothed and validated for your courage – or helped to see how you could do it even more effectively next time.
6. **Violence is different.** Act fast and get away if the person who is violating your boundaries is doing so in a violent manner. Call emergency services and let the police handle things.
7. **Be firm but flexible in your boundaries.** There are always extenuating circumstances. If you have an overarching philosophy which guides your outlook and actions, you can maintain boundaries without the rigidity which can strain relationships (McGregor, 2017; Tartakovsky, 2018; Bockarova, 2016).

Ultimately, setting boundaries is not an act of meanness; it is one of self-care, which opens the door to genuine other-care. It gets easier as we grow towards individuality by establishing an inner core of steel through an internal locus of control.

Question for reflection: How much does it bother you to not gain others' approval? If the answer is "a lot", do not skip the next section. You may need to develop a more internal locus of control.

Locus of control: Why does it matter for self-care?

We noted earlier in part 4, how Jung believed that people spent approximately the first half of their lives living according to the dictates of the external environment in which they lived, and only in the second half began the inward turning which culminated in their eventual individuation. Contemporary psychologists have sometimes used the term "locus of control" to describe the amount of control people believe that they have over the events and circumstances of their lives. They broadly divide the world into those with an internal locus of control and those with an external locus of control, although most acknowledge that locus of control is a spectrum, and that an individual could be anywhere on it.

External locus of control: "It happened to me"

Those with an external locus of control tend to blame circumstances, "fate", "luck", and other people for what happens to them. You hear them say things like, "It's out of my control", "It's my destiny", or "It was completely by chance". For those with this orientation, power and responsibility lie outside of them, in the external forces that shape their lives. Understandably, such individuals may be more prone to anxiety as they believe that they are not in control of their lives. They don't believe that they can change their situation through their own efforts, and frequently feel hopeless in the face of difficult situations. They are more prone to learned helplessness.

Internal locus of control: "I made it happen"

Conversely, people with an internal locus of control tend to take ownership of their lives, believing that they succeed because of their own efforts and abilities. Their understanding is that they create their own circumstances through their choices, and they are less influenced by the opinions of other people. You hear them talk about "responsibility", "choice", "perseverance", and "consequences". Expecting to succeed, they are more motivated and more likely to learn. Such persons tend to be more autonomous and more achievement-oriented, and they get better-paying jobs. These internally-motivated individuals usually have a strong sense of self-efficacy, feel confident in the face of challenges, and tend to be physically healthier. They report being happier and more independent, and often achieve

greater success in the workplace. Perhaps the ultimate expression of an internal locus of control – and all the individuation that that connotes – is to be found in the person who takes up an iconoclastic stance.

Iconoclasm and self-care

The original – now rare – meaning of "iconoclast" was someone who destroyed "icons" (religious images), referring specifically to a group of people in the 8th and 9th centuries who did this to images used for worship in Orthodox Christian churches. The pejorative meaning of the word persisted a long time, but in contemporary usage it is becoming more positive, referring to people whose independent minds are not afraid to challenge accepted ideas and conventions, which often leads to brilliant innovations. As an example, a Forbes article appearing in 2015 noted the role of iconoclastic leaders in bringing more sustainability into top companies. The comment was that such leaders have the "four Cs": (1) conviction (an inner one) that they need to take things on; (2) courage to stand up and change things, even though this might seem risky to colleagues or shareholders; (3) commitment to stick with an idea through obstacles; and (4) contrarian: a description of their sense of themselves as outsiders holding different views to others (Trapp, 2015).

As we grow in wholeness toward our own unique destiny, we become increasingly able to articulate our mission – pursuing our purpose with single-minded commitment and unswerving dedication – and decreasingly concerned that the road we travel is not highly trafficked. In other words, the more that we become our own person, the less we worry that others agree with the direction or decisions we have taken, and the more we can shoulder the responsibility and risk of the path less trodden. Coming back to our theme in this program, however, a solo flight into iconoclasm means that we need to be consistently mindful of self-care, as it will be harder for those who do not understand us or our purpose to render the care and compassion that we would have preferred to receive.

Questions for reflection: Finding the maverick in yourself. Have you ever found yourself going against popular opinion to defend a stance or a cause? Describe the incident: where were you? What was the issue you stood up for? What consequences did you experience as a result? How has that changed your ability, if at all, to act from the steel of your internal locus of control? Make notes on this experience to come back to when you are wavering, wondering if you have the strength and resilience to do what you know is right if those attitudes or actions would be unpopular.

Perhaps this part has hit the closest of any so far at what it means to be human: to be questing toward connection at the same time that we need to establish individuality; to have needs that drive us into relationship while the actual experience of relationship may not always meet the needs, or may even exacerbate them. Let us end this part with a "softener": a healing balm to apply daily to the frazzled edges of your experience as you do the all-important work of growing into your full potential. It is a powerful "instrument" in our self-care toolbox. It is self-compassion.

Part 4

The fine art of self-compassion

Imagine this scenario: you are keen to get a particular job and an opportunity for it comes up. You prepare meticulously for the interview, but somehow, it doesn't go well. The interviewers don't seem to warm to you, and you know in your heart that you will not be chosen: a gut feeling confirmed a week later by a polite rejection letter. What is your reaction? More specifically, how willing are you to extend compassion to yourself for having failed in this, the most important of goals to you? If you have been ruminating over the interview and beating yourself up over it, you are not alone, but you do not have to suffer in this way. You can practice self-compassion instead.

It involves being aware of our own pain and suffering, and understanding that this is a difficult but normal human experience. It is about creating a kind, caring space within ourselves, free of judgment, within which we can alleviate our pain and increase our mental health and wellbeing. Moreover, the compassion that we learn to direct toward ourselves is the first genuine step toward living a life which embraces compassion for all beings, and is integral to preventing the burnout so rife in the helping fields. So let us approach this aspect of self-care from the critical step of learning self-compassion.

What gets in the way of self-compassion

It would seem that those of us in the helping fields would be blessed with an abundance of self-compassion, given that we have made the experiencing of compassion for others into our life's work. Yet we repeatedly tell ourselves things that reduce our capacity for it. Here are some of the "myths" that create barriers to our own acts of caring self-kindness.

I'm indulging myself if I'm self-compassionate

Self-indulgence involves getting everything you want without regard for the consequences, whereas self-compassion moves toward your health and wellbeing. You become aware of your pain, and lean into it, softly, with self-compassion, whereas self-indulgence would have you deny pain and go numb to it.

I won't be motivated if I don't criticise myself

Maybe your inner critic developed in order to keep you safe from harm, but do you really need it now? Being kind to yourself engenders a healthier motivation (Emel, n.d.).

It's selfish for me to be compassionate toward myself

Admittedly, we are taught to look after others first, but how does beating up on ourselves make us kinder to others? The Dalai Lama unequivocally states: "If you don't love yourself, you cannot love others. . . . If you have no compassion for yourself, then you are not able of developing compassion for others" (Dalai Lama, in Ohlin, 2018).

Self-compassion is for whiners

We've probably all been admonished: "Man up!" "Keep a stiff upper lip!" Developed societies, such as English-speaking ones, tend to reward toughing it out more than pausing to nurture oneself (Emel, n.d.). Yet toughness without gentleness is like iron: strong but brittle; it cracks. Better we develop strength with the gentle kindness of compassion: like steel, it is strong but resilient.

The components of self-compassion

Dr. Neff (2011) notes three components of self-compassion: self-kindness, common humanity, and mindfulness.

Self-kindness

When our inner critic (the opposite voice to our compassionate one) gets activated through the threat and drive systems within us, we experience anxiety, anger, and depression. What is wanted instead is to activate the self-soothing system, which can calm the threat and drive systems. Enter the skills of self-kindness. Imagine for a moment that the scenario we introduced at the beginning of this section – not getting a strongly desired job – happened to your friend instead of you. How would you have reacted to the news? Few of us who would call ourselves a "friend" would have said, "Well, you probably didn't get it because you're not that competent. Besides, you're lousy at doing interviews." Very likely you would have consoled your friend, giving him or her a hug and saying how terrible it was, how much you knew the friend wanted the job. You might have suggested going out for coffee to process things.

You can soothe yourself in the same way. Your initial reaction might be to think that this should not be happening to you, and what's wrong with you? After all, everyone else is clearly living happy, normal lives. Neff argues that, with this type of negative, unkind thinking, you just end up suffering more because you feel isolated, alone, and different. With the self-kindness of compassion directed to yourself, the inner talk can go more like, "Well, everyone fails occasionally; everyone has issues and struggles" – because you understand that is inherent in the human condition. This opens the door for you to learn and grow from the experience, as it embraces more of the growth mindset we spoke about in the introduction.

Embrace your common humanity

This component asks us to acknowledge that all beings populating the planet are imperfect in one way or another, and all of us suffer. In fact, even the one particular "flaw" that you are flagellating yourself for will not be uniquely owned by you; others will have it, too. Thus, as we come to embrace the perfection of our common imperfection, we experience a connection to all of humankind, a sense of belonging that, "We are all in this together". Ultimately, you may be able to see how your setbacks or weaknesses are gifts, because they help you to understand yourself better, rather than liabilities that should make you feel bad about who you are (Gordon, 2018; Emel, n.d.).

Mindfulness at the heart of it

When we are mindful, we are living in the present moment, without denial, avoidance, or judgment. It is this state which allows self-compassion to enter in. Most people avoid their pain and hurt, trying to make it go away. In doing that, the opposite happens, as we experience suffering. Buddhist Shinzen Young has proposed the formula that Suffering = Pain x Resistance. That is, the more we resist pain, the more suffering we have. But if we quietly allow the hurt to have its moment, it will come and then we can let it go. In other words, mindfulness allows you to stay with the pain without the resistance. Thus you are able to reflect on the struggles and failures and why they might have happened without the negative judgments against yourself which tend to preclude learning from the situation (Emel, n.d.; Gordon, 2018). Mindfulness is a highly useful tool against the inner critic who opposes our self-compassionate efforts, because in a mindful, defused (disidentified) state, we can watch the critical thoughts and decide not to engage with them if they are not helpful. We treat mindfulness and stillness in Part 5.

Self-compassion in action

Gently, then, what can you do to increase your self-compassion, and through that, your capacity to care for yourself? Here are some steps deemed "essential" by positive psychology proponents:

1. **Practice forgiveness.** How long do you need to punish yourself for past mistakes? In truth, people in your life already know that you aren't perfect, and some of them love you anyway: for who you are, which does not include "faultless". Note if you are wholly dependent for a sense of self-worth on having a good performance or seeming to exude perfection. Create a mantra and leave it where you will see it to remind yourself to be forgiving. It could say something like, "I'm ok like I am", or "Nothing is owed for that mistake; I forgive myself and let it go", or possibly, "I am worthy of love because I have a pulse" (Ohlin, 2018).
2. **Employ a growth mindset.** In the introductory part, we discussed Carol Dweck's notions of fixed and growth mindset. You will recall that those who have embraced a growth mindset have consistently been shown in emerging research to embrace, rather than avoid, challenges. Growth-mindset people learn rather than shrink from criticism. They can appreciate others' successes, in part because they can see others – through seeing themselves – with compassion (Dweck, 2008).
3. **Express gratitude.** This powerful emotion can be fostered in numerous ways: a gratitude journal, gratitude walks, or even a stillness practice focusing on those things for which we are grateful. By tuning in to what we do have rather than pining for what we don't, we move the focus away from ourselves and our shortcomings and out to the big, gratitude-worthy world (Ohlin, 2018).
4. **Be generous – at the right level.** Positive psychology advocates assert that giving is important, but only insofar as it does not keep you from meeting your own needs. Research by Raghunathan (2016) has identified three reciprocity styles: giver, taker, and matcher. Naturally, the givers are the most generous people, employing their compassion through giving. But for generosity to work, it shouldn't be totally selfless: that is, given in a way that reduces one's own wellbeing.
5. **Practice mindfulness.** As above. Remember: it lessens self-judgment, positively impacting on self-compassion (Ohlin, 2018).

EXERCISE: Self-Compassion ([click to download](#))



Part 4

Summary

Part 4 has focused on the twin needs we have as human beings: to connect and also to stand apart as the unique individuals that we are. In order to establish a healthy self-care regimen leading to optimal growth and development, we need to be able to manage both seemingly opposite drives at once, holding the "both and". We first examined how well we are already connected, looking at social support and social integration. We saw how the phenomenon of social contagion colours our attempts at both connection and individuation. As a human being in a body, we naturally develop needs, which we go into relationship to try to meet, so it made sense to investigate the patterns of our relationships, with an eye to better "right-relating": that is staying in relationship with ourselves while we come into relationship with others, and/or the sublime. Sometimes the appropriate right-relating act is a boundary-setting one, so we also identified the areas of life which most often call out for assertive boundary setting: more easily done if we have an internal locus of control. Battling the headwinds of challenging relational work, we saw that we can take refuge in a stance of self-compassion, gentling ourselves through it all.

In part 5, we have a go at putting it all together, in part by exploring how stillness and mindfulness may assist us in our self-care efforts.

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Part 4 Reflective Assessment

This reflective assessment has been designed to support your learning. Whilst it is recommended that you reflect on and answer each question for your personal development, you are not required to submit your answers (i.e. MHA will not mark this assessment or issue a Certificate upon completion).

After reading part 4, reflect on each question and record your answer in the space provided below.

Q1 When Kyra embarked on a serious weight loss plan, she looked around to see who could support her through it. Her work colleague, Darcy, had already lost about 20 kg on a similar plan. Darcy was delighted to be Kyra's "cheerleader" through the process. Darcy could be said to be giving what sort of social support to Kyra?



Q2 When researchers used data from the longitudinal Framington Heart Study, their results showed that social influence, now called "social contagion", spread for which behaviours?



Q3 Through which element of consciousness did Assagioli believe that people would be most likely to experience transpersonal experiences through?



Q4 According to Psychosynthesis, the human personalities of people are compelled to perform actions involving sacrifice, risk, and courage by which aspect of the Self?



Q5 Explain the guiding principles of the Psychosynthesis notion of right-relating.



Q6 What did Jung refer to the ignored, denied, or repressed part of ourselves as?



Q7 What is the process by which every living organism becomes what it is destined to become from the beginning known as?



Q8 As individuals integrate and transcend opposing drives, they come into which stage of development according to Jung?



Q9 Ruthless Compassion encompasses which self-care strategies outlined in this program?



Q10 Alana worried continuously about what other people in her profession thought about her. A junior psychologist, she chronically believed that most of what happened to her in the workplace - and indeed, in her life - was out of her control. Although she received advice from more senior psychologists who mentored her on how to get ahead by taking on more responsibility, Alana felt hopeless about changing things and continued to act in disempowered ways in the organisation. Describe what kind of locus of control Alana could be described as having.



Q11 A Forbes article noting the role of iconoclastic leaders in bringing more sustainability into top companies noted that such leaders display what qualities?



Fit Your Own Mask First

Professional Self-care for Helpers

Part 5 of 5
Stillness/
mindfulness,
summary and
action plan

Written by
Mental Health
Academy



Fit Your Own Mask First: Professional Self-care for Helpers

About this Program

In this program, the intertwined questions of professional and personal self-care are investigated in a holistic manner, working from a paradigm of growth mindset aligned with a positive psychology stance, to offer insights and strategies for all levels of self-care.

Part 1 explains the philosophical framework of the program. *Part 2* examines questions of exercise, diet, and sleep: the chief physical means of tending to self-care. *Part 3* asks about the scope, intensity, and direction, or purpose, of our service as helpers. Ways of maximising supervision are covered, along with a look into life-work balance, remuneration (from therapeutic services), and why therapists need therapy.

Part 4 treats the twin questions of: (1) connection, as seen in the central questions of social support and exercises for improving our relationships with self, Other, and the Self; and (2) individuation – issues such as boundary-setting, assertiveness, and locus-of-control. A section on self-compassion completes this part. *Part 5 (this publication)* discusses the importance of developing stillness and mindfulness practices followed by a short summary suggesting the completion of an action plan to consolidate program gains.

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Part 5

Introduction

Aims

Upon successful completion of part 5, you will be able to:

1. Name the differences between meditation, relaxation, and mindfulness exercises
2. Explain how the skill of disidentification/defusion is common to most stillness/mindfulness practices
3. List at least five areas of benefits from stillness/mindfulness practices which align with self-care efforts
4. Identify at least one exercise to practice each of the four chief skills of mindfulness

We stand poised now to comprehend our self-care efforts in the broadest, deepest manner possible. The holistic, growth-oriented positive-psychology paradigm guiding our efforts has demonstrated how "all roads lead to Rome". That is, exercise, diet, and sleep are seen as attempts to care for the physical body, but we've amply noted how they also affect our emotional, mental, and even spiritual selves. The efforts for professional development - from clarifying scope/intensity/direction to life-work balance and therapy for the therapist - cannot but do the same. Right-relating encompasses not only our relationship with ourselves and other human beings, but also with the sublime or "Something-more-than", so it is involved with our growth and development on both immanent and transcendent levels. In this sense, self-care effort toward our relationships clearly becomes a holistic endeavour as well.

But if we want to identify a self-care strategy that works all levels of our being, from physical to spiritual, and all levels of our consciousness - from the subconscious through the conscious mind to the superconscious - we must acknowledge the power of stillness and mindfulness practices. Part 5 explores those and asks how they may contribute to self-care.

Part 5

Stillness and mindfulness, right-relating, and self-care: what's the connection?

We have noted in various ways throughout the program that, as human beings, we are hard-wired for connection. We grow and develop in the most optimal way when we acknowledge that each of us, while a unique being, is also a member of "the tribe": the tribe of family, of workplace, of community, of humanity, and so on. We are our most resilient when we have solid social supports in place, and we receive some of our greatest satisfaction in life from supporting others (if we did not believe that, we would not be pursuing our careers as helpers).

Both social contagion and the reality of energetic transmission mean that, as human beings, we are radar transmitters and receivers. That is, we both broadcast and receive the broadcasts of others in our life sphere, and relating is therefore inevitable. Yet in order to implement high-level self-care, we are told that we must employ equal measures of love and good will in order to do right-relating (Assagioli, 1984). For this our human radio must be free of the static that would otherwise jumble both the receiving and transmitting of signals in our relational sphere. In the hurly-burly of "life in the fast lane" as most of us are living it, how do we ensure that clarity of air waves? Enter the notions of stillness and mindfulness.

Stillness and mindfulness for clarity

You may be a practitioner of some form of meditation or relaxation, and/or you may have a regular mindfulness practice. Meditation, relaxation, and mindfulness practices all have somewhat different aims and methods, but their outcomes are similar, with similar benefits for our self-care program.

Meditation is an ancient practice in which practitioners still their minds and bodies by withdrawing their senses from the outer world to focus instead on inner phenomena. This could be a word or sound, such as with the mantra of transcendental meditation (The Meditation Trust, n.d.), or it could be a focus on aspects such as one's breath. Buddhism offers a type of meditation called "metta" (see below), in which the practitioner sends thoughts of loving-kindness to ever-increasing circles, such as to oneself, to friends and family, "neutral" persons, disliked persons, the community, and ultimately the world (The Buddhist Centre, n.d.).

EXERCISE: Instructions for Loving-Kindness Meditation ([click to download](#))



The purposes of most types of meditation have to do with attaining calmness, peace, or a sense of joy, and often, attunement with the divine.

Relaxation exercises are for the purposes of attaining a calm, relaxed state, and can include both visualisation (such as imagining oneself in a beautiful nature scene) and also concentration on various aspects of the body-mind. Psychosynthesis has a "body-feelings-mind" exercise in which the person going through the relaxation progressively identifies with and then disidentifies from the body, the

emotions, and the mind, coming to identify with the most inclusive sense of him/herself, which is suggested to be that of "a centre of will and consciousness" (Assagioli, 1984). Here is a suggested script for the body-feelings-mind relaxation.

EXERCISE: Script for Body-Feelings-Mind Relaxation ([click to download](#))



Mindfulness, conversely, is not always a stillness exercise, and is not necessarily about withdrawing from the senses. Rather, it is defined as "paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, p4).

Standing back in common

While different in aim and method, what all of these practices seem to have in common is that they invite the practitioner to do something that Psychosynthesis calls "disidentifying" and which mindfulness proponents call "defusing": that is, standing back and distancing oneself slightly from the phenomenon or thought at hand in order to gain a sense of perspective on it. It is in that act of stepping aside from one's normal perception that the benefits begin to roll. Stillness, says Soul the Philosopher:

"... allows the mind and body to reflect and gain clarity. Stillness and quiet allows us to receive life's subtle messages, clues, and guidance. Being still allows you to zoom out and detach from the context of your life to see what is happening around you. Without stillness, we go through life in a state of distraction, confusion, while only 'going through the motions.' Without stillness we don't fully experience life and what is unfolding before us. Because we're so busy with DOING, we're not BEING. Stillness means we can pause, reflect, access, decide, and continue. ... By constantly moving we miss the essential moments and lessons we need to learn and grow from in life" (Soul the Philosopher, 2017).

Similarly, mindfulness is a process of awareness which involves noticing experience, as opposed to getting caught up in thoughts. Dr Russ Harris, a prominent Australian advocate of mindfulness-based Acceptance and Commitment Therapy (ACT), notes that the attitude is not one of closed-minded pre-judging. Instead the stance is one of openness and curiosity, which induce acceptance rather than conflict or avoidance of whatever is happening. Thus, a person can be having the unpleasant experience of intense pain and yet - through mindfulness - regard that pain with curiosity and openness, as merely a sensation to be explored, rather than something to fight with or escape, say through drugs.

Paying attention "on purpose", suggests Harris, means that we are able to choose what we pay attention to. When we can direct our awareness, focusing on different aspects of our experience, we are free to deeply connect with ourselves, appreciating the fullness of each moment of life. We can use the awareness to enhance our self-knowledge, and to connect more deeply with those we care about. We can use mindfulness to expand our repertory of responses to our world, thus greatly increasing our psychological resilience and life satisfaction. Harris suggests that this may be why ACT has been shown to increase therapist effectiveness and reduce therapist burnout (Harris, 2007, 2008, 2009).

Part 5

Benefits align with self-care benefits

The good news for practitioners of any stillness or mindfulness practice is that the benefits align beautifully with those we tend to seek through our self-care efforts.

The Observer Self helps growth

As noted above, we can begin the discussion of benefits by noticing that, in most of these practices, it is the capacity to defuse/disidentify/stand back that is at the base of the benefit. It is in developing the Observer Self, or Witness, as mindfulness proponents call it, that we aid our growth and awareness. We can think of it in terms of the spaciousness of our psyche.

If all of a person's consciousness is tied up with experiencing, say, pain, sadness, or anger, it is as if that person is living in a small trailer home: existence is cramped and uncomfortable; there is much suffering. But if that same person is able to disidentify or defuse (Segal, Williams & Teasdale, 2002), s/he can gain a much wider perspective: akin to moving from the trailer to a mansion. This process happens when people are able to develop what is called the Witness, or Observer Self. It is, metaphorically, as if someone has gone from swimming in a turbulent stream – tossed around by all of its currents and eddies – to a position on the banks of the stream, where all of the relentless activity of the stream can be watched, and thus not experienced as intensely.

Here are some of the benefits we accrue as we gain the capacity to observe ourselves.

Focus and concentration improve. When we practice the art of directing awareness – whether through a focus on breath or on engaging with only the thoughts we choose – improved focus and concentration are the result.

Self-awareness increases. When someone has, for instance, a "Worrying Self" (referred to more generally as the Thinking Self) and also an Observer Self, the Worrying Self may be caught up in the worries. But the Observer Self is able to say, "I'm having worrying thoughts" or "I see that I am thinking worrying thoughts." In that moment of shifting one's centre of consciousness from the Worrying Self to the Observer Self, a person has gained self-awareness. S/he comes to understand that he or she worries, but is more than the worrier; there is a distinction between the person and his/her thoughts. Moreover, the person becomes aware of how and when the worrying occurs, and what the contents of worrying are. In some situations, separating from one's thoughts allows the person to become aware of what s/he has been avoiding. By tuning into the body that is responding to the mind that is worrying, a person becomes more aware of the body, and the environment in which it functions. Moreover, by experiencing the relative calm of the Observer, a person is able to know a more inclusive, expanded sense of him/herself beyond body, feelings, and mind (Harris, 2008).

The head clears, and one is fully present

By stilling body and mind and/or focusing for a period somewhere different from, say, anxiety-making thoughts, one stands (metaphorically) to the side of the gushing waters of thought, thereby allowing a clear head: a cleared space, psychologically speaking, that is not consumed with, say, worry. One

can be fully present in the here and now, more connected to self, others, and the external world, either immediately (with mindfulness) or as the stillness practice ends. A by-product of this experience is that of having more direct contact with the world, rather than living through one's thoughts (Harris, 2008).

The impact of stressful thoughts and feelings is reduced

The mindful standing beside the stream (of consciousness) watching its waters gush down the riverbed is not as intense or stressful an experience as being washed downstream with it. Self-defeating thought processes are "caught" earlier in the game (further upstream in our metaphor), so the mindful person can let them go. Those engaging in meditative stillness or relaxation practices have put their focus elsewhere from negative, stressful thoughts and so are in a better position to receive the finer energies of hope and inspiration, thus further reducing stress. When stressful thoughts and feelings are reduced, so, too, are overall stress levels, with all the attendant improvements in health (see below) (Harris, 2008).

In a controlled randomised experiment conducted with health professionals in Palo Alto, California, the experimental group underwent eight two-hour sessions of mindfulness-based stress reduction (MBSR) training. The control group experienced no intervention. Results showed a significant difference in perceived stress after the training compared with pre- and post- perceived stress scores for the control group (Shapiro, Astin, Bishop, & Cordova, 2005).

Performance and coping skills are enhanced through improved mental function

The health professionals of the Palo Alto study also reported much greater decrease of job burnout than their control group cohorts: 10 percent vs. 4 percent (Shapiro et al, 2005). Other experts insist that mindfulness improves people's memory, helps them to learn more easily (perhaps through increased capacity for focus and concentration?), and enhances problem-solving ability (Reachout.com, 2013). Moreover, better life decisions – those emanating from attunement with one's life purpose, discerned through stillness – are claimed to be a gift of meditation (Meditation Society of Australia, 2013).

A study of nursing students doing an eight-week MBSR course showed improved coping skills in those who completed the program. The students' decrease in anxiety was significant, and there were favourable downward trends in their attitude toward work, perception of time pressure, and total stress levels (Beddoe & Murphy, 2004).

Long-term psychodynamic therapy patients with diagnoses ranging from anxiety and obsessive neuroses to narcissistic and borderline personality disorders were studied by Kutz et al (1985). They completed a 10-week MBSR program while continuing with their individual psychotherapy and showed statistically significant improvements in a variety of self- and therapist-rated symptoms.

Creativity, life appreciation, and happiness accelerate

Creativity is liberated. It is useful in life to be able to react to some situations with an "automatic pilot" function, such as when we get dressed or wash the dishes. The challenge for exercising our creativity comes when we want to break out of the rut and think more originally about a situation or issue. Mindfulness and stillness practices can help to ease the automatic pilot's grip on the mind, and in a relaxed, aware state, we are more open to possibilities arising from lateral and divergent thinking. We are more able to set aside our assumptions about how the world is and go receptive to novel insights emerging. Our unconscious mind is then freed to process information differently, and resultant – often original and effective – solutions arrive via what the Christians call "grace" and the Buddhists call "spontaneously arising wisdom".

Some have noted that "the essence of real creativity is the same revelatory experience encountered in meditation" (Meditation Society of Australia, 2013). The advantages of stillness are seen in enhanced capacity to access that repository of infinite creativity within. We would reiterate that, as we noted earlier, connecting with creativity and playfulness is important for work-life balance. It is also an essential component of self-care in any program addressing genuine connection with self and Self.

Life becomes fulfilling, vibrant. Not only do moments of insight and creative perception astonish and delight us, but when we are starting from a higher baseline level as through regular practice of stillness and/or mindfulness, we find that life in general becomes more fulfilling. Experiences that are intrinsically pleasant, such as eating, having sex, and listening to music, become even more so when we can bring ourselves fully "into the moment", and ordinary experiences (such as going to work or washing dishes) become infused with vibrancy and interest. Boredom becomes a thing of the past.

Happiness capacity goes up. Understandably, experiencing moments of grace, wisdom, and creativity and perceiving all of life more positively make for a substantially improved "happiness quotient". Mindfulness and stillness practitioners are led back to the claim – arising in all of the world's major religions – that "The kingdom of heaven is within" (Jesus Christ, in Meditation Society of Australia, 2013). That is, lasting happiness is an experience which flows from within, and exists independently of our external circumstances. As our mindfulness and meditative capacity evolve, we become increasingly happier.

Relationships improve

Totally apart from the obvious advantages to relationships of participants in them being relaxed and aware, stillness and mindfulness impart several benefits which begin as intrapersonal enhancements, but are claimed by many advocates to extend to interpersonal relationships.

Self-compassion is shown to increase. Mental health experts claim that mindfulness and stillness practices result in decreased anxiety and depression, less moodiness and anger, and greater emotional stability (Reachout.com, 2013). Additionally, mindfulness appears to thicken the areas of the brain in charge of decision-making, emotional flexibility and empathy (UCLA Mindful Awareness Research Center [MARC], n.d.). All of the above must surely also benefit others in relationship with such practitioners.

Mindfulness decreases emotional contagion. Research over the last several decades has identified what most people recognise intuitively on an unconscious level: there is a tendency for human beings (and also non-human mammals) to subtly synchronise their facial expressions, voices, and postures with others in their immediate environment (Hatfield, Cacioppo, & Rapson, 1993). This is undeniably pleasant when positive emotions are being shared, but emotional contagion can also mean that we feed off each other's fear, anger, shame, and low moods. A neurological process has been identified that supports this notion of mutual imitation. Mammals (including human beings) have a system of "mirror neurons" which fire both when we perform a particular action and also when we perceive someone else perform that same action (Rizzolatti, Fogassi, & Gallese, 2001).

Regular meditators and mindfulness practitioners find it easier to stay present to the other person without firing the neurons that bind up their emotional responses to that of the other. Having thus greater immunity from the "contagion", such individuals are freed to respond in a wiser, less reactive manner. Just staying present to a situation and to our own breath without getting drawn into the other person's dramas can mean that, instead of unskilful (habitual) response, we can interrupt escalation of destructive emotions, creating a positive outcome for all concerned.

The study of nursing students also found that the MBSR-trained group had decreased tendencies to take on others' negative emotions (Beddoe & Murphy, 2004).

Physical functioning is enhanced

General health

On a physical level, meditation and mindfulness slow down a person's nervous system, inducing – through the relaxation – the alpha brainwaves that give the body greater opportunity to heal (Reachout.com, 2013). Some research has suggested that such practices also lower blood pressure, improve circulation, and assist those with conditions such as ADHD (Attention Deficit Hyperactivity Disorder) (MARC, n.d.; Smith, 2019). The metabolism of a practitioner becomes more efficient, and such a person becomes more responsive to his or her body through being more in contact with it. The capacity for heightened attentiveness that is part and parcel of mindfulness also greatly increases such phenomena as the "runner's high", making exercise appealing to engage.

With so many benefits for the physical body, it is not surprising that studies have also found improved functioning of the immune system in those with a regular mindfulness or stillness practice. Those engaging mindfulness for just eight weeks showed an increased response of antibodies to flu vaccination (Davidson & Kabat-Zinn, 2003). The same study also showed mindfulness practitioners to have increased blood flow to the left frontal cortex of the brain, an area associated with increased optimism and a sense of wellbeing; this was similar to the increased satisfaction with life noted by subjects in the Shapiro, et al, study (2005) above.

In studies with other medical disorders, patients with fibromyalgia who underwent MBSR training reported improvement in a variety of symptoms, and a study of psoriasis patients showed that patients listening to mindfulness audiotapes during light-therapy sessions were able to clear up their skin more quickly than a control group (65 versus 97 days) (Baer, 2003).

Those engaging meditation are said to be able to breathe better. They also gain an improved quality of sleep, because when the mind is calm, a person can fall asleep more easily and sleep more soundly (Meditation Society of Australia, 2013).

Reduced physical pain

Most people deal with major pain from illness or injury at some stage in their lives, and some people deal with it chronically. Where painkillers and the medical team can do no more, mindfulness can step into the breach. It has been clinically demonstrated that, in a very high state of concentration, a person's pain, even very acute pain, can be transformed into a sort of moving energy, which tends to greatly diminish the suffering in the moment. Mindfulness practitioners have noted that, upon experiencing pain in such a way, they were able to empower themselves and even feel nurtured by the pain. Thus mindfulness skills provide not only pain management, but also a sense of the meaningfulness of pain as it contributes to personal growth.

Four studies examined the effects of MBSR on patients with chronic pain. In general, findings showed statistically significant improvements in ratings of pain, other medical symptoms, and general psychological symptoms; many of the findings were maintained at follow-up evaluations (Baer, 2003).

Emotional pain, compulsions and addictions overcome

Meditation and mindfulness skills can also be used to deal with emotional pain. By accurately discerning the mental images, words, and bodily sensations that constellate a dense emotion such as anger, jealousy, fear, or shame, a practitioner of such skills can deconstruct it, disidentifying from it while still allowing it to flow without suppression. Similarly, compulsive behaviours and addictions can be overcome by "staying with" unwholesome urges until they weaken and pass. Moreover, many mindfulness proponents can attest to the natural "high" they get from practicing mindfulness or meditation skills: a worthy replacement, they claim, for the unhealthy high of alcohol and substance addiction.

Looking at specific psychological disorders, we can note that patients with anxiety and depression disorders found significant improvements in measures of anxiety and depression. In another study, female patients with binge-eating disorders showed statistically significant improvements in several measures of eating and mood after training in MBSR (Kristeller & Hallett, 1999).

Mindfulness benefits for therapists and coaches

If you are working through this program – and doing your own stillness or mindfulness practice – because you are a therapist or life coach, rejoice; your regular practice can net you not only the myriad personal benefits discussed above, but also, you can receive these professional advantages. It:

- Facilitates compassion and unconditional positive regard
- Helps you to stay focused and present, even though your client may not be
- Aids you in staying centred and composed in the midst of clients' emotional turmoil
- Assists a healthy, even-minded attitude to therapeutic outcomes; you will be neither complacent nor overly identified
- Helps you maintain direction and focus for therapy
- Strengthens your skills at observing your clients' responses (Harris, 2008).

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Part 5

The skills of mindfulness

While the above benefits sound great and the concept is simple, the practice is not always easy. Acceptance and Commitment Therapy (ACT) divides mindfulness into four psychological skills. We look briefly at these to see how you can come to a more fully present, aware, mindful state.

1. **Defusion.** This is defined as distancing from and letting go of unhelpful thoughts, beliefs, memories and other cognitions. Called "disidentification" in Psychosynthesis and "detachment" by some practitioners, it is in effect a two-step process. One must first fuse or identify with the unwanted thought in order to then let go of it. As an example, an athlete – say, a tennis star – could be criticised before an important match and told that she would never amount to much. If she were to continue holding onto that thought (that is, being "fused" or "identified" with it) during the match rather than letting it go, her performance would be likely to suffer. Instead, she could choose to acknowledge that the sentence "You will never amount to much" is just a thought, and that she prefers to engage with thoughts of success at tennis.
2. **Acceptance.** Mindfulness practitioners realise that attempting to suppress or control thoughts only ever works in the short term. The principle of acceptance means that thoughts are to be allowed to come and go without a struggle. The practitioner makes room for painful or unpleasant feelings, urges, and sensations: not engaging with them unless it is helpful, but not controlling them either.
3. **Contact with the present moment.** This principle is enacted by engaging fully with our here-and-now experience, with an attitude of openness and curiosity. What might happen if we tune into current experience – the "now" – rather than thoughts (which are at least one step removed from experience)? Endless potentials present themselves!
4. **Spacious awareness.** By creating the Observer Self or Witness, a practitioner accesses a more spacious sense of self: a transcendent aspect that is conscious of thoughts and feelings as passing experiences, but is not identified with them (Harris, 2009).

We offer a number of mindfulness exercises below that you can do to hone the above mindful skills. We also recommend the **Mental Health Academy** course, [Helping Stressed Clients to Relax](#), which contains instructions/scripts for additional types of relaxations and meditations (such as progressive muscle relaxation, body scan meditation, and guided imagery) and also has a chapter on additional meditation/relaxation/mindfulness resources found – mostly free – on the internet.

EXERCISE: Mindfulness Exercises ([click to download](#))



Part 5

Summary

Perhaps they are biased, but some proponents of mindfulness/stillness practices insist that their practice is their Number One self-care tool, surpassing even their gym workouts, health-conscious diets, and sustaining social ties. We would certainly agree that the evidence presented herein from a fast-burgeoning research base demonstrates that regular practice engenders benefits for all levels of a person's being.

We end part 5 with a challenge to you. Don't just read about it; try it. Imagine if you had never eaten a mango before and someone were explaining to you about how delicious this fruit is. You might ask what it tastes like, and the person might respond that it is juicy, sweet, and delicious with a nice texture. But contrast your response at hearing that to the reaction you will have when you actually taste the mango. There is no comparison. We encourage you: put this "mango" of stillness practice into your self-care toolbox. It pays sweet, juicy dividends toward your wellbeing.

Program Summary

In part 1, we outlined the full agenda this program would follow. We emphasised that we were operating from a holistic paradigm which included: (1) the interconnectedness of both human beings and the concepts that are relevant to their self-care; (2) the centrality of meaning, purpose, and value; (3) the importance of a growth mindset; and (4) the usefulness of a positive psychology stance. We also examined the various levels we "work" in order to approach self-care

Part 2 looked into ways we do it through the physical body: exercise, diet, and sleep. Part 3 turned the focus to those aspects of professional development that enhance self-care: articulating the scope/intensity/direction (or WHY) of one's work; maximising supervision; charging fair fees for service; attending to life-work balance (preventing burnout); and the option of therapy for oneself. Part 4 addressed the all-pervading question of relationship: (1) how we go for connection, as through gaining social support and attempting to do right-relating (involving both love and will and all levels of ourselves); and (2) how we simultaneously manage individuation, as through bringing our shadow into light, boundary setting, gaining internal locus of control, and (3) being gentle on ourselves, as through self-compassion.

Part 5, extensively explained the thinking and research underpinning mindfulness and stillness practices as self-care tools *par excellence* – for all levels of being, and all aspects of life.

Action plan

Now it's your turn. Given all the areas we have examined in this program, what aspects call to you to develop them more? Put another way, which topics will you pay attention to in order to engender maximum growth and optimal self-care? This is the time for you to integrate - if you haven't already - all the "evidence" about your self-care that you have been gathering as you go through the program. Recall that, for each of the main program topics, there are numerous opportunities for reflection to deepen your understanding of yourself; use these to get an overall sense of the areas on which you will most strongly focus going forward. We invite you now to take a few last moments of reflection, creating an action plan that will surely provide an excellent return-on-investment for the time you have already devoted to the program. You can make your notes in the spaces provided below, or come up with your own format for ensuring continued self-care. [Here's our tool.](#)

Concluding statement

If you've read along with us this far, congratulations! You have already made a large investment into your own self-care. As you have seen, there are myriad levels and aspects of you to care for, so (especially if you are a high-achiever) not being able to do all these things at first – or at one time – is no cause for guilt. It's a one-step-at-a-time deal: to be mastered in your own time, in your own way. As Sharon Salzberg notes (2019), "learning to treat ourselves lovingly may at first feel like a dangerous experiment".

In fact, the chances are pretty good that, even if you were to never have embarked on this program and therefore did not follow a single piece of self-care advice from us, you still would be a learning, growing member of your profession and of the human race – and you still would be likely to be taking some self-care steps naturally, without any prompting. We acknowledge that; this program has been about maximising your self-care, not inventing it. Rome was not built in a day, and neither will be your new good self-care habits. Probably the only essential requirements are that you figure out where you are headed (your purpose or WHY) and put your will into believing that you can grow and change (i.e., adopting a growth mindset).

We finish as we began: asserting that it is important to fit your own mask first – or in another metaphor – you can't pour from an empty cup. This program has been an opportunity for you to ensure that, every day, you adjust your mask, or fill your cup, a bit more. We leave you with a reflection from Susan Weiss Berry, the last part of which can double as an affirmation:

"With every act of self-care my authentic self gets stronger, and the critical, fearful mind gets weaker. Every act of self-care is a powerful declaration: I am on my side, I am on my side, each day I am more and more on my own side."
– Susan Weiss Berry (2019)

Blessings for the undertaking!

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Part 5 Reflective Assessment

This reflective assessment has been designed to support your learning. Whilst it is recommended that you reflect on and answer each question for your personal development, you are not required to submit your answers (i.e. MHA will not mark this assessment or issue a Certificate upon completion).

After reading part 5, reflect on each question and record your answer in the space provided below.

Q1 What is the practice during which practitioners still their minds and bodies by withdrawing their senses from the outer world to focus on inner phenomena called?



Q2 After all the postures and stretches, the yoga teacher instructed the students to lie down on their mats. He then led them through a process in which he asked them to tense and then relax each part of their bodies and then to imagine themselves in a beautiful spot in the forest. Which skill, practice or exercise discussed in part 5, is this process most akin to?



Q3 In the controlled, randomised experiments with health professionals in California, the experimental group, who underwent eight two-hour sessions of mindfulness-based stress reduction training, experienced which significant difference(s) from the no-intervention control group?



Q4 What benefits aligned with self-care are claimed for mindfulness and stillness practices?



Q5 George was heartbroken when the love of his life, Helena, broke up with him. He spent many hours crying and fully feeling the grief of his loss. When he went to counselling, the counsellor led him through a process in which George physically sat in a chair and then mentally kept himself in the chair while going to stand physically on the other side of the room to observe "himself" in the chair, grieving. Which skill was this process helping George to master?



Q6 Sarah's self-esteem was at a low ebb after she was dismissed - unfairly, she thought - from the job she had held for a number of years. She noticed that thoughts kept coming to her about how she was essentially worthless and incompetent, and that she would always be that way. She was skilled in using CBT methods to dispute the thoughts, but she was tired of fighting them all the time. She decided that she would try a new tack: acknowledging that the thoughts were there and letting them be there, but deliberately deciding that she would not engage with them. Rather, she would return to whatever else she had been doing/thinking when the thoughts came. What skill was Sarah practicing?



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