

# INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

**The strong Black woman stereotype**

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**Resilience built through connection**

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**Individual and systemic aspects of physical burnout**

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**Nurses in crisis: A mental health pandemic**

## Friendship as resilience

**People with addictions who are building supportive friend networks**

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DAWN CARSON  
dcarson@mitchellabbottgrp.com

DANICA DANCULOVIC  
ddanculovic@mitchellabbottgrp.com

JOHN PAUL MITCHELL  
jpmitchell@mitchellabbottgrp.com

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## INSIGHTS

THE BC ASSOCIATION OF CLINICAL COUNSELLORS' MAGAZINE

The Insights team wishes to thank the writers who contributed to this edition of our magazine:

Sarah Bourdon, Amanda Burns, Heather Dickson, Leanne Rose Dorish, Charis Santiago, Deborah Seabrook, Nichola Watson Willoughby

BCACC is dedicated to enhancing mental health all across British Columbia. We are committed to providing safe, effective counselling therapy to all and to building the profession through accountable, well-resourced, and supported counsellors.

#204-780 Tolmie Avenue  
Victoria, BC V8X 3W4  
Tel: 250-595-4448  
Fax: 250-595-2926  
Toll Free in Canada: 1-800-909-6303  
communications@bcacc.ca  
bcacc.ca

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## BCACC launching new membership category for master's students

BCACC is excited to announce the addition of a new master's student membership category for 2022. This category of membership will allow students in approved master's programs in Counselling Psychology (or related fields) to join the membership as non-voting associate members. The addition of this membership category is an opportunity for BCACC to connect with counsellors much earlier in their career development, as well as to help build stronger relationships with post-secondary institutions. Please look for the launch of this new member category in summer 2022.

## Approved Clinical Supervision program off to strong start

In December 2021, BCACC launched its new Approved Clinical Supervision program. The program fosters the upgrade of clinical supervision and consultation within the membership. It does so by creating a framework, criteria, and pathway to an amended designation exclusively for BCACC members: Approved Clinical Supervisor (ACS).

To date, over 100 applications to become an ACS have been received. Thirty-one members have successfully earned their RCC-ACS designation and are listed on the BCACC website.

### WHY BECOME A BCACC APPROVED CLINICAL SUPERVISOR?

The RCC-ACS designation offers professional recognition in your community as a Clinical Supervisor who has achieved a specific standard of experience and training. This designation will allow you to be part of the culture of clinical supervision, counsellor accountability, and ongoing professional development and also to be listed on the Find a Clinical Supervisor tool available to members.

Learn more and apply for the RCC-ACS designation at [www.bcacc.ca/apply-to-be-a-bcacc-approved-clinical-supervisor/](http://www.bcacc.ca/apply-to-be-a-bcacc-approved-clinical-supervisor/).

### SAVE THE DATE

## Annual General Meeting 2022

BCACC INVITES YOU TO JOIN US VIRTUALLY ON MAY 16 FROM 12:00-1:00 P.M. PST FOR OUR 2022 ANNUAL GENERAL MEETING (AGM).

Each year, we gather to reflect and look back on the previous year's challenges, opportunities, and accomplishments.

To remove barriers to participation and improve accessibility, this year's AGM will be accessible online via Zoom.

Presenters will be live, and members will be able to participate in voting on motions through the poll function and will be able to pose questions in a Q&A box in response to agenda items.

Watch for official notification via BCACC email broadcasts or register by emailing [hoffice@bcacc.ca](mailto:hoffice@bcacc.ca).



# WITNESS AMIDST UNCERTAINTY

## LISTENING INTO THE ACHE

BY CHARIS SANTIAGO, RCC

“**W**e speak with the language of the body for 18 months before we utter the first words. It is the mother tongue.”<sup>1</sup>

Pain, to the sufferer, is an undeniable truth; a certainty of existence that overtakes the body, mind, and soul and demands recognition in a bid for survival. What occurs in the psyche amidst chronic pain is a hyper-arousal state where the individual consciously or unconsciously enters a liminal space between death and life and identity becomes

warped.<sup>2</sup> Engaging the presence and reminder of death in our very bodies, as manifested by pain, takes a stubbornness for persistence, or as philosopher and political activist Dr. Cornel West describes it, the “keep on keeping on,”<sup>3</sup> as well as the dedication of others to linger in trust of another’s truth.

As therapists, we take on an important role as witness, inviting a re-membering and uniting of the fragmented parts within our patient’s unconscious that pain has dispersed and distorted.

Our job as therapist is to listen beyond the words and invite the unconscious — both our own and our patient’s — to the forefront. Chronic pain in the body can offer strong insight into places of stuckness and rupture.

## COUNSELLOR AS WITNESS

The definition of a witness is one who sees and exists in proximity to another. As clinicians, our work involves this process of relationship, extending connection and presence alongside our patients. What we witness in our roles is the lived experiences of another's pain. The container we provide is one that holds uncertainty and torment while listening into the ache to invite what the body and mind have been holding in isolation. The mutual trust required for a witness to remain amidst the sufferer's terror and deepest pain is what psychiatrist and author, Bessel van der Kolk writes can "safeguard the wholeness of you while you explore the fragmented experiences that you

that the sufferer becomes the inflictor of their own pain. The persecuted becomes the persecutor. Here is the moment where shame tries to define the identity of those with chronic pain, moulding a self-perception of inflictor without the ability for kindness and curiosity towards what the body is trying to communicate.

If every day is lived in a heightened state of survival, it is profoundly necessary to gather external support and allow a witness to act as container — therapist as mind and presence to hold the muchness. Human beings in chronic pain require the regulating presence of another to help differentiate between experience and identity.<sup>5</sup>

the invitation to listen to the messages of the body can begin to be answered.

Our job as therapist is to listen beyond the words and invite the unconscious — both our own and our patient's — to the forefront. Chronic pain in the body can offer strong insight into places of stuck-ness and rupture. How has the body tried to shout the messages that words cannot convey? Where is there repeated pressure, sharpness, misalignment, and dull ache? What has been aching to be acknowledged? As we listen alongside our patients, we gain knowledge of the fragmented parts and opportunity for our patients to reunite and heal in new ways. Amidst this Lacanian lens merges the physical and the symbolic language of the unconscious.

First and foremost, there is release in simply being heard and having our deepest vulnerabilities held with safety. There is relief and connectedness in inviting communication between our minds and bodies that we are often taught to truncate at a young age. When our conscious minds recognize, "Ah, here is something my stomach has been holding for a long time," it allows room for the stomach to breathe and set aside its frantic shouting, as if to say, "Finally! I've been trying to tell you this for so long."

The therapist's role is one of curiosity, to hear the physical pain of stiffness, tension, ache, and sharpness and wonder with our patients at the ways these feelings are familiar. In practice, this means listening to the conscious ailments and pain, then inviting our patients into a recognition of more. When a patient recognizes stiffness and tension in their necks and shoulders, we can turn our therapeutic minds towards the weight their unconscious has been carrying, slung

**There is release in simply being heard and having our deepest vulnerabilities held with safety. There is relief and connectedness in inviting communication between our minds and bodies that we are often taught to truncate at a young age.**

had to keep secret from yourself for so long."<sup>4</sup> Therapists step into a place that eclipses polarities. Polarities between real and perceived. Polarities between death and life. Polarities between absence and presence. Narrating that profound message: you are not alone.

When pain is felt viscerally through physical anguish and when pain persists in cyclical patterns of constant endurance, the capacity to organize and regulate becomes desperately thin. As a strategy to comprehend the incomprehensible, a complex internal belief can develop for those with chronic health issues that pain is not just happening to you but is caused by you. This perceived betrayal of one's own body can lead to a core belief

## LISTENING TO THE BODY

As pain functions as an emergent voice to name acute distress, it simultaneously elicits a complex bind between helplessness and the desperate need to organize one's understanding of self.<sup>6</sup> Elaine Scarry writes that physical pain is an intentional state of being that often occupies the entirety of one's presence and "spills out into the realm beyond the body, [taking] over all that is inside and outside."<sup>7</sup> As complex and overwhelming as this can feel to the patient, there exists within this experience of disintegration the invitation for re-membering. The barriers have been torn down. False pretenses of organization destroyed. Fragmentation obvious. Now perhaps

over their shoulders — a symbolic gateway to their mind — without ease or rest. When someone speaks to the constant ache in their legs, we can wonder what their unconscious has been needing to run from or towards without capacity to slow and soothe these muscles. This re-remembering of body, mind, and soul provides space and energy for our patients to exist in their bodies in new ways; no longer does the message need to be drummed into them in a way that drains capacity but offers release in the knowledge that they are listening. It is this slowing of our deeply protective minds that allows us to hear what the body speaks and welcome with safety messages of trauma and fragmentation.

### HEARING AS HEALING

How beautiful it would be if listening into the ache of unconscious trauma was enough to magically heal physical pain. From lived experience with my own chronic pain, I know this is not always the case. However, therapeutic acknowledgement with a stance of

slowness, curiosity, and kindness can offer new safety. A mothering container of nurture and gentleness that can change the antagonism so often associated with chronic pain.

Nor do we have to love or even like when our bodies are loud in their messages through pain. There are many days where my own pain drains, depletes, and attempts to deconstruct the new ways of coping and communicating that I have put in place. Yet the difference lies in my capacity to say, “I hear you pain, and thank you for talking to me. I feel gratitude that you have worked so hard on my behalf and helped me survive. I value your persistence in speaking to me until I had capacity to learn how to listen. I hear what you are saying and will respond to my needs. This sucks and, also, I hear you.”

This is the work. The gift that, as therapists, we invite our patients into. Providing a space of witness and wonder to support our patients in shifting the ways they listen and speak

to their bodies and psyches; inviting language of anger, projection, dismissal, or dissociation to be exchanged for that which unites, heals, and offers kindness. ■

*Charis Santiago, MA, RCC, is a trauma therapist working in private practice at Ocean and Stone Counselling in Victoria. Inhabiting a body that has struggled with chronic pain for close to a decade, Charis is persistent in engaging her own healing and the healing of her patients.*

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## PAIN AND THE PANDEMIC:

Messages from people with chronic pain

Despite the fact that many people who live with chronic pain feel alone in their experiences, they make up an estimated 25 per cent of the Canadian population.<sup>1</sup>



In a special BCACC blog article, three RCCs — Ria Nishikawara, Holly Yager, and John Murray — discuss their experiences working with chronic pain clients, particularly the unique challenges COVID-19 posed for people living with chronic pain and overlapping health conditions. The post focuses on commonly heard statements made by their clients, supported by the authors’ professional reflections, with the hope of providing some insight and compassion, as well as possibly opening up new avenues of support and advocacy.

Read “*Pain and the pandemic: Messages from people with chronic pain*” on the BCACC website: [bcacc.ca](https://bcacc.ca).

<sup>1</sup> The Canadian Pain Task Force Report (2020). Working together to better understand, prevent, and manage chronic pain: What we heard. A report by the Canadian Pain Task Force. October 2020.

- 8 Implications for counsellors working with clients experiencing physical burnout
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# Implications for counsellors working with clients experiencing physical burnout

BY SARAH BOURDON, RCC

**Whether working in the public realm or private practice, RCCs have an important role to play in supporting people with the effects of physical burnout. In doing this work, there are several important considerations:**

**1** When a client presents with burnout, it can be easy for a counsellor to automatically jump to an individual self-care approach: “What can you do to get more exercise?” “How can you get more sleep?” “Can you go for a massage?” While self-care is undeniably important, focusing on a client’s personal responsibility puts the onus of solving the burnout problem solely on the client, which can cause increased shame and invalidate the client’s intuitive stress response to factors beyond their control. It is essential to acknowledge the deeper causes of physical burnout and the systemic factors at play.

➤ Before introducing a self-care program, take time to explore the client’s burnout experience. What are the physical symptoms telling the client about their stressors and environment? Is the client experiencing guilt and shame as a result of external demands beyond their control? Rather than simply focusing on the client’s responsibility around self-care and personal resilience, how can the client and counsellor work together to challenge feelings of shame and failure and build the client’s sense of empowerment, self-advocacy, and capacity to address systemic problems?

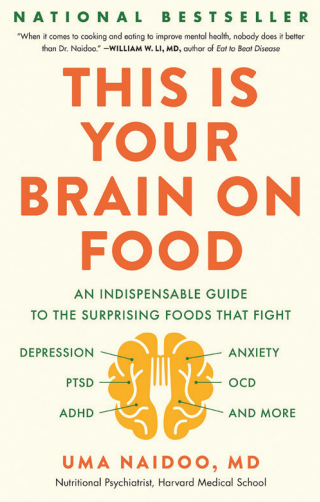
➤ Explore the role of toxic positivity in the client’s work and home life. What are the client’s automatic thoughts around work and home responsibilities? What is the client’s workplace culture like? Is there pressure to “keep calm and carry on” and maintain an “attitude of gratitude” throughout difficult circumstances? If so, how can the counsellor help challenge some of this messaging and guide the client to see what is and is not their responsibility to manage? Can positivity and gratitude be balanced with a realistic perspective of work and life demands?



**2** Counsellors must take time to examine their personal beliefs and experiences of burnout. Recognizing that burnout is experienced differently from person to person and across various fields and situations will enable the counsellor to be present with the client’s reality and avenues for healing. Counsellors must avoid making assumptions about the causes of physical symptoms based on their own life experience or beliefs about work. These symptoms may be indicators of deeper challenges for the client. Additionally, counsellors who are experiencing burnout themselves should seek their own support in order to be fully present and non-judgmental in working with clients.

**3** Often, physical burnout may accompany other challenges such as emotional demoralization, feelings of societal betrayal, vicarious trauma or compassion fatigue, secondary traumatic stress, post-traumatic stress disorder, or moral distress. It is important to look at the level of trauma exposure of the client. The counsellor can have a role in defining and unpacking these terms and helping a client understand how their experiences connect with these conditions, particularly the distinction and possible co-occurrence of burnout and compassion fatigue.





## FOODS FOR MENTAL HEALTH

Recent studies have shown that diet can have a profound impact on a range of mental health conditions. *This Is Your Brain on Food: An Indispensable Guide to the Surprising Foods that Fight Depression, Anxiety, PTSD, OCD, ADHD, and More* (Little, Brown Spark, 2020) by Uma Naidoo, MD, looks at the science behind nutrition and the connection to mental health. Naidoo is a psychiatrist, nutrition specialist, and professionally trained chef who draws on cutting-edge research to explain the many ways in which food contributes to our mental health.

The chapters are organized by mental health condition. For example, Depression: Probiotics, Omega-3s, and the Mediterranean Eating Pattern; Anxiety: Fermented Foods, Dietary Fiber, and the Tryptophan Myth; Insomnia and Fatigue: Capsaicin, Chamomile, and Anti-Inflammatory Diets are just three of 11 chapters. The book finishes with *Cooking and Eating for Your Brain*, a chapter devoted to stocking your pantry, setting up your kitchen, and recipes.

To help remember the key food recommendations, she has organized them into the acronym **BRAIN FOODS**



**B**  
BERRIES AND BEANS



**R**  
RAINBOW COLOURS OF FRUITS AND VEGETABLES



**A**  
ANTIOXIDANTS



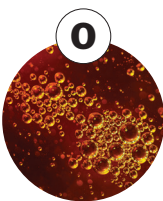
**I**  
INCLUDE LEAN PROTEINS AND PLANT-BASED PROTEINS



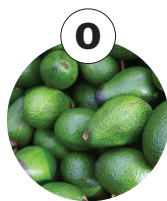
**N**  
NUTS (ALMONDS, WALNUTS, BRAZIL NUTS, CASHEWS)



**F**  
FIBER-RICH FOODS, FISH, AND FERMENTED FOODS



**O**  
OILS



**O**  
OMEGA-3-RICH FOODS



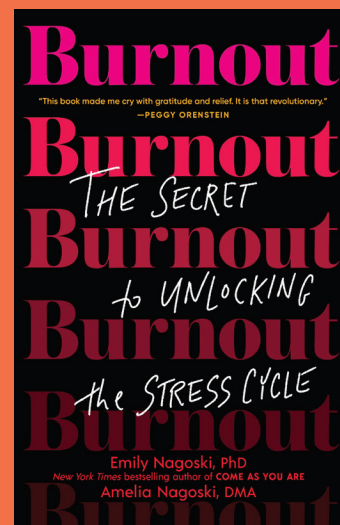
**D**  
DAIRY (YOGURT AND KEFIR, CERTAIN CHEESE)



**S**  
SPICES



## BURNOUT AND HOW TO COMPLETE THE STRESS CYCLE



As part of Brené Brown's *Unlocking Us* podcast series, she interviews twin sisters Drs Emily and Amelia Nagoski in a session called *Burnout and How to Complete the Stress Cycle* (October 2, 2020). The Nagoski sisters, authors of the book *Burnout: The Secret to Unlocking the Stress Cycle* (Ballantine Books, 2019), talk about the causes of burnout, particularly emotional exhaustion, and the effect it has on our bodies.

According to the Nagoskis, emotions are cycles in our body with a beginning, middle, and end — like a tunnel. Exhaustion happens when you get stuck in an emotion. We are taught to think about how to do deal with the issue that caused the emotion, but really, we still need to complete the cycle of the emotion — to go all the way through the tunnel. The Nagoskis present a way of thinking about emotions and stress that is, as Brown says, a “gamechanger.”

<https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/>



# BOTH ENDS OF THE CANDLE

## ADDRESSING THE INDIVIDUAL AND SYSTEMIC ASPECTS OF PHYSICAL BURNOUT

BY SARAH BOURDON, RCC

Carolyn often thinks about leaving her job, something she never would have imagined a few years back. As a registered nurse case manager in a busy urban hospital and a parent to a young child, two years of worry and high-intensity work have taken a serious physical toll.

“The burnout symptoms I have experienced were present at the beginning of the first wave of the pandemic, but I was able to manage it OK. During this current pandemic wave, it seems worse and much more difficult to manage,” says Carolyn, noting an increase in fatigue and exhaustion, ongoing insomnia, irritability, mood swings, anxiety, and low mood. “I know I have definitely used more sick time this past year due to the mental burnout from the job. More than I have in my entire career as a nurse.”

The pandemic continues to amplify already stressful aspects of frontline jobs and has added ever-changing physical demands. The difficulty of the last several months in particular, with daily staff shortages and pressure to discharge patients quickly, has Carolyn considering a career change. Each day, she worries about the risk of bringing COVID from her workplace into her home and possibly passing it on

to high-risk family members. She struggles with not having enough mental stamina to support her family after she gets home from work. Carolyn describes most days as “almost impossible.”

For Zoey, a secondary school art teacher and parent of two children, trying to balance work and home creates a state of unrelenting exhaustion with little chance for meaningful rest or rejuvenation. She experiences daily fatigue, muscle spasms, headaches, and back and neck pain.

“The mild pain increases fatigue and a lack of desire, which manifests as inertia. Bursts of productivity lead to greater fatigue,” describes Zoey. “This impacts my ability to organize my classroom, complete all teacher and parent tasks and not ‘drop the ball,’ plan experiential or interactive learning, and continue to live meaningfully in a virtual and in-person pandemic world. Everything seems like it’s too much. But somehow it gets done and burnout increases, without the rest and nourishment required to rebuild, recharge, recalibrate.”

Zoey and Carolyn are not alone. The American Psychological Association’s 2021 Work and Well-being Survey of over 1,500 U.S. adult workers noted that 79 per cent of employees had experienced work-related stress in the month before the survey. Nearly 60 per cent of employees reported negative impacts of work-related stress, including lack of

interest, motivation, energy, and effort at work. Since 2019, there was a 38 per cent increase in burnout, with 36 per cent reporting cognitive weariness, 32 per cent reporting emotional exhaustion, and 44 per cent reporting physical fatigue.<sup>1</sup>

**The pandemic has increased demands at home and work, resulting in more time in front of screens, less physical activity, decreased sleep quality, and less healthy eating habits.**



These statistics and the personal stories shared by Zoey and Carolyn underscore the cost and heartbreak of physical burnout. As the demands of the pandemic far exceed resources, people are in pain.

#### **WHAT DOES PHYSICAL BURNOUT LOOK LIKE?**

Frontline workers are not the only group reporting physical burnout. Across a range of demographics — people working from home, families, seniors, students, vulnerable folks — the pandemic has increased demands at home and work, resulting in more time in front of screens, less physical activity,

decreased sleep quality, and less healthy eating habits. For many, navigating the grind of daily pandemic life can make it difficult to recognize and piece apart the signs of physical burnout. Many people assume their symptoms are normal for this difficult time and believe they should just push through, but those in the health care field say it is important to notice and address the signs of long-term burnout.

Andrea Whelan, a Vancouver Island-based naturopathic doctor, explains:

“Often patients don’t recognize when they are burnt out, as many of these symptoms creep up over time and can be explained by other conditions. Once I mention it sounds like they are experiencing burnout, often it clicks right away.”

When talking with a patient, Dr. Whelan often takes it as a clue when the patient says they are “easily overwhelmed by small things, barely getting through their day, and often repeating behaviours that they so want to change” but can’t because they are so tired, depleted, and feel like they lack the control to change their circumstances. “I’ve experienced this

myself, and it’s an awful place to be.”

In her practice, Dr. Whelan most often sees the effects of burnout in the form of symptoms such as fatigue, insomnia, headaches, anxiety, depression, weight gain or inability to lose weight, digestive issues, and increased allergies and infections. Studies have gone as far as to link burnout to serious conditions such as type 2 diabetes, coronary heart disease, respiratory problems, and severe injuries.<sup>2</sup>

Physical pain is also very often connected with burnout. Annmarie Scanlan, a registered physiotherapist in Victoria, finds that burnout presents as an underlying cause of pain more frequently in her patients since the start of the pandemic.

“People don’t come to physio with the primary complaint that they’re burnt out, but it’s pretty easy to pick it up,” says Scanlan. “Starting around the end of 2020, it began to be obvious. There were signs of fatigue, being out of a routine, and low mood, often from a sense that nothing was really exciting and there was nothing to look forward to.”

Scanlan most commonly treats neck and back pain, jaw pain, and headaches. She highlights back pain, in particular, as having a clear link to chronic stress due to the close proximity of the sympathetic nervous system and thoracic spine. Scanlan also notes that patients’ chronic areas of pain are often reactivated during periods of intense stress and elevated stress hormones.

“Conditions such as depression can lead to more pain experiences. There is a lot of connection in pain science between people catastrophizing and attaching meaning to pain,” Scanlan says, offering the example of a person with a sore back assuming that they will end up permanently injured. “When

people go to the extreme, that can lead to an increased level of chronic pain.”

Anxiety about reduced access to health care and postponement of medical appointments and procedures since the start of the pandemic has further exacerbated many patients’ physical burnout symptoms. Scanlan observes that when people do not feel cared for, both physical complaints and worry increase. She offers the example of a recent patient who could not get an appointment with a doctor, so instead came to see Scanlan to seek a diagnosis for a serious medical issue that she was not qualified to diagnose. This story, she explains, points to the importance of accessible care and the dangers of widening gaps in the health care system.

Decreased daily movement is also playing a significant role in physical symptoms, such as muscle tension. Scanlan points out that this may not even be movement that people

acknowledge as being exercise, such as a brief walk to work. Many people are more sedentary with the switch to at-home work, and Scanlan has seen an increasing number of patients presenting with neck pain due to extended computer use and poor ergonomics. Using movement and ergonomics as a way of getting people to acknowledge burnout can be quite effective, especially for those patients who find it easier to seek treatment for physical pain than for mental health issues.

“People sometimes have a hard time talking about burnout or anxiety, but they have an easy time with ergonomics or movement, so it’s a safe way to address the problem,” Scanlan says.

#### **DEEPER ROOTS OF PHYSICAL BURNOUT**

Burnout is often described as the result of too much demand or “overload.” In her extensive research on workplace

burnout, social psychologist Christina Maslach outlines the idea that work overload depletes a person’s capacity to meet the demands of the job and leaves little opportunity to rest, recover, and restore balance.<sup>3</sup>

Maslach’s work identified three dimensions of the burnout experience: the exhaustion dimension (wearing out, loss of energy, depletion, debilitation, and fatigue), the cynicism dimension or depersonalization (negative or inappropriate attitudes towards clients, irritability, loss of idealism, and withdrawal), and the inefficacy dimension or reduced personal accomplishment (reduced productivity or capability, low morale, and an inability to cope).<sup>4</sup>

Though Maslach’s work pertains specifically to workplace stress, these dimensions and the concept of overload can be applied to the demands of daily life beyond the workplace, including



Scanlan most commonly treats neck and back pain, jaw pain, and headaches. She highlights back pain, in particular, as having a clear link to chronic stress due to the close proximity of the sympathetic nervous system and thoracic spine.



The American Psychological Association's 2021 Work and Well-being Survey of over 1,500 U.S. adult workers noted that **79 per cent** of employees had experienced work-related stress in the month before the survey.



Nearly **60 per cent** of employees reported negative impacts of work-related stress, including lack of interest, motivation, energy, and effort at work.

Since 2019, there was a

**38%**

increase in burnout, with

**36 per cent** reporting cognitive weariness

**32 per cent** reporting emotional exhaustion

**44 per cent** reporting physical fatigue



In a 2021 study of burnout rates in emergency department staff from two hospitals, an astounding **74 per cent** indicated they were experiencing burnout.

family responsibilities, health issues, and managing basic tasks. With the pandemic complicating so many areas of life, it makes sense that burnout is widespread.

According to Dr. Andrea Whelan, while chronic stress is an overarching cause of burnout, there is more to it. "I like to explain burnout as a condition where the body can no longer compensate in response to all of its internal and external demands. These demands are not only mental or emotional in nature, but also an accumulation of physiological stressors in the body," she emphasizes, adding that physiological stressors might include blood sugar imbalances, inflammation and immune dysfunction, bacterial imbalances in the digestive system, hormonal imbalances, nutrient deficiencies, and environmental toxins.

Since the beginning of the pandemic, Dr. Whelan has seen a notable increase in patients presenting with emotional distress and lack of connection, which can decrease motivation to attend to physical health.

"We rely so heavily on our social connections and activities to fill us up that, without this, life can be so much of a grind," explains Dr. Whelan. "One major change I've been witnessing is a general increase in anger and sadness from the current state of society and endless restrictions. The isolation has been devastating to many. I have seen how this has contributed to low energy states and, as a result, a strong lack of will to make healthy individual choices to help prevent or heal from burnout."

To add to the negative input of chronic stress and demand, Dr. Whelan adds the lack of positive inputs also makes a person that much more vulnerable to burnout. These include a balanced nutrient-rich diet, sufficient

sleep, regular exercise, time for relaxation and reflection, as well as strong and supportive relationships, and a sense of purpose and belonging. "Without at least some of these in place, the chronic stressors only drive the body into a greater state of imbalance and leave people feeling so unlike themselves."

### **SYSTEMIC CHANGES NEEDED TO ADDRESS BURNOUT**

The fields of nursing and education provide compelling lenses through which to view the complexity of burnout. In health care settings, exhausted nurses are scrambling to meet endless needs within a stretched system. Within schools, the workload continues to grow as teachers try to support the emotional health of students and colleagues. As these roles become increasingly complex due to deeper issues around social justice and trauma, burnout extends to emotional demoralization, feelings of societal betrayal, secondary trauma, compassion fatigue, and moral distress, all of which impact physical health.

In a 2021 study of burnout rates in emergency department staff from two hospitals, an astounding 74 per cent indicated they were experiencing burnout.<sup>5</sup> Maslach's work sheds light on the causes of the strain seen in helping professions: "Within such occupations, the prevailing norms are to be selfless and put others' needs first; to work long hours and do whatever it takes to help a client or patient or student; to go the extra mile and to give one's all." These norms place stress on workers to sacrifice personal wellness and rest in order to meet the demands of the job. Adding to this, writes Maslach, the organizational environments for these jobs are shaped by "various social, political, and economic factors (such as funding cutbacks or

policy restrictions) that result in work settings that are high in demands and low in resources.”<sup>6</sup> Social injustice within communities is leading to increasingly complex problems for the people being served by frontline workers, but programming and funding are not keeping pace with the need.

**To take care of herself, Carolyn prioritizes going for walks, spending quiet time alone and enjoying a cup of hot tea, and getting outside to enjoy her garden.**

As an educator and a parent, Zoey expresses frustration with a widespread societal emphasis on individual self-care for frontline workers. Pressure to maintain gratitude and positivity within these professions leads many people to hide their burnout symptoms and ignore serious health risks. As Zoey explains, the system’s relentless “one foot in front of the other” mentality, coupled with a lack of authentic societal support or recognition, creates a culture of toxic positivity. Workplace practices such as “wellness challenges” are pushed on workers without addressing the deeper causes of their burnout.

“I didn’t legitimize my burnout symptoms until we were a year into the pandemic, and I realized that I wasn’t just tired or bored or lazy, but I was physically and emotionally and professionally burning out,” says Zoey. “Burnout levels continue to worsen, without a reprieve. A Sunday morning rest or a good night’s sleep isn’t enough to rebuild for the current world, expectations, and pandemic.”

For Zoey, recognizing that burnout is

not a personal failing has been the first step; to take care of herself, she takes sick or medical days more frequently and allows herself time for rest, which she takes as desired, not only as needed or as a reward. She intentionally makes an effort to be less busy, making fewer plans and accepting the opportunities



and limitations of more spontaneous weekends and evenings. These small changes help, she says, but they are not enough on their own.

In nursing, Carolyn feels more demand than ever, but without a sense of feeling genuinely cared for. She sees a need for increased mental health support and frequent check-ins for hospital staff, provision of healthy food as a sign of appreciation (“no more junk food!”), and more team-building activities outside the work environment to increase staff morale. Rather than encouraging workers to take better care of themselves on their own, Carolyn says employers should be providing care to the whole community.

To take care of herself, Carolyn prioritizes going for walks, spending quiet time alone and enjoying a cup of hot tea, and getting outside to enjoy her garden. Over the spring, she aims to increase her physical activity and learn to run. But she is still keeping the option of a career change on the table. “COVID has really encouraged me to think about what is important

to me in my life,” she says. “Do I want to jeopardize my mental and physical health so I can make more money? I am willing to survive with less money and have better mental and physical health.”

With research beginning to emerge around the effects of pandemic burnout, the study on burnout in ER staff presents a clear result, stating that “consistent, progressive measures to address staff well-being, and support frontline workers, are imperative going forward.”<sup>7</sup> Both Zoey and Carolyn share this message: workers and communities need to feel cared for, appreciated, and connected in order to thrive. ■

*Sarah Bourdon, M.Ed, RCC, is an elementary school counsellor and teacher, and she has a small private practice where she works with children, youth, and families. She is a parent of two young children. She lives and works on the traditional territories of the Ləkʷəŋən, Songhees, Esquimalt, and WSÁNEĆ peoples.*

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# TIPS FOR PREVENTING OR HEALING FROM PHYSICAL BURNOUT

BY SARAH BOURDON, RCC



## ANDREA WHELAN, Naturopathic Doctor

1) "Start your day with a positive input before anything else gets in the way. Whether this is five-10 minutes of meditation, deep breathing or yoga, a dance party or my new favourite technique, 'tap and breathe.' This will help to awaken your nervous system and shift your biochemistry to help you feel more resilient for the rest of the day."

2) "Eat an array of colourful veggies and ditch those refined carbs. Start with three cups per day and work up to five cups, especially as we get closer to the fresh spring harvest! This can help reduce physiological stressors by helping to balance blood sugars and reduce inflammation."

## ANNMARIIE SCANLAN, Registered Physiotherapist

3) "For those working at home, build in a fake commute to work. Walk around the block twice and then go for coffee, just to add in movement to your day. Find something that gives you that movement and fresh air that you're missing."

4) "If you're experiencing low mood, and if you like music or dance, put music on in your kitchen and just move. You can just crank the music and get that free movement in. It helps with endorphins and gets the nervous system moving in ways that you may not when you're sitting at the computer or when you're stressed."



## Burnout versus compassion fatigue

**Burnout:** a chronic psychological syndrome originating from occupational stress and being overworked that presents as general exhaustion and lack of interest or motivation regarding one's work, often related to perceived demands from work outweighing perceived resources in the work environment.<sup>1</sup>

**Compassion fatigue (also called vicarious trauma):** a more rapid onset relational source of stress that originates from working with victims of trauma, which may present as diminished ability to feel compassion and development of negative emotions from helping others at work.<sup>2</sup>

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# FINDING BALANCE

## A holistic approach to long-term sustainable change

**S**ince childhood, Peggy Yu, RCC, has always been an observer of human behaviour, curious about why people do what they do. After immigrating from Taiwan, she worked as an immigrant settlement worker for a federally funded community program. While she enjoyed the work, a workplace occurrence left her feeling lost until a dear friend and mentor, Lesley Braithwaite, suggested counselling psychology as a profession. After all, Peggy was already on a similar path, helping and supporting people.

“Lesley said the learning journey might also help me find the true meaning of my life,” says Peggy. “Even today, I genuinely appreciate her gentle and firm support. Of course, in the end, I got to use what helped me to help others who are sometimes feeling lost in their life — a win-win outcome.”

Now, Peggy provides strength- and solution-based counselling supported by holistic medicine to help her clients with general emotion regulation and issues regarding self-esteem, chronic pain, addictive behaviour, and trauma. She also supports couples, families, parents and children, and clients with work-related concerns.

Peggy Yu’s therapy dog Smokey goes to the office with her and comforts clients simply by sitting with them and listening to them.



### When did you blend counselling with acupuncture and why?

I started acupuncture as an approach to healing three to four years ago. From a young age, I knew there was a connection between the head and the body, but I did not know how exactly the relationship worked at the time. I suffered from a childhood asthmatic condition, which made me feel weak and depressed. Talk therapy was not a common approach in Taiwan or Asia back then. No one understood what mental health was but only that life must continue, and the problem has to find a solution. When Western medicine

Peggy Yu is a Registered Clinical Counsellor and Registered Acupuncturist. She has training in cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), traumatic incident reduction (TIR), neuro emotional technique (NET), and holistic medicine. She is also an instructor at PCU Holistic Medicine College and a co-author of the book *Heart and Soul*.

did not help with my condition, my family took me to visit a holistic medicine practitioner. I remember how comfortable I was after every visit, as if he calmed my whole body down. I felt mentally, emotionally, and physically calm without talking too much.

After practising clinical counselling for years in substance use and trauma, I noticed so many physical symptoms resulted from mental health conditions, such as insomnia, IBS, aching muscles, breathlessness, chest tightness, low energy, etc. Many clients are intellectually competent and know good and proper ways to make themselves feel better psychologically from self-learning or talk therapy sessions. Still, for various reasons, they have difficulty practising the tools or skills. Many of us also know that change needs to be at the right stage, with the right approach, for a turning point to occur. I wanted to do something different to support my clients who were at the right stage and were motivated to find the solutions.

Inspired by my childhood memory, I introduced holistic medicine to my practice as a powerful approach when used properly with other methods, such as counselling, nutrition, physical activities, etc.

**Tell us about holistic medicine: what role does it play in your practice?**

Many people think of holistic medicine as needles only. The whole concept of holistic medicine is the philosophy of living a healthy regulated life with a balance within the mental, emotional, and physical. There are at least five components within holistic medicine: proper diet (food therapy), regular physical activities (Qi Kong or similar exercise), needles, moxibustion



**There are at least five components within holistic medicine: proper diet (food therapy), regular physical activities (Qi Kong or similar exercise), needles, moxibustion (burning herb), and herbs for acute or long-term use, depending on the condition.**

(burning herb), and herbs for acute or long-term use, depending on the condition.

Close to 80 per cent of physical and emotional mental imbalances are rooted in irregular lifestyle habits, such as not enough water intake, eating irregularly, overindulging in certain foods or substances, staying up late too often, etc.<sup>1</sup> According to the most ancient holistic medicine book for internal medicine, from Tang Dynasty, AD99 to AD26, human beings live among the universe and are part of the universe.<sup>2</sup> Every seasonal change is a reminder of the difference in the human body mentally, emotionally, and physically. For example, the spring season corresponds to liver health. From holistic medicine's point of view, the liver is in charge of our hormones, digestion, immunity, and detoxification. Similarly, from contemporary medicine's point of view, it is helpful to eat more dark green and

leafy vegetables this season. The liver likes a bit of sour-tasting food, such as kombucha or schisandra juice. Knowing how to take care of ourselves according to the different seasons will benefit many of us in learning how to live a harmonious life in rhythm with the universe.

I try to share such knowledge and the concept of holistic medicine to align with my client's physical condition, emotional concerns, and their needs. I support them to find the proper balance through simple, easy, and practical ways. Of course, not everyone or every situation is suitable for the same kind of suggestion. Similarly, not all psychotherapy approaches are ideal for everyone or every condition. It is essential to assess their right needs and requirement for proper directions, psychologically or holistically.

**Tell us about balance, and why it is so important.**

Finding "balance" is a goal for most people nowadays. Most yoga is about balance. Many organizations and individuals promote the concept of "work and life balance." The intriguing part of life is that we are never balanced, but we are also always balanced in some ways. For example, when you are tired, naturally you will rest; when you are thirsty, you will look for water or liquid to stay hydrated; when you are upset, you naturally want to find an outlet through crying or doing something to release the energy. This is the natural function of homeostasis, a biological self-regulation system that finds stability internally while adjusting to external changes. Naturally, we look for a way to balance ourselves, but many people forget about this innate balancing ability in our body, psychologically and physically. A similar

## FOOD THERAPY Spring and Summer



### SPRING

#### To facilitate the liver

- onions and leeks
- leaf mustard
- Chinese yam
- wheat
- dates
- cilantro
- mushrooms
- spinach
- bamboo shoots
- fresh green and leafy vegetables
- sprouts from seeds

#### To help clear the excessive heat

- bananas
- pears
- water chestnuts
- sugar cane
- celery
- cucumber



### SUMMER

#### To regulate the heart and keep the body cool and balanced

- watermelon
- strawberries
- tomatoes
- mung beans
- cucumber
- wax gourd
- bean sprouts
- duck and fish
- more vegetables and fruit

concept is the DBT skills approach, “finding the middle path,” where nothing should be extreme. Having balance gives us some flexibility and strength when we encounter something unexpected in life.

#### What is the connection between resiliency and balance?

The definition of resiliency is to have the capacity to recover quickly from difficulties or toughness. Resiliency means the amount of potential energy stored in an elastic material when deformed in physics. The relationship between resilience and balance is enough energy to bounce back when being bent or suppressed physically or psychologically. In other words, cultivating a balanced state will promote more energy for being resilient in any situation. Imagine our physical and psychological status is a container like a water bottle, half empty and half full. There is always room/strength to cope with the unexpected, and that will be our resilience mentally, emotionally, and physically.

#### What are the components that need to be considered to achieve or maintain balance?

From holistic medicine’s point of view, the essential components that practitioners are looking at are sleep quality, eating habits, water intake, bowel movement, and, of course, stable mental status. It might sound fundamental, but it is, in fact, very crucial. Any long-term abnormality in these areas indicates some physical/psychological malfunction.

From a psychological point of view, it is essential to deal with the stressors in life in a timely and reasonable manner, such as reaching out to your counsellor or mental health worker. It is like having an outlet for the water bottle to let go of toxicity to have more room to bounce back, because our external world is constantly changing. When the external factor is hard to predict, it is always more doable if you have control internally, such as better balance.

Those who maintain their balance mentally, emotionally, and physically might also experience some imbalance in their day-to-day routine. However, the impact from this uncertainty might be minor and more manageable because of their room to bounce back.

#### Do you have a message for RCCs about balance and using a holistic approach in helping clients and also themselves?

I believe there are a lot of RCCs using more than talk therapy approaches to support their clients. Using a holistic approach does not mean you have to learn for three to five years to become a Registered Acupuncturist like me. Instead, look wider and incorporate more than the psychological information to assess and help the clients. For example, while working with you for their psychological needs, encourage clients to check in with medical professionals for simple blood tests to check for essential mineral deficiencies or enable them to find a professional massage therapist to reduce physical tightness. Look into a person holistically from top to toe, past to present, and inside out to help them move forward holistically.

I admire and appreciate all fellow RCCs in helping and supporting clients before and during the pandemic and continuously. RCCs are also human beings. We also experience imbalance from time to time, but we might have better self-care awareness. When we first became RCCs, we were all reminded to find support throughout our careers. It is essential to check in promptly with your own support when you feel off. Finding our own balance also gives us more strength to help those who are struggling. ■

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# FRIENDSHIP AS RESILIENCE

Learning from the challenges and triumphs experienced by people with addictions who are building supportive friend networks BY HEATHER DICKSON, RCC

“I’m not here to make friends; I just want to get some more tools to put in my toolbox.”

I work as a clinical addictions counsellor at a men’s treatment centre and, as the old saying goes, “If I had a nickel for every time I have heard a client say that, I’d be a millionaire.”

We work with men who either have never experienced the attunement necessary as children to understand bonding or who have been bullied and rejected during their formative years and have never had a friend. In adult life, they may have lost friends through their addiction or been marginalized for other reasons such as mental illness. The worst transgression of all is that as a result of some or all of the above experiences, these men have “unfriended” themselves. Their utter disgust, shame, and loathing for self as the result of behaviours during their substance use do not bode well for connection with

others. If you hate yourself, why on earth would you expect that anyone else would want to know you?

Sometimes the statement, “I’m not here to make friends” is a defense against wanting friends badly but fearing failure. The Adlerians would call this “buying double insurance.” If you don’t try, you can’t lose and you can’t get hurt. If you don’t make any friends, that’s fine because you didn’t want them anyway.

### WHY ADDICTION BECOMES A FRIEND

When one of my sons was seven years old, he was feeling anxious about starting at a new school and making friends. His younger sister who was five years old said, “Don’t worry, you just have to walk up to someone and say ‘Hi’ and you’ve got a friend.” Theoretically, she had it right, but where do you begin when your life has been complicated by any or all of the above factors as is the case with my clients.

**For the men who struggle with connection, it is not going to work for us simply to tell them to come and talk to us if they need support. We need to walk towards them.**



I remember a past client who, when he came for his first appointment, fixed me with a rigid stare for the better part of 15 minutes. He finally asked, “Am I staring too much?” I had to admit that it was a bit unnerving, and he explained, “I’ve been in jail for the past two years, and I don’t know how much eye contact to make anymore so I’m practising.”

His comments helped me to appreciate what it must be like for the men who come through our doors lacking even the most basic connection skills. They come into an environment of 40-plus men and 20-plus staff and are told that making connection with others

will be one of the most significant things they can do for their recovery.

Their bravery astounds me. Many of them have lived in isolation for months, if not years, alone with their substances, trying to fill the void. And yet they stay. A strong part of our culture at the treatment centre is to welcome the new men as they sit in the lobby waiting for their intake. Many tell us later that this is the one thing that kept them sitting there. They felt welcomed and wanted. They helped me to understand that for the men who struggle with connection, it is not going to work for us simply to tell them to come and talk to us if they

need support. We need to walk towards them.

We are social beings, and if we don’t have the tools to meet those needs through connection with others, we will attempt to meet those needs in artificial ways through alcohol or drugs or sex or any of the other process addictions. As one client put it, “I took drugs because I didn’t have any friends. Then drugs became my friends. Then I no longer needed friends because I had drugs.”

When you have been bullied or rejected by the world, a slot machine or a case of beer can be an attractive alternative. It’s always there for you,

## HOW TO BE A FRIEND

I offer this list, borne out of my own life experiences and from these warriors with whom I walk.

**1**

Be unapologetic about who you are.

**2**

Your authenticity will be appreciated.

**3**

Be open to finding friends in unexpected places.

**4**

Don't assume that you're the only one feeling nervous.

**5**

Try to alleviate someone else's anxiety.

**6**

Sometimes people won't be receptive; don't give up.

**7**

Show interest in others.

**8**

It's okay to make the first move.

**9**

If they don't "get you," they're not your people.

**10**

Believe in yourself.

never talks back, never puts you down, and never rejects you. Do those not sound like the qualities of a good friend?

But what once was a solution becomes a problem, and the chasm of loneliness widens even more. The superficiality and abusiveness of these "relationships" becomes apparent and, at that point, everyone else has gone home.

### STARTING THE PROCESS

I honestly can't imagine how an individual in such despair has the strength to make it to our doors. On intake day, we see individuals waiting in the lobby with their worldly possessions, looking like deer caught in the headlights. One of the videos we show the men in their first week of treatment is Gabor Mate's "Brain Development and Addiction."<sup>1</sup> In this film, he speaks about certain aspects of brain circuitry that don't develop in infants if they have never had the presence of a non-stressed or loving caregiver. He further states that if that individual's only experience of that feeling of attunement comes through a drug, it will be very hard to give up the drug. He explains that what will be helpful to this individual in giving up these harmful drugs is an experience of love and connection — the exact lack of which led them to drugs in the first place.

So, when clients and staff stop and welcome these gentlemen and assure them they are in a safe place, we are, in a sense, beginning the process of re-parenting them in a positive way. They are often unrecognizable within a few days as their demeanour softens and their eyes brighten.

The other men in the house who have been there longer make it

okay to be frightened. It's not only okay to be vulnerable but is also highly recommended. Many men are confused by this approach. They are expecting to be treated with distrust and disrespect. Instead, as an old friend of mine used to say, they are "love bombed" when they walk through the door. Some are suspicious and in abeyance waiting for the other shoe to fall. One client got quite angry thinking our compassion and genuine caring was a sales pitch just to make ourselves look good — a profound illustration of how little regard he held for himself and how unaccustomed he was to being treated with respect and kindness.

### THE MAN CODE

It is a generalization to say that men resist being vulnerable and are socialized to "suck it up" and get over it, but it is sure is common. In spite of themselves, the "I'm not here to make friends" crowd often begins to connect through an activity of some sort: a game of cards or pool or working out at the gym. Not an intimate tête-à-tête where they discuss their hurts and fears but a connection nonetheless.

In a Ted Talk by Justin Baldoni (the actor) entitled "Why I'm done trying to be man enough," he speaks about male culture and describes a time when he needed support from his male friends. However, instead of speaking with them directly, he organized a camping trip, and it was only on the very last day that he summoned the courage to speak up about what was bothering him.<sup>2</sup>

I have had men tell me, "I didn't come to group this morning because I might have cried in group." I can reassure them all I want about how it's okay to cry but it's not until the



guy in the group who is identified as the most “manly,” says, “I cry all the time and I’m not ashamed of it” that they feel they now have permission to break the man code.

When I first interviewed for this job, I was asked to speak about male culture and what challenges it might pose for men in treatment. One of the answers I gave was that they might be resentful if you came across as too caring. My answer clearly resonated with the interviewer and he asked me to explain. My response was that it might be interpreted as me perceiving some weakness in them and an inability to cope. Indeed, it has proven to be correct in some instances.

Whereas women relish deep and nuanced relationships with one another and generally have few qualms about reaching out to friends for support, men are less likely to do so and often pay the price for holding onto those emotions.

As a confirmed, albeit-reluctant introvert myself, there’s something terribly ironic about me guiding men through the intricacies of adult friendships, let alone writing an article about it. Twice in my life, I have made major moves across the country and put myself in the position of being totally friendless. Negative schemas born of critical and judgmental relationships in my past helped little to enable me in

**It needs also to be mentioned that one of the challenges for these men in building friendships is the devastating losses from the opioid crisis.**

reaching out to make myself known. Slowly but surely, I built up a friend base but, more than anything, these experiences helped me to understand and empathize with my clients who face far greater obstacles than I did.

And yet they persevere.

### LESSONS IN RESILIENCE

The past two years of uncertainty in the world have been challenging for everyone, particularly in the area of connection with others. But these men live with uncertainty all the time, and we have much to learn about resilience from them. People often ask, “Does your program work? Does anybody ever get recovery?” The question they are really asking is “Do they stop drinking and doing drugs?” In their minds, that is the only measure of recovery.

It needs also to be mentioned that one of the challenges for these men in building friendships is the devastating

losses from the opioid crisis. They fear connection for fear of yet another loss. As counsellors, we too have recognized our own fears about connecting with our clients because the losses have been profound.

As clinicians, we stand in awe of the risks these men take to achieve wellness. To see them building intimate friendships and allowing themselves to be vulnerable in front of other men is nothing short of a miracle and a large part of what we see as recovery.

Another amazing thing happens. The men fear that if people really knew them and heard about the darkness inside of them, they would walk away in disgust. These feelings originate in shame. I explain that shame is like a mould that thrives in the dark but does not survive in the light. I encourage them to bring it into the light. They find that when they speak about the source of their shame, rather than

people distancing from them, they gravitate towards them in gratitude for paving the way to be able to speak of their own shame. Paradoxically, this fear and shame that has kept them isolated brings them friendships when it is released.

When I tell the men these relationships forged in recovery will be some of the deepest and most intimate relationships that they will ever form, I reflect on the intensive group psychotherapy sessions that were part of my art therapy training. Our final project was to present our personal case study of our own process in therapy. I tell the men that although I have not seen some of these colleagues in a number of years, we would immediately reconnect because we were there for each other in our most vulnerable moments. Similarly, these men dare to take their masks off and connect in authentic ways with one

**Clients have shared that it is often difficult to have a male counsellor, because they fear being judged as a failure in another man's eyes. They are surprised to be met with only compassion and respect.**





## My two huskies have been certified through Pets and Friends, an amazing organization, and I am able to bring them into the centre to interact with the men.

another. In other words, they begin to make healthy adult friendships.

I would wager that there are very few people, particularly men, in our society who ever attain such authenticity in their friendships.

### BEING PART OF THE PROCESS

As a clinician, it is tremendously rewarding to work with this population.

As a mother of four boys, I thought I had a fairly good understanding of male culture, but my knowledge has expanded exponentially walking alongside these men. Many of these men have not met the markers of what stands for success as a male in our society. They have not been able to provide for their families. They don't have the expensive truck or home or any home for that matter. They have lost more than they have ever owned. On the other hand, there are men who have met all the markers and lost it all. The fall is great and both groups are riddled with shame.

Clients have shared that it is often difficult to have a male counsellor, because they fear being judged as a failure in another man's eyes. They are surprised to be met with only compassion and respect. However, it is one thing for a clinician to be reassuring and quite another for a fellow client to say, "Buddy, I have one buck in my pocket and the clothes on my back and that's it. But my kids are talking to me

again, and I'm starting to get some self-respect back. The other stuff will come – this is where you need to be."

And when words don't work and social anxiety is too high, I offer a tactic that has been extremely helpful in my life. My two huskies have been certified through Pets and Friends, an amazing organization, and I am able to bring them into the centre to interact with the men. By being benign attachment figures, they have been invaluable in drawing out the most withdrawn of men. They were also very helpful during the worst of COVID-19 when the men were unable to spend time with their families.

In conclusion, here is a well-known quote from Johann Hari, author of *Chasing the Scream*, that nicely sums up the significance of friendship as a mark of resilience. "The opposite of addiction is not sobriety. The opposite of addiction is connection."<sup>3</sup> ■

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*Heather Dickson, MA, ATR, RCC, is a mother of five, grandmother of four, and mom to two fur babies. She feels very blessed to have had a rich and varied career that spans three decades and has taken her from BC to the Yukon and back again. She currently works in a men's treatment centre and provides clinical supervision for the staff at Tsawwassen First Nation.*



Asia (left) and Raven (right) are Heather Dickson's two therapy dogs. By being benign attachment figures, Asia and Raven have been invaluable in drawing out the most withdrawn of men.

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# NURSES IN

## A MENTAL HEALTH PANDEMIC

Perspectives from an  
RCC who also works  
as a Registered  
Nurse and Registered  
Psychiatric Nurse

BY AMANDA BURNS, RCC, RN, RPN



# CRISIS

**T**he morning alarm sounds off, and once again, another busy shift is waiting for the nurse. “Sue” checks her phone and sees numerous notifications from the hospital, alerts for anyone to come to fill yet another vacant shift. Managing her frustration, she takes a deep breath, kisses her kids goodbye, and heads off to work.

An ICU nurse’s work uniform is now layered with the addition of personal protective equipment. Despite her years of experience, the surge of COVID-19 patients instills a fresh sense of anxiety and urgency in her to manage the patient’s complex needs while avoiding infection. She is used to managing complicated medical equipment, but today she must consider a new piece of equipment: a personal iPad that her patient’s family has delivered.

She eventually accomplishes the setup after fumbling with Wi-Fi connectivity troubles. She elevates her patient so he can view the photographs of his loved ones on the small screen. This isn’t a typical visit; no outsiders are allowed, but since the patient’s condition is deemed terminal, this is the only way for them all to share a goodbye.

The nurse tries to move out of the screen to allow the private virtual meeting. The patient attempts to hold the device himself, but his body is weak and trembling. The nurse has

no option but to witness and inject herself into this very private meeting and manage the intrusive feelings that wash over her. She holds her patient and the iPad as the messages of love and grief are shared over a small screen. With the absence of much-needed physical contact from his loved ones, she tries to enhance these goodbyes by gently stroking the patient’s skin, trying to translate the love of his family physically.

The nurse struggles to compose her own emotions and remain the steadfast caregiver he deserves and requires. There is no time to process what the nurse is experiencing as there

**HEALTH CARE PROFESSIONALS, the frontline warriors in this pandemic, await the opportunity to exhale. The feeling is described as waiting for a building fire to burn out, a car accident to come to a stop, an earthquake to find its completion, but the end has not come with the pandemic.**

is much more to do. She is mentally, emotionally, spiritually, and physically exhausted when the shift is over. She has a brief opportunity to share her experience with arriving colleagues. Still, she is halted by the awareness that she must not burden the nurses who are just starting their shift. She must also try to leave the day’s events behind as she heads home, peels off her uniform in the garage, and slips into the shower before greeting her family with what little “care” she has left to give.

## **MENTAL HEALTH CHALLENGES AMONG NURSES**

The COVID-19 pandemic has moved from months to years. Health care professionals, the frontline warriors in this pandemic, await the opportunity to exhale. The feeling is described as waiting for a building fire to burn out, a car accident to come to a stop, an earthquake to find its completion, but the end has not come with the pandemic. The largest group of health care professionals impacted are nurses, including registered nurses, registered psychiatric nurses, and licensed practical nurses. Psychological and physical work-related concerns are not

new, and the added pressure of caring for those impacted by the virus is now further contaminating the mental health of many nurses.<sup>1,2</sup>

Nurses are first and foremost people with the same likelihood as anyone else of having challenges with their mental health. The profession can increase the risk of these challenges occurring with routine exposure to trauma, violence, and suffering. In 2019, WorkSafeBC amended the *Workers Compensation Act* acknowledging mental illness as a

work-related injury. This Presumptive Legislation for Work-Related Mental Health Injuries now includes nurses regulated by the British Columbia College of Nursing Professionals (RNs, RPNs, LPNs, and NPs).

A variety of circumstances influences nurses' stress levels. Heavy workloads, lengthy shifts, fast pace, lack of physical or psychological safety, chronicity of care, moral conflicts, perceived job security, workplace bullying, and lack of social support are just a few examples. Burnout, depression, anxiety disorders, sleep difficulties, and other ailments might occur from the associated psychological anguish.<sup>3,4</sup> Professionalism, quality of care delivery, efficiency, and general quality of life can all be harmed by work-related stress.<sup>5,6</sup> While it is vital to identify and minimize these work-related risk factors to preserve mental health and well-being, progress is slow

to non-existent. It is then up to the nurses to take care of themselves.

### **AFTER THE 7 O'CLOCK CHEERS**

A renewed sense of professional honour occurred initially during the pandemic. Recognition of the work frontline health care workers with the global and collective routine of setting aside time to bang pots, blow whistles, and cheer on frontline workers at 7 p.m. each night. Nurses who often felt unseen, unacknowledged, and misunderstood experienced a sort of pride in the call to action to join their coworkers during a time of crisis. But those cheers ended and are now replaced with a sense of helplessness, burnout, and vicarious trauma as the relentless demand continues, perhaps more intensely than before.

Reports aren't looking good. The BC Nurses' Union and researchers from the University of British Columbia School of Nursing worked on a study

during the pandemic that looked at the mental strain associated with working as a nurse in diverse settings. The nurse sample had two to three times the national average of suicidal thoughts and attempts.<sup>7</sup> According to a member poll conducted by the Canadian Federation of Nursing Union in January 2022, 94 per cent of nurses are experiencing symptoms of burnout, with 45 per cent claiming severe burnout and two-thirds of the nurses saying their mental health has deteriorated in the past year.<sup>8</sup>

### **UNDERSTANDING THE NURSING CULTURE**

Canadian nursing dates back to the 1600s when nuns sacrificed their own lives for the good of others and were expected to do so. This mindset continues as the health care sector is viewed as service-oriented, with secondary importance to those providing that care.

## **CONSIDERATIONS FOR COUNSELLORS WORKING WITH NURSES**

- Become occupationally aware of the nursing culture.
- Embrace a trauma-informed and strength-based approach.
- Normalize using mental health supports.
- Incorporate a biopsychosocial lens for risk and protective factors.
- Explore cultural barriers to enhance understanding and shatter misinformation and faulty assumptions.
- Normalize trauma reactions to extremely abnormal circumstances.
- Communicate that post-traumatic injury can lead to post-traumatic growth.
- Reassure nurses that they are not alone in their struggles and not broken, weak, and damaged beyond repair.
- Provide psychoeducation with neuroscience and brain-based benefits of modalities so nurses can link it to the already familiar emphasis of biological-emphasis training.
- Confidentiality is critical and a familiar concept in health care, but nurses need to be reassured that the therapist prioritizes privacy and discretion.
- Assist with compassion training, so nurses can continue to feel empathy



for others suffering while gaining the ability to feel positive emotions without feeling distressed.

- Assist nurses to identify and explore the double binds they face at work (moral injuries).
- Help nurses understand how compassion and empathy differ neurobiologically.



Nurses can feel that the public expects nurses to care for patients at any cost, including the cost of their well-being and their families. Care is perceived as their calling, mission, and obligation. They perceive their complaints and concerns are unvalued and, at times, in contrast to the symbolic giving nature of nursing as a service. This makes it difficult for nurses to reach out for support, as they often feel handcuffed to the idea of prioritizing others at the expense of themselves.

The nursing culture includes both protective factors and risk factors. The protective features identified by nurses include the advancement of care and healing for patients, continual learning and education, expertise in their chosen field, supportive peers who are often referred to as “work-wives,” “work-husbands,” and “work-family.” Nurses value their contribution to the healing journey or providing symptom management and emotional comfort in the absence of healing.

Risk factors for mental health challenges within the profession have more complexity. Similar to firefighters, nurses are a “band of sisters and

brothers.” Nurses don’t want to be the “weak link” and be doubted by their peers, seen as incompetent or weak. Nurses are also familiar with the “eating their young” ideation which minimizes support and emphasizes the need to “suck it up” and “toe the line” to be accepted. The bullying behaviour, also known as lateral violence, can result in feelings of inadequacy and separation for a nurse. Younger or newer nurses may feel personally inadequate, starting a negative trend early in their careers. This culture of survival leads nurses to feel like they are often under tension, and those who struggle with mental health challenges feel like failures. The silencing only serves to fuel the stigma and shame, and the cycle continues.

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of nurses are experiencing symptoms of burnout, with **45 per cent** claiming severe burnout and **two-thirds** of the nurses saying their mental health has deteriorated in the past year.

#### KEEP READING....

*Nurses in crisis: Mental health pandemic* by Amanda Burns, RCC, RN, RPN continues on BCACC’s blog at <https://bcacc.ca>, where you can learn more about organizational trauma, reframing clinician distress, and reframing self-care. ■

*Amanda Burns is an RCC in private practice and also an RN and RPN in a major hospital. Amanda has a particular interest in supporting health professionals and first responders (selfmatters.ca).*

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# RESILIENCE BUILT THROUGH CONNECTION

## BREAKING ISOLATION IN UNCERTAIN TIMES

BY LEANNE ROSE DORISH, RCC

**T**he way we think about connecting with others has to change. Many of the ways we used to get together and have a replenishing conversation with friends have fallen away because of the pandemic, because of the floods and the landslides, and because of travel restrictions worldwide.

Screens have seemingly taken over our lives and it's not to anyone's fault. Technology has helped us stay aware, employed, and in the know. But we're having Zoom-fatigue and more headaches, backaches, less exercise, and even relationship changes. Life has shifted whether we were ready or not. Is it going to go back to resemble what we knew before? Hard to tell. Will there be a continuous level of uncertainty for the unforeseeable future? Yes. So then how do we stay interested in restoring ourselves and staying resilient?

At the beginning of 2021, a dear friend and I were chatting over the phone. We are both neonatal intensive care unit (NICU) graduate moms and have kiddos with extra needs, so dancing with uncertainty is just part of how

we exist. We were talking about the deeper isolation the pandemic continues to present for us. My friend mentioned that she'd love to have a group to talk about spirit and our boys, emotions, and the everyday struggles that come along with being a NICU grad mom. I asked some specific questions of her and then said, "Should we just start this group?"

We're now in our seventh month of chats. It is a small group to keep things personal because we wrap our arms (virtually) around each other and meet each other where we are at. Our conversations focus on the energy from the moon, the weight of the world, and how grateful we are to have each other during these times. It's a space that is filled with love, acceptance, empowerment, and new perspectives. Whether or not you have a group like this in your life, you deserve to feel held and connected to others, now more than ever.

### **FOLLOW THE FEELING**

Sifting through social media to find a group to join or forum to chat in or webinar to listen to is time consuming and can take you down a rabbit hole. Once you let yourself land in the

## What about creating my own group?

What are some signs that you might want to create a group of your own instead of joining one that's already out there? Well, it starts with a need. Whether it's a need that you have found in yourself or a need you hear others talking about. Thinking about that, you should then ask yourself a collection of questions like:

- ▶ Who would the group be for?
- ▶ What is the purpose? How could it help?
- ▶ Where would it take place?
- ▶ Is it therapeutic or supportive?
- ▶ Do I want to lead or be a member?
- ▶ Do I actually have time to maintain this?

And the list goes on...

Starting your own group means you have an idea that feels powerful enough that you will commit to the time it takes to start, gather, and grow the seeds. Consistency makes a big difference these days and making sure you can show up each time is very valuable, both for trusting yourself and others trusting you enough to stick around. Being accountable takes energy and you might not have torrents of that; however, this group you are thinking of may help refill your bucket, too.

world of online adventures, you can wake up an hour or so later and find that you've accomplished very little.

The feelings of being stuck and lonely and disconnected are still present after a romp with social media and perhaps more-so because you see others "having fun" or "out for dinner with friends." Remember, these pictures are like wearing rose-coloured glasses — the publisher is only showing you what they want you to see. And honestly, if we compete with the rest of the world, we will never stay bonded with our own dreams, visions, and purpose.

Often, when I'm working with clients who are feeling really stuck and can't give me more than the "I don't know" kind of answer, I walk them through an exercise that helps them articulate the feelings that come with the stuck-ness. We "follow the feelings." This is how the NICU group began. I followed the feelings I was having while thinking about what the connection would feel like if I had a group of other like-minded moms around me to chat with, and it ended up being exactly what we all needed.

You may often forget that your feelings are indicators and reminders for growth, empowerment, and lessons. When you follow a feeling, you find answers. They usually won't be the ones you thought would be there, but if you're willing to allow whatever *wants* to come through *to* come through, then what is needed in this very moment will be the answer to guide you to the next step.

Remember, you can only take one step at a time. Resilience comes from understanding that with each step, comes new insights, strength, and joy.

### BODY BANK ACCOUNT

Take a moment right now and think of the things you would like to connect with others about. Are some of the things I

relish from my women's group the same as what you are looking for or longing to have? Maybe so and maybe not. If not, what are some of the things you are wanting from your bonds and connections with others?

We, as RCCs, let ourselves fall through the cracks because we are the ones holding space for others right now. Practices are full and there doesn't seem to be an end to it. What is great for the bank account might not be great for your body, your relationships, or your spirit. You are probably constantly getting new referrals or phone messages requesting services and all the while, your family and neighbours and friends are wanting to chat because they're feeling the weight of the world on their shoulders, too. They know you are a good listener and would love to "just pick your brain." Nice, but can I send you an invoice then? I'm guessing not.

When life gets heavy, we are not taught to look for the points of pressure. Certainly, in our current state of affairs, we don't have to look too hard for them. But where are those points of pressure that are coming from within? I bet it has been a while since you have practised what you preach in session with your clients. How often do you set a boundary with compassion and tenderness with those around you so you can take time for just you? And if you could connect with others, who would it be and where would you even find them?

### FILL YOUR HEART

Martina lives in Germany, has two dogs, and a garden-resident hedgehog. She loves her animals, and they bring her a great deal of joy. Yet Martina is very lonely. Life has not been easy, and experiences have left her guarded, but when she and I met back in 1998, there was an instant connection. Little did I know it was going



What are some of the older ways of staying in touch with someone that could help you feel less lonely or fill your heart? Could it be rekindling a pen-pal partnership?

to last into the present and be filled with incredible highs and rather low lows.

Martina does not like using social media, texting, or emails to communicate and so we do things the old-school way: we send postcards, letters, and small packages back and forth on a semi-regular basis. These letters and parcels hold treasures only she and I could hold dear: pictures of landscapes, garden visitors, new flowers, updates on family and old friends. We haven't seen each other in 10 years, yet the bond between us is stronger than ever. We rely on each other's snail mail surprises, and we cherish the Christmas and birthday parcels. We travel vicariously, especially in these past two years, and we honour the service people who help us keep that bond. It is all about the feelings. The thought put into these letters and packages gives each of us a sense of closeness. And it is priceless — pen pals are the best!

When you go within, what are some of the older ways of staying in touch with someone that could help you feel less lonely or fill your heart? Could it be rekindling a pen-pal partnership? You could pick up the phone and call someone instead of just emailing or texting them. Being creative with this



not only helps you think of new ways to create bonds with others, but it also allows you to remember who you are on the inside. You can then really understand who you might want to seek out or what type of group you're looking for, where the connections will be deeper and more meaningful. It's deeper when that belonging begins within.

### **CONNECTION BUILDS RESILIENCE**

Whatever it is you are looking for when it comes to connecting with others, follow your own lead. With creative juices flowing, research if a group exists for you and question if you would feel comfortable joining. If you know you want something of your own making, look at what it involves and if you have the time, space, and capacity to start it and keep it going.

My NICU group is not a therapy group — it is a support group. I am just as much of a learner and member as the other women who join in each month. I have mental health expertise, another member has a nutritionist background, another is an energy worker, another

is a doula, and so on and so on. We come from all different walks of life and live everywhere from Hawaii to Ontario to California. This group helps me stay resilient. I find replenishment, grounding, and newness from our time together, and these are the things that I need to be more of who I know I am here to be. Distance should not stand in our way of finding our people.

Resilience through connection is essential. Just as I'm sure you have seen in your work, if you don't feel you belong to something that has meaning to you, then sensations of being lost, alone, and disconnected can be present. You have the power and ability to change that for yourself, and I know you can feel it. The work you are doing is so important and the ripples are far-reaching. ■

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*Leanne Rose Dorish, MA, RCC, is a trauma counsellor and supervisor in the Salmon Arm area. She also works through My NICU Family supporting families who have had an infant in an ICU and the organizations that support those families.  
[www.Leannedorishcounselling.com](http://www.Leannedorishcounselling.com)*

# THE STRONG BLACK WOMAN STEREOTYPE

When Black women say they are strong, I validate them. Then, I ask them to tell me more about their experience of being strong.

BY NICHOLA WATSON WILLOUGHBY, RCC

I cannot recall the first time I heard the phrase, strong Black woman. It is common language I have listened to in and outside of the Black community. When people told me I was strong in the earlier stages of my life, I received the term to compliment my physical and emotional capacities. For example, many white teachers or coaches who were not interested in my personal life, approached me to participate in athletics in middle school and high school. Most did not take the time to find out my thoughts and feelings about sports. I was a student with Black skin, and therefore, a valuable athlete to these teachers or coaches. Looking back, I don't know if I enjoyed sports. However, I liked the attention I was given when I participated.

In middle school and high school, there were personal benefits to participating in athletics. I met other Black students, and I enjoyed team

sports, which were great for my sense of belonging. With the training in athletics, as my physical health improved, so did my mental well-being. Athletics taught me about structure, time management, problem-solving, and the art of healthy competition. I understood the importance and effects of making decisions in my best interest at post-secondary levels. While I continued to exercise, I did not participate in sports. My focus was on academics.

Before graduate school, I saw a therapist because of gang violence directed towards me by white staff in the workplace at a non-profit organization. However, the critical aspect of going to counselling was that while I knew I could access therapy, I waited until the presenting issues affected my mental health severely. That delay was because I unconsciously performed the strong Black woman stereotype. I was convinced that I could manage my life, address the

contributing social contexts, and implement responses without help.

Recently, I isolated myself from people I otherwise gravitated towards because I was exhausted physically and emotionally. But I did not connect my exhaustion to the performance of being strong. Instead, I became angry and frustrated at myself for underachieving. Also, it became more apparent that I had neglected my needs. I wanted to be available to others, but I had to set limitations. To correct the latter, I stopped performing the strong Black woman stereotype. I learned about boundaries, why they are essential, and how to implement them constructively. I started to say yes to myself; I began spending more time in silence and solitude. I love being around people, just not all the time.

I cannot speak to a precise moment before commencing my graduate studies in 2013 when I began to think critically about what it meant to be called a strong Black woman. In 2018,



### **THE REASONS WHITE ENSLAVERS CONSTRUCTED THE STEREOTYPE**

Within the context of enslavement, Black women became the subjects and objects of white supremacists.<sup>1</sup> It is not accidental that whites labelled enslaved Black women as not being fully human<sup>2</sup> because it permitted enslavers' mistreatments.<sup>3</sup> For their benefit, white elites constructed the stereotype that Black women are strong and can endure pain as a strategy<sup>4</sup> that justified the abuses of sexualized violence, reproductive violence, disfigurement of Black women's bodies, and separation of Black families.<sup>5</sup> And white elites used the phrase to manipulate enslaved Black women into believing they had the capacity to persevere through "hardship without breaking down, physically and mentally."<sup>6</sup>

my thesis research provided the platform to examine the history of the stereotype, its meaning, and its impact.

## WORKING WITH CLIENTS

As a clinician, I have met Black girls and women who have communicated that it was challenging to access counselling services, because they wanted to be strong and work through issues independently. At some point in the conversation, I revisited the latter statement and asked if accessing counselling services was a sign of their weakness. I asked questions concerning being strong, including how they learned that they are strong. How did they see being strong acted out? Who was the first person that told them they were strong? Can they recall the activities or events that occurred when people said they were strong? Explain the emotions and physical sensations they experienced when people said they were strong? After my plethora of questions, I validate their stories of socialization to the strong Black woman stereotype.

Often, I highlight their strengths within the context of the therapeutic relationship. For example, I share that strength can include recognizing the need for support and accessing resources. Strength is acknowledging their vulnerabilities – the issues that brought us together. Because of their strength, we can explore, learn, and grow together. And strength is about self-kindness, self-care, and self-compassion. I like to highlight their strength processes for coping

## KNOWING MY STRENGTH

*My strength is my Black herstory and history.*

*My strength is my Black ancestors.*

*My strength is re-discovering who I am.*

*My strength is getting into trouble.*

*My strength is walking away from abuse, danger, and violence.*

*My strength is asking for help.*

*My strength is confronting issues.*

*My strength is vulnerability, as evident in my tears, my screams, and my walk.*

*My strength is my beautiful Black skin.*

*My strength is my smile.*

*My strength is my song.*

*My strength is my joy.*

*My strength is silence and solitude.*

*My strength is, at times, unapologetic.*

*My strength is self-compassion.*

*My strength is my courage.*

*My strength is my essence.*

*My strength is mine.*

— NICHOLA WATSON, 2021

and healing, such as reading, praying, exercising, sleeping, writing, talking with others, practising safety, and more. I acknowledge their work because it speaks to their strength that is grounded in what Allan Wade calls “their inherent ability to respond effectively to the difficulties they face.”<sup>7</sup>

Like many clients’ stories, my experience of the stereotype addresses people who said I was strong because they wanted me to perform for their benefit. When I was acting out this stereotype for others, I felt empowered. In my role as a strong Black girl, student, and woman, I felt good because I was helping, serving, and comforting. Specifically, I had euphoric brain and body experiences from being told I was strong. My performances of the strong Black woman stereotype were about my social world.<sup>8</sup> Namely, in the religion of Judeo-Christianity grounded in the white supremacist patriarchy doctrine, I was socialized to serve others to the detriment of my health. I was taught that girls and women served boys and men. Despite my history of acting out this stereotype, I cannot diminish my strengths. Today, I am stronger because I am

better at being more confident with my yeses and nos. ■

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*Nichola Watson Willoughby RCC locates herself as an African Caribbean daughter, who immigrated to Canada from Jamaica and became a citizen and settler on Indigenous land. Her work as a clinical counsellor is her passion.*

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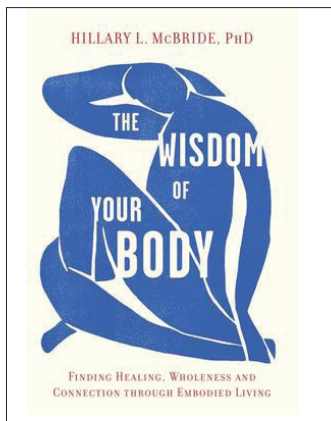
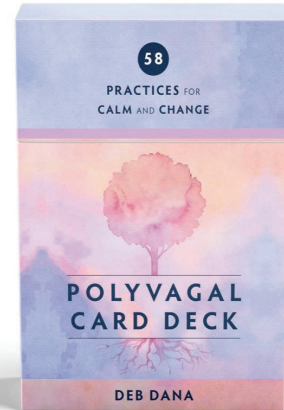
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## Explore

### **POLYVAGAL CARD DECK: 58 PRACTICES FOR CALM AND CHANGE CARDS**

BY DEB DANA

Offering clients easy-to-implement exercises and strategies for managing wherever they are on the autonomic ladder, these cards have been thoughtfully created to provide polyvagal concepts and prompts. The cards will enable clients to enhance a broad understanding of their nervous system as well as guide them through a process of tuning in.



## Read

### **THE WISDOM OF YOUR BODY: FINDING HEALING, WHOLENESS, AND CONNECTION THROUGH EMBODIED LIVING**

BY HILARY MCBRIDE, PHD, RCC

Packed with illuminating research and stories from her work and her deeply personal journey of healing from a life-threatening eating disorder, a car wreck EMTs thought she wouldn't walk away from, and chronic pain, McBride offers meaningful insights about why our relationship with our bodies matters for the quality of our whole lives.

## Participate

### **FAMILIES, FAMILY BREAKDOWN AND THE LAW: A BCACC ANNUAL EVENT**

**Victoria:** April 1 & 2, 2022

**Burnaby:** May 27 & 28, 2022

**Nelson:** June 3 & 4, 2022

**Prince George:** July 11 & 12, 2022

**Kelowna:** October 14 & 15, 2022

Did you know the biggest source of ethical complaints laid against RCCs is the handling of a family during relationship breakdown? A strong background working with families through breakdown is not enough to

ensure a counsellor is prepared to work within the family law environment.

BCACC is using what we know about RCC complaints to offer pro-active education in the field of Family Breakdowns and Family Law to empower you in your work. BCACC is bringing together Clinical Director, Child & Family Therapist, and Divorce Specialist, Alyson Jones, MA, RCC, and award-winning Family Law Arbitrator, Family Law Mediator, and Parenting Coordinator, John-Paul E. Boyd, QC, AOCA MA LLB for two robust days of training.

Join us on one of our stops in 2022. Learn more at [www.conference.bcacc.ca](http://www.conference.bcacc.ca).



# Languishing, resilience, and music

BY DEBORAH SEABROOK, RCC

Imagine you are with a trusted friend or counsellor. The atmosphere is warm, perhaps you're enjoying a hot drink, and the conversation turns to how you are feeling in your daily life. Rather than asking you to explain your feelings in words, your trusted conversation partner asks: if you were to choose a piece of music that conveys some of what you are experiencing, what would it be?

What is it like to match music to a particular inner experience? Is it second-nature or somewhat unfamiliar? When used in clinical counselling and music therapy, this concept of matching music to an emotional experience is called the iso principle.<sup>1</sup> As clinical counsellors, we can apply this iso principle in our daily lives to support our health and well-being amidst experiences of languishing.

Corey L.M Keyes refers to languishing as the opposite of flourishing, describing it as “not feeling good about or not functioning well in life”<sup>2</sup> and presenting as “an emptiness and stagnation, constituting a life of quiet despair.”<sup>3</sup> When used intentionally, music can serve as a way to both “be with” experiences of languishing and build resilience to languishing.

## MUSICALLY BEING WITH LANGUISHING

Focused musical engagement can offer us ways to acknowledge and express our experiences of languishing rather than attempting to “stop” languishing. Being with languishing through music can be a gentle way of honouring our experiences. By attending to our languishing, we open up an opportunity to understand and acknowledge ourselves more fully. This, in turn, can invite change.<sup>4</sup>



When used in clinical counselling and music therapy, this concept of matching music to an emotional experience is called the iso principle.

**Invitation to experience:** Consider setting time aside to select and listen safely to a piece of music that matches some of your experience of languishing. Practice self-compassion while noticing your response to hearing some of your experience being musically reflected and shared.

## MUSICALLY DEVELOPING RESILIENCE TO LANGUISHING

Focused musical experiences can also offer us ways to engage our creativity. Focused, playful, creative engagement can activate a sense of flow<sup>5</sup> and/or flourishing,<sup>6</sup> which are the opposite of languishing. By engaging in musical experiences, we can connect with our creative life force and build resilience in the face of languishing.

**Invitation to experience:** Consider setting time aside to select a piece of music that offers you some sense of aliveness. Creatively and safely engage with this music by singing or playing along and/or by moving your body to the music. Notice your response to creatively engaging with the music you selected.

## MOVING FORWARD

As we move through this pandemic, music can be that dear friend who asks how we

are feeling, who conveys understanding and comfort, and who invites us into a world of creativity and flow.

*Deborah Seabrook, PhD, MTA, RCC, blends clinical counselling and music therapy in her roles as an educator, supervisor, and clinician. Discover further resources about music, health, and well-being at [www.deborahseabrook.com](http://www.deborahseabrook.com).*

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# BCACC Member Health Benefit Plan



## A Message from BCACC's Senior Benefits Advisor, Stephanie A. Ritchie

I am pleased to bring the best Canadian Insurers to meet the needs of BCACC members for **Health & Dental, Disability & Critical Illness Benefits, through Edge Benefits,** who are permanent BCACC benefits sponsors.

As of **April 1st** we are announcing the addition of a new permanent BCACC benefits sponsor: **IA Financial Group (Industrial Alliance) for Mortgage/Life/Loan Insurances** – with over 125 years of experience, the IA Financial Group are Canadian leaders in the financial industry.

BCACC members who are interested in learning more about Mortgage/Life/Loan Insurances should log in to the member portal to review this information in the **I Am Looking For** section.

For a no obligation quote for Life, Disability, Critical Illness and Health & Dental benefits please contact me at **[stephanieritchie@shaw.ca](mailto:stephanieritchie@shaw.ca)** or at **778-533-4676**

# BCACC

BC ASSOCIATION OF CLINICAL COUNSELLORS

# THANK YOU

## TO OUR VOLUNTEERS

The Inquiry Committee is part of the regulatory arm of the BCACC and is concerned with the public interest and protection. This foundational Committee is tasked with reviewing and adjudicating complaints received from the clients of our members. In addition, this committee is involved in creating and reviewing policies and procedures that support the bylaws of the Association. The Inquiry Committee helps advance the Association's strategic mission and goals of:

**Professionalism:** High standards; Integrity; Lifelong learning; Collaboration; Collegiality

**Accountability:** Transparent; Ethical; Fair; Trustworthy

**Respect:** Responsiveness; Compassion; Sensitivity; Social responsibility; Diversity

The Committee members volunteer many hours each month to deliver rigorous case reviews. Their focus on resolving complaints by consent agreements in which members are assigned corrective actions to address errors has resulted in over thirty years with only a single disciplinary hearing.

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### Committee Members (alphabetically)

- ▶ Jane Goranson-Coleman (Chair)
- ▶ Jette Midtgaard
- ▶ Janine Orlando
- ▶ Liisa Robinson
- ▶ Lisbet Rosenfeld
- ▶ Mario Testani
- ▶ Mitra Jordan (resigned in February 2022 after 7 years of service)

**JOIN WITH US IN APPRECIATION OF THIS DEDICATED GROUP OF VOLUNTEERS!**

# BCACC

BC ASSOCIATION OF CLINICAL COUNSELLORS