



# **HEALING OURSELVES WHILE HEALING OTHERS:**

**NURSING DURING THE CORONAVIRUS PANDEMIC**

*A Webinar Series with Tools and Resources for Professional Nurses*

Donna Gaffney, DNSc, PMHCNS-BC, FAAN



Milagros Elia, APRN-BC



Anne Hofmeyer, PhD, MPHC, RN, MACN



Peg Pipchick, PhD, APN



Donna is a psychotherapist, author and educator, has long addressed a wide range of life-altering experiences in the lives of children and families—loss, trauma, and stress. She has counseled professionals, young people and schools in the aftermath of individual and national tragedies — 9/11, Sandy Hook, and Hurricane Katrina. In addition to academic papers, Donna is the author of *The Seasons of Grief, Helping Children Grow Through Loss*. She taught at Columbia University and holds master's degrees from Teachers College, Columbia University; Rutgers University, and a doctorate from the University of Pennsylvania. Her post-doctoral work includes the Prudential Fellowship for Children and the News at Columbia Journalism School. Donna consults for the New York Life Foundation and the Resilient Parenting for Bereaved Families Program at Arizona State University.

Millie is the founder of M. Elia Wellness, LLC, a service which offers Integrative Health Program Design within local cancer survivorship communities, larger healthcare systems and organizations. She is the proud recipient of the (SIO) Society for Integrative Oncology's 2019 Clinician Stakeholder Award for the impact her services have had, and continue to have, on the cancer survivorship community. She has twenty years of experience as a Nurse Practitioner and received her Master's of Arts from NYU in Advanced Practice Nursing. Additionally, she is a certified Health and Wellness Coach and Yoga Instructor.

Anne holds an Adjunct appointment with the SONM and is a Visiting Professor at Anglia Ruskin University, Cambridge, UK. She is a member of the Royal College of Nursing (RCN) UK and Australian College of Nursing. Her current research is on translating the social neuroscience of empathy and compassion in the context of culture, networks and leadership in nursing and healthcare. Anne holds a PhD and a Master's Degree in Primary Health Care (palliative care specialty) from Flinders University, Australia. Following completion of her PhD in 2002, she was recruited to the Faculty of Nursing, University of Alberta, Canada in 2003. In 2004, she completed an Intensive Bioethics Course at the Joseph P. & Rose F. Kennedy Institute of Ethics, Georgetown University, Washington DC.

Peg is an Advanced Practice Psychiatric Nurse and licensed Marriage and Family Therapist. She works with children, individuals and families to help them become more aware of themselves and others through talking and experiencing their feelings. As a Disaster Crisis Counselor and therapist, Peg has counseled individuals after 9/11, hurricanes Rita, Floyd and Sandy. Peg has served as Adjunct Faculty and Guest lecturer in several nursing programs and taught family therapy at Drew University. As a facilitator for the Recovery and Monitoring Program (RAMP), Institute for Nursing, Peg helped nurses whose practice was impaired by drugs, alcohol or other issues. She has a Masters of Arts from NYU in Psychiatric Nursing, is a Graduate of Blanton-Peale Graduate Institute and earned a PHD from Union Institute and University. Peg has a private practice in Cranford, NJ and is a Certified Holotropic Breathwork Facilitator.





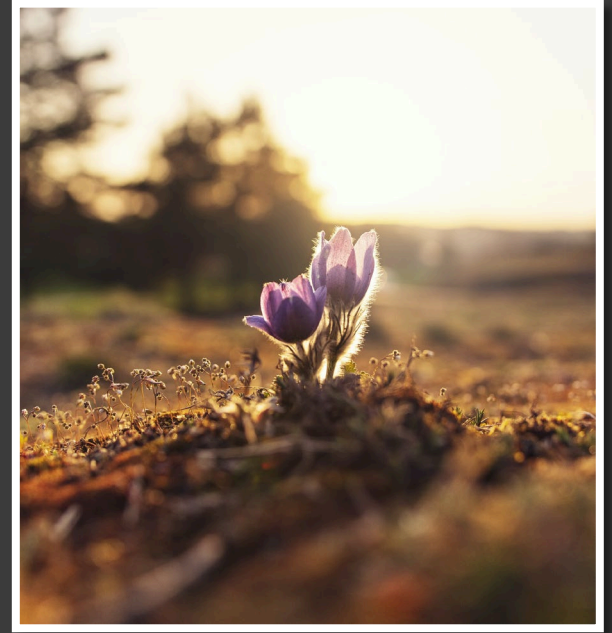
# TRANSFORMING HELPLESSNESS TO WHOLENESS



Bekir Donmez

# GOALS

- Recognize and accept vulnerability.
- Reframe uncertainty and fear.
- Identify your best actions and approaches to build growth and strength.
- Make a difference in your own life and the lives of others.
- Emerge from the pandemic whole and on a journey of healing and growth.



Ales Me

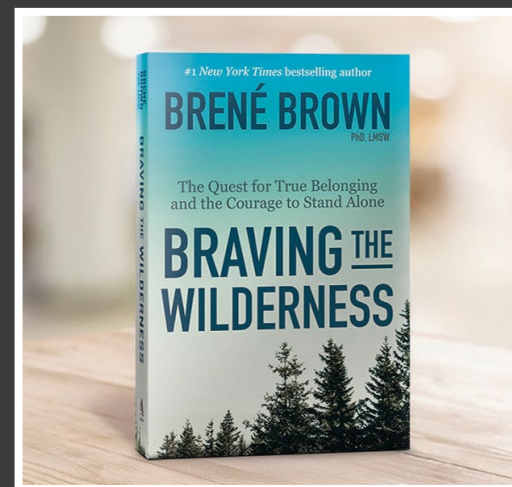
“The definition of vulnerability is **uncertainty, risk, and emotional exposure**. But vulnerability is **not weakness**; it's our most accurate measure of courage.

When the barrier is our belief about vulnerability, the question becomes: '**Are we willing to show up** and be seen when we can't control the outcome?'

When the barrier to vulnerability is about safety, the question becomes: 'Are we willing to create courageous spaces so we can be fully seen?'

Brené Brown, *Braving the Wilderness: The Quest for True Belonging and the Courage to Stand Alone*

# VULNERABILITY



BreneBrown.com

Collective Vulnerability and Courage- Brene Brown  
<https://psychiatry.ucsf.edu/coronavirus/webinars>





# UNCERTAINTY AND FEAR

Allowing ourselves to feel our feelings and go deep into the grief, fear and despair takes opening ourselves up to transform ourselves into growth and wisdom.

It is a journey to befriend our “Inner healer.”

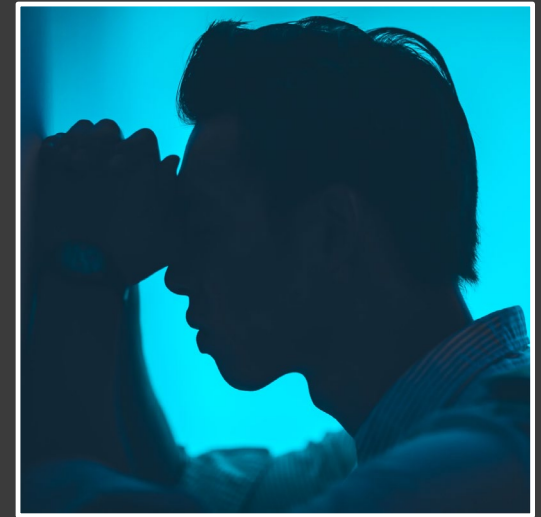


Brandon Green



# HELPLESSNESS . . . TO DESPAIR?

- Deep Feelings of helplessness, powerlessness and hopelessness can lead to a sense of despair.
- Not talking about a depression that is biological in origin.
- Think of despair as a feeling and a Mood
- Despair is a **common human experience**
  - Despair about health, job, marriage, love life, finances
  - Typically dissipates over time
  - Can become a clinical depression



Raj

“Despair is a deep discouragement and loss of faith about one’s ability to find meaning, fulfillment and happiness to create a satisfactory future for oneself.” Diamond, S., 2011.

Viktor Frankl defined despair as “a meaningless suffering”. Conley created a powerful formula :

$$D = S - M \text{ ( Despair equals Suffering minus Meaning)}$$

The clinical implication here is that despair can be treated by **helping the person attribute to or discover some meaning in his or her personal suffering**, misery and symptoms.

# THERE ARE TIMES . . .

. . . when FEELINGS of despair take over:

- When we feel our heart cannot break any more,
- When we feel we cannot love any more,
- When our body is carrying profound pain in a way that does not seem to go away.

Despair is a **HAVEN** – with its own TEMPORARY form of beauty of self compassion.

It is the invitation we accept when we want to remove ourselves from the hurt.

Despair is the last Protection.

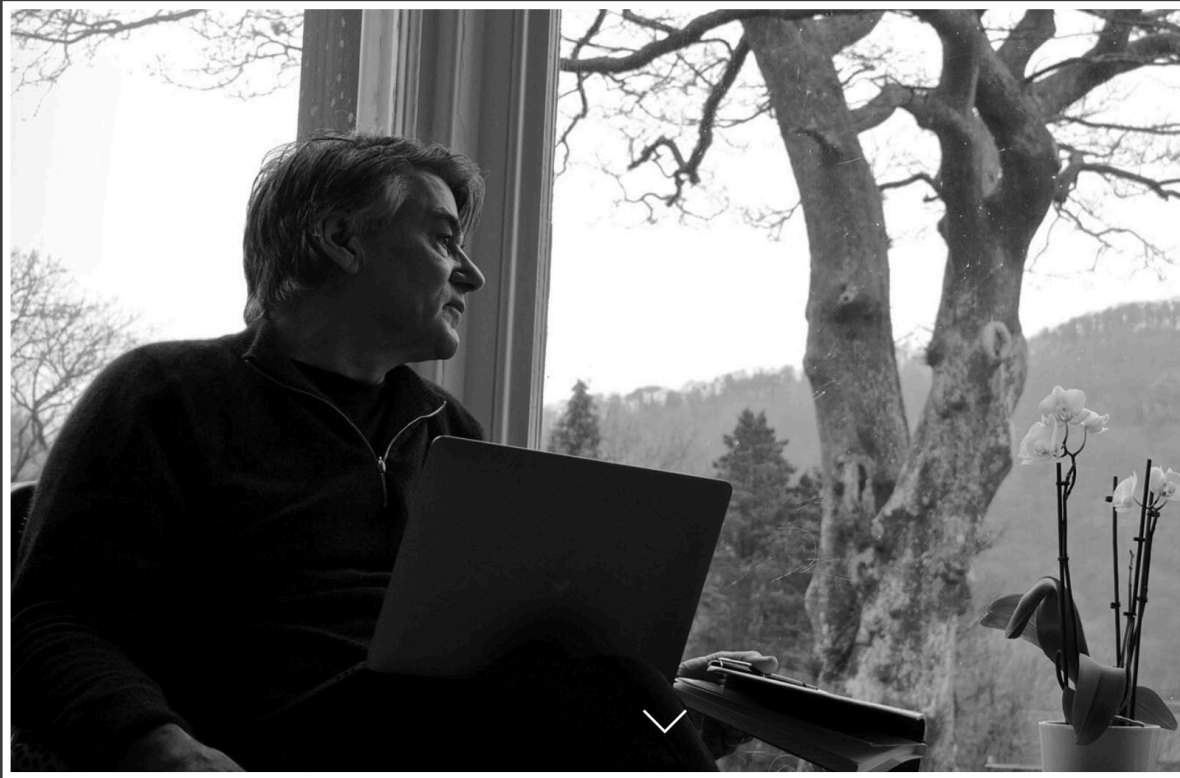


Diki Kurniawan

Seek a temporary but necessary illusion, a place where we hope nothing can ever find us in the same way again.

Despair can be a Spiritual Crisis that can have relief in a religious faith but it at times this is not viable or meaningful. Carl Jung and Stanislav Grof (Spiritual Emergency)

Many people need to find their own way through this spiritual crisis.



[www.davidwhyte.com](http://www.davidwhyte.com)

“Refusing to despair about despair itself, we can let despair have its own natural life and take a first step into the foundational ground of human compassion, the ability to see and understand and touch and even speak, the heartfelt grief.”

Whyte, D. (2019). *Consolations: The solace, nourishment and underlying meaning of everyday words*. Canongate Books.



# THE ANTIDOTE TO DESPAIR . . .

- The antidote to despair is not to be found in the brave attempt to cheer ourselves up with happy abstracts, but in paying a profound and courageous attention to the body and the breath, independent of our imprisoning thoughts and stories, even strangely, in paying attention to despair itself, and the way we hold it, and which we realize, was never ours to own and to hold in the first place. To see and experience despair fully in our body is to begin to see it as a necessary, seasonal visitation, and the first step in letting it have its own life, neither holding it nor moving it on before its time.
- We take the first steps out of despair by taking on its full weight and coming fully to ground in our wish not to be here. We let our bodies and we let our world breathe again. In that place, strangely, despair cannot do anything but change into something else, into some other season, as it was meant to do, from the beginning. Despair is a difficult, beautiful necessary, a binding understanding between human beings caught in a fierce and difficult world where half of our experience is mediated by loss, but it is a season, a wave form passing through the body, not a prison surrounding us. A season left to itself will always move, however slowly, under its own patience, power and volition.

Whyte,D., Consolations, p. 56-57.



# FOSTER WELLBEING & RESILIENCE

- Resilience refers to a person's ability to thrive, continue to be positive, and function despite difficult circumstances and adversity.
- **We are not born with levels of resilience.**
- Holloway (2013) describes how resilience is not an inherent quality ...and is not simply an ability to 'bounce back'.
- Rather, it is a personal capacity that can be **intentionally fostered** *with* particular resources.
- Resilience is being able to cope with challenges whilst maintaining positive mental health.

# FLOURISH UNDER PRESSURE

- Socially isolated individuals have a more limited ability to access the necessary resources derived through networks to foster their wellbeing and resilience.

So, how can you build your resilience to remain positive and flourish(thrive) under pressure?



Marcus Spiske

- The **'fuel'** to build our resilience comes through our self-awareness, self-compassion, self-care practices, relationships, and networks.

Dr. Anne Hofmeyer



# FUELING



Folco Masi

1. The **'fuel'** to build our resilience comes through our self-awareness, self-compassion, self-care practices, relationships, and networks.
2. Self-compassion is visible in kindness toward ourselves and daily self-care practices (Neff, 2003).
3. Look after yourself first so you are strong to help others.
4. **'Work-life fit'** is about self-awareness – which is about taking better care of yourself so you are resilient and able to act with compassion toward patients, colleagues and your own family and friends.

Dr. Anne Hofmeyer

# RESILIENCE IS. . .

- Viewing change or stress as a Challenge
- Cognitive flexibility
- A personal moral compass (a set of core beliefs from which they cannot be shaken)
- A role model to whom they can look up
- An ability to face fears
- Active coping skills
- A good social network
- Engaging the support of others
- Close, secure relationships with others
- Personal and collective goals
- Self efficacy
- Strengthening effect of stress
- Past successes
- Realistic sense of control
- Sense of humor
- Action oriented approach

Connor, K and Davidson, J. 2003

# RESILIENCE

**Three** elements to build resilience in individuals and communities:

- (1) Promote wellbeing;
- (2) Build social capital & networks;
- (3) Learn more about mood and mind. Holloway (2013)

## **(1) Promote Wellbeing:**

- Build your physical resilience through nutrition, sleep, exercise, take time to relax.
- Have a purpose, set your goals, and work steadily toward success.



Dr. Anne Hofmeyer





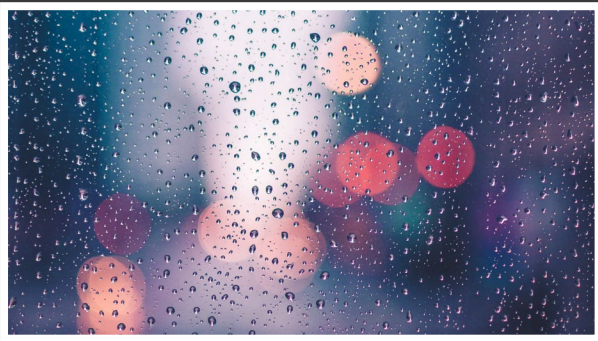
# RESILIENCE

## (2) Build Social Capital & Networks:

- Nurture positive friendships and professional relationships and networks so you have a range of trusted people you can ask for support and feedback;
- Be a trusted friend!

## (3) Learn about Mood and Mind:

- Practice **gratitude** to enhance positive feelings and calm emotions;
- **Mindfulness** and meditation to enhance wellbeing; resilience;
- Trust your intuition;
- Know when to let go and walk away;
- Reach out when you feel negative emotions;
- Develop your emotional intelligence;
- Build your self-reflection and insight – be honest with yourself;
- Practice self-compassion rather than self-criticism (Neff, 2003).



# RAIN

R - Recognize what is happening. Consciously acknowledging thoughts, feelings, behavior affecting us.

A - Allow life to be there, just as it is. Letting the thoughts, emotions, feelings, or sensations we have recognized simply be there, without trying to fix or avoid them.

I - Investigate inner experience with interest, kindness and care. Approach your experience in a non-judgmental and kind way.

N - Nourish with Self-Compassion. Try to sense what the wounded, frightened or hurting place inside you most needs. Offer some gesture of active care that might address this need.

*You can take your time and explore RAIN as a stand-alone meditation or move through the steps whenever challenging feelings arise.* Brach, T. 2013.

**RAIN:** 15 minutes. The acronym RAIN is an easy-to-remember tool for practicing mindfulness and compassion using the following four steps:

**R—Recognize What’s Going On** Recognizing means consciously acknowledging, in any given moment, the thoughts, feelings, and behaviors that are affecting us.

Like awakening from a dream, the first step out of the trance of unworthiness is simply to recognize that we are stuck and subject to painfully constricting beliefs, emotions, and physical sensations. Common signs of the trance include a critical inner voice, feelings of shame or fear, the squeeze of anxiety or the weight of depression in the body. Recognizing can be a simple mental whisper, noting what has come up.

**A—Allow the Experience to be There, Just as It Is** Allowing means letting the thoughts, emotions, feelings, or sensations we have recognized simply be there, without trying to fix or avoid anything. When we’re caught in self-judgment, letting it be there doesn’t mean we agree with our conviction that we’re unworthy. Rather, we honestly acknowledge the arising of our judgment, as well as the painful feelings underneath.

**I—Investigate with Interest and Care** Once we have recognized and allowed what is arising, we can deepen our attention through investigation. To investigate, call on your natural curiosity - the desire to know truth - and direct a more focused attention to your present experience. You might ask yourself: What most wants attention? How am I experiencing this in my body? What am I believing? What does this vulnerable place want from me? What does it most need? Whatever the inquiry, your investigation will be most transformational if you step away from conceptualizing and bring your primary attention to the felt-sense in the body. When investigating, it is essential to approach your experience in a non-judgmental and kind way. This attitude of care helps create a sufficient sense of safety, making it possible to honestly connect with our hurts, fears and shame.

**N—Nourish with Self-Compassion** Self-compassion begins to naturally arise in the moments that we recognize we are suffering. It comes into fullness as we intentionally nourish our inner life with self-care. To do this, try to sense what the wounded, frightened or hurting place inside you most needs, and then offer some gesture of active care that might address this need. Does it need a message of reassurance? Of forgiveness? Of companionship?





Aaron Burden

# REFLECTIVE WRITING

Start with mindfulness, it fosters self-awareness through reflective writing, consider keeping a journal.

Mindfulness is key to fostering resilience and connections with others.

‘Mindfulness is our capacity to intentionally bring awareness to present-moment experience with an attitude of openness and curiosity. It is being awake to the fullness of our lives right now’

(Bauer-Wu & Fontaine, 2011, p. 11)

Dr. Anne Hofmeyer

## Feeling overwhelmed by the Pandemic?

### Expressive Writing can Help

TRY THESE WRITING EXERCISES

#### What is Expressive Writing?

Expressive writing is easy. Just sit down and write about something that is bothering you. It's simple and there is no right or wrong way to do it.

This website gives you some ways to try out expressive writing to help you deal with the COVID-19 outbreak. By writing about your thoughts and feelings for as little as 5-10 minutes, you may change the ways you are thinking, feeling, and even sleeping.

<http://www.exw.utpsyc.org/>

A “healing narrative.” possesses five characteristics :

- It portrays experience concretely, in rich detail.
- It connects feelings to events.
- It balances positive and negative emotion, even as it describes difficulties.
- It provides insight and reflection.
- It relates a full and comprehensible story.

DeSalvo, L, 2013

Over to  
you!

From Dr. Anne Hofmeyer:

## YOUR TOOL BOX BELT?

- What makes you feel hopeful?
- What sustains your resilience?
- What practices are in your 'self-care tool box'?
- What makes up your 'oxygen mask' to keep you strong?
- What self-care practice can you start now?



Jesse Orrico

Identify a time when you felt exhausted and unable to care for a patient or colleague with your usual energy and compassion.

- What happened?
- What knowledge and skills did you need to be more effective in practicing compassion?

# Evidence of Resilience: Advocacy and Activism

Landmine Survivors Network

Mothers Against Drunk Driving

AIDS coalition to Unleash Power

SNEHA – Suicide prevention network in South India



<https://nursemanifest.com/author/peggychinn/>

## ACTIVISM AND ADVOCACY:

- Activism can generate a number of psychological benefits—strengthened relationships, work-life/career balance, building identity, empowerment, sustained commitment, enhanced self-esteem, general well-being, greater self-confidence, and organizing knowledge (Klar & Kasser, 2009; Vestergrén, Drury & Chiriac, 2017).
- Some authors even describe activism as a potential antidote to vicarious trauma, building vicarious transformation and resilience (Hernández, Gangsei, & Engstrom, 2007).
- Researchers have found that writing about one's stressful or traumatic experiences can be the first step in activism — additionally it has the potential to improve coping strategies, clarify and solve problems and facilitate social interactions (Jacobson & Jeffries, 2018; Pennebaker, 1997; Sexton et al., 2009; Tonarelli et al., 2017).
- Many find new purpose and transformation through community activism or advocacy to benefit others and prevent future suffering (Perry & Rolland, 1999)





PORTFOLIO MAY 4, 2020 ISSUE

## A CITY NURSE

*Healing in the I.C.U. during COVID-19.*

Photographs by Karen Cunningham

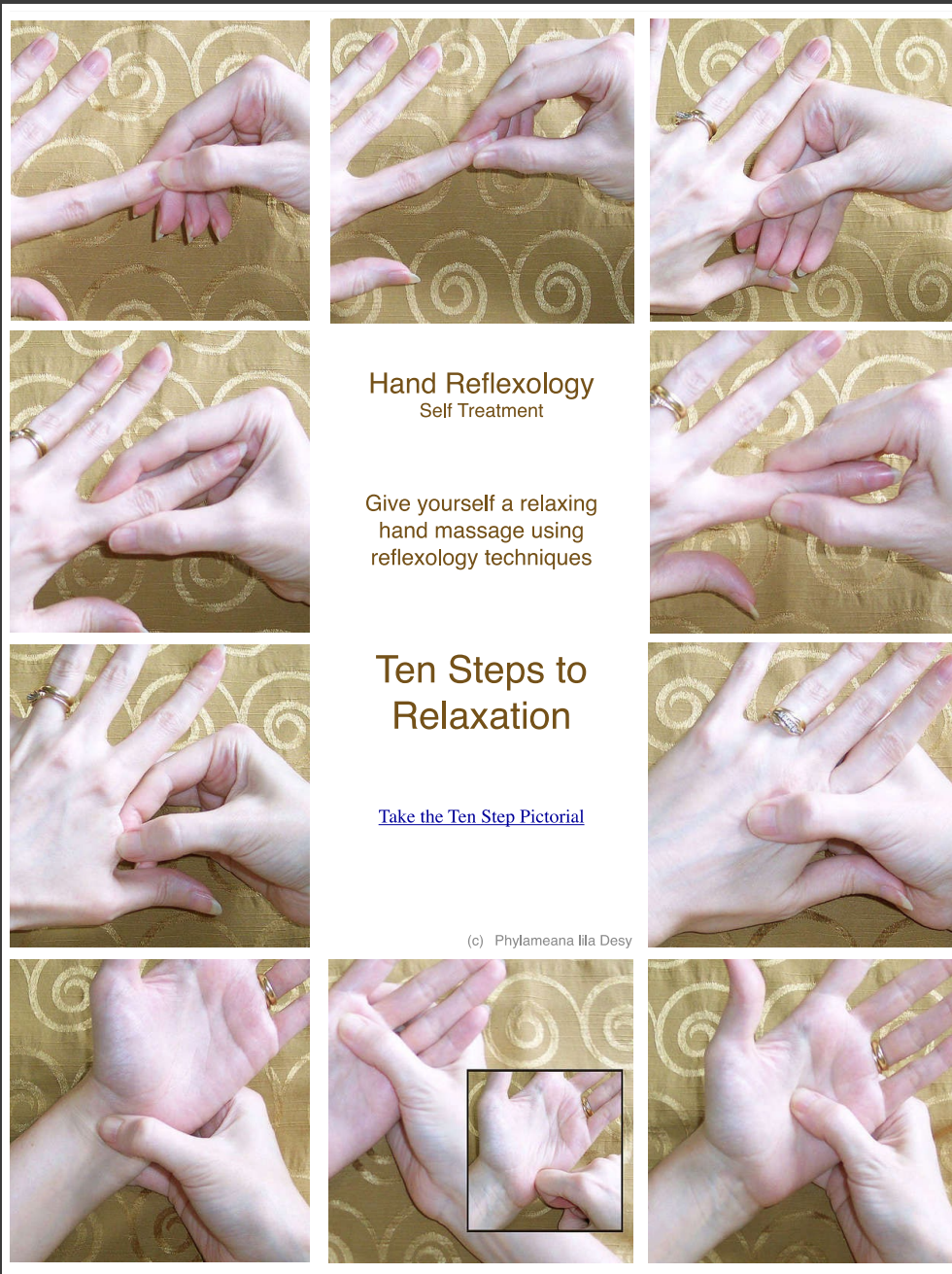


TELL YOUR STORY IN WORDS AND IMAGES—YOU OWN IT!

<https://www.newyorker.com/magazine/2020/05/04/a-city-nurse>

And . . .





## RESOURCES

Aromatherapy <https://naha.org/explore-aromatherapy/about-aromatherapy/methods-of-application>

Sleep <https://www.sleepassociation.org/>





# Questions



# BIBLIOGRAPHY

## Webinar 7. Transforming Helplessness to Wholeness

Bauer-Wu, S. & Fontaine, D. (2015). Prioritizing Clinician Wellbeing: University of Virginia's Compassionate Care Initiative. *Global Advances in Health and Medicine*, 4(5), 16-22.

Brach, T. (2017). The RAIN of Self-Compassion: A simple practice for clients and Clinicians. In *Advances in Contemplative Psychotherapy* (pp. 146-154). Routledge.

Brach, T. (2013). The RAIN of Self-Compassion [PDF] Adapted from Tree Refuge.  
<https://www.tarabrach.com/wp-content/uploads/pdf/RAIN-of-Self-Compassion2.pdf>

Conley, C. (2012). *Emotional equations: Simple truths for creating happiness+ success*. Simon and Schuster.

DeSalvo, L. A. (2000). *Writing as a way of healing: How telling our stories transforms our lives*. Beacon Press.

Diamond, S. A. (2011). Clinical despair: Science, psychotherapy and spirituality in the treatment of depression. *Psychology Today*. <https://www.psychologytoday.com/us/blog/evil-deeds/201103/clinical-despair-science-psychotherapy-and-spirituality-in-the-treatment>.

Frankl, V. E. (1985). *Man's search for meaning*. Simon and Schuster.

Gessler R & Ferron L. (2012) Making the workplace healthier, one self-aware nurse at a time. *American Nurse Today*, 7(7), 41-43.



# BIBLIOGRAPHY

Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*. 46(2), 229-241.

Holloway, S. (2013). Resilience in Mind: Early action for mental health. Retrieved from <http://www.community-links.org/linksuk/?p=3910>

Jacobson, J., & Jeffries, P. (2018). Nursing, trauma, and reflective writing. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC.

Lützén K, Ewalds-Kvist B. Moral distress and its interconnection with moral sensitivity and moral resilience: viewed from the philosophy of Viktor E. Frankl. *J Bioeth Inq*. 2013;10(3):317-324.

Neff, K. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223 -250.

Oh Y, Gastmans C. Moral distress experienced by nurses: a quantitative literature review. *Nurs Ethics*. 2013;22(1):15-31.

Pennebaker, J. (n.d.). Writing and health: Some practical advice. <https://liberalarts.utexas.edu/psychology/faculty/pennebaker#writing-health>

Pennebaker JW, Chung CK. Expressive writing: Connections to physical and mental health. In H. Friedman (EDS), *Oxford handbook of Health Psychology*, 2011.

# BIBLIOGRAPHY

Sexton, J.D., Pennebaker, J.W., Holzmüller, C.G., Wu, A.W., Berenholtz, S.M., Swoboda, S.M., Pronovost, P.J., & Sexton, J.B. (2009). Care for the caregiver: Benefits of expressive writing for nurses. *Progress in Palliative Care*, 17, 307-312.

Tonarelli, A., Cosentino, C., Artioli, D., Borciani, S., Camurri, E., Colombo, B., & Artioli, G. (2017). Expressive writing. A tool to help health workers. Research project on the benefits of expressive writing. *Acta biomedica: Atenei Parmensis*, 88(5), 13.

Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family process*, 46(2), 207-227.

Whyte, D. (2019). *Consolations: The solace, nourishment and underlying meaning of everyday words*. Canongate Books.

Williams Yost, C. (2013). *Tweak It: Make What Matters to You Happen Every Day*. Centre Street Publisher



# Let us know how you are doing!

[HealingOurselves@DonnaGaffneyDNSc.com](mailto:HealingOurselves@DonnaGaffneyDNSc.com)



Tyler Gaffney, Oil on Canvas.