(SELF) HYPNOSIS IN THE PREVENTION OF BURNOUT AND COMPASSION FATIGUE FOR CAREGIVERS: THEORY AND INDUCTION

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Abstract

Caregivers are particularly at risk of compassion fatigue and burnout. Empathy, activity of mirror neurons and mirroring increase the risks. Some research has been done on the relationship between hypnotizability and empathy. In the prevention of burnout and compassion fatigue a positive approach with increase of 'compassion satisfaction' and 'resilience' makes sense. Hypnosis with its emphasis on mobilizing positive resources and positive psychology is helpful at different levels of intervention. (Self) hypnosis is integrated in strategies for self care, setting boundaries and increasing inner strength and resilience. In hypnosis attitude changes can be made with promotion of compassion satisfaction and job engagement. Resource development is also part of the hypnotic work. After initial training in hypnosis, caregivers can help themselves further in remaining more resilient and keeping positively engaged, enjoying compassion satisfaction. Copyright © 2009 British Society of Experimental & Clinical Hypnosis. Published by John Wiley & Sons, Ltd.

Key words: burnout, compassion fatigue, compassion satisfaction, empathy, hypnosis, mirror neurons, resilience, resource development

Introduction

Some years ago, burnout was discovered and described as a job-related hazard particularly putting health care professionals at risk. Herbert Freudenberger (1980), a German psychoanalyst, had emigrated to New York where he started working with committed mental health workers. Within one year he noticed some dramatic changes in their attitude, for they became apathetic, distant, and disillusioned. Trying to find out what happened he began to use the term 'burnout', and each time he did, he got a profound reaction, some immediate identification: 'Yeah, that's how I feel. Burned out.' Later burnout was seen in other professions as well, and Maslach and Leiter (1997) explained it as the result of a mismatch between the individual worker and the job environment. Shakespeare had already talked about burnout in his play *The Passionate Pilgrim* written in 1599. We listen to his words 'She burn'd with love, as straw with fire flameth…she burn'd out love, as soon as straw outburneth…'. Reflecting on his words we could question if one first has to be 'on fire', to burn out afterwards, paving the way to burnout? Is it a risk for the most enthusiastic and overcommitted workers?

In this essay some of the following issues will be considered. Caregivers and health care workers are more at risk of burnout as they face human suffering and absorb this

other people's pain. Special precautionary measures and support will be advised. Recovery from burnout can take months so prevention is the best cure! Now more and more attention is given to 'Positive Psychology': resilience, engagement, debriefing, allostasis and ways to promote health and salutogenesis despite difficult working conditions. Some preliminary conditions, empathy and the working of mirror neurons are explained to better understand and control risk factors. Compassion satisfaction is an important motivational factor. Compassion stress and occupation-related stress syndromes alert dysfunctions. To promote balance and keep healthy even in difficult, demanding working conditions different methods and levels of intervention are possible. (Self) hypnosis can be integrated in an individual or group approach to learn methods to prevent burnout and compassion fatigue and improve resilience.

Preliminary conditions

Many caregivers chose their job and training to alleviate the suffering of others, and gain self-respect and satisfaction from that. They want to 'help others or to 'make a difference' and are fully engaged in their job and take high responsibility to be helpful to others. Empathy and compassion are prerequisites for understanding others and matching help with the (un)expressed needs of others.

Empathy
Empathy is the capability to share feelings and understand another's emotions and feelings. It is often characterized as the ability to 'put oneself into another's shoes,' or in some way experience what the other person is feeling (Wikipedia). Another definition from Eisenberg and Fabes (1990) states that empathy is an affective response that stems from the apprehension or comprehension of another's emotional state or condition, and that is similar to what the other person is feeling or would be expected to feel. By empathy you can understand, and be aware of or sensitive to feelings, thoughts and experience of another without having the feelings, thoughts and experience fully communicated in an objectively explicit manner.

Being with someone who is in a particular state of mood can be contagious. Students randomly assigned to a mildly depressed room-mate became increasingly depressed over a three month period (Howes et al., 1985). Emotional states can be transferred directly from one individual to another by mimicry and 'emotional contagion' (Hatfield et al., 1994). This can be done by the copying of emotionally relevant bodily actions, particularly facial expressions, seen in others (Zajonc, 1985) Living in a neighbourhood where more people are happy improves the mood of the neighbours. Happiness partly depends on whether others in the individual's social network are happy (Fowler and Christakes, 2008).

The major components of empathy are an affective response to another person which often entails sharing that person's emotional state as sharing sadness or crying together, and a cognitive capacity to take the perspective of the other person. If you have never experienced a particular state, it is difficult to be empathic to someone experiencing it. The third component of empathy encompasses emotion regulation (Decety and Jackson, 2006). To show empathy is to identify with another's feelings. It is to put yourself emotionally in the place of another. The ability to empathize is directly dependent on your ability to feel your own feelings and identify them (http://eqi.org/empathy.htm).

What does this mean for health care professionals and psychotherapists? According to Figley (1995) the professional work centred on the relief of the emotional suffering of

clients automatically includes absorbing information that is about suffering. Often it includes absorbing that suffering as well. The caregiver's empathy level with the traumatized individual plays a significant role in this transmission. Empathy presents as a coin with two faces: being an important non-specific factor for successful therapy it puts therapists at risk. Is working with hypnosis,where attunement, pacing and rapport are emphasized, increasing the risk for burnout or compassion fatigue? Or on the contrary, is it preventive to burnout, as therapists get access to resources, mobilize hope, enjoy evolution and satisfaction of clients? Do therapists and health care workers, trained with hypnosis, practise these methods on their own, for their own benefit?

Empathy and mirror neurons

In the early 1990s Giacomo Rizzolatti and his co-workers at the University of Parma discovered that some neurons had a surprising property. The same neurons of Macaque monkeys were activated by watching another monkey performing some goal-directed motor action or by performing that action themselves. A mirror neuron system similar to that of monkeys also was found in humans. It is useful to understand action tendencies of others. Neural transcoding of the observed action into a corresponding motor plan allows the other to understand the meaning of the action observed (Rizzolatti, Fogassi and Gallese, 2001). In analogy with this motor neuron system, further research revealed the existence of a sensory mirroring system as the neuronal basis for understanding another person's percepts and feelings (Saarela, Williams, Schürmann, Kalso and Hari, 2006). This means that we come to understand the emotional and affective states expressed by others with the help of the neural architecture that produces such states in ourselves (Decety and Jackson, 2006). I understand you because I can make a representation of what you experience, express and share with me.

Observing facial expressions of disgust and feelings of disgust have been shown to activate very similar sites in the anterior insula and anterior cingulated cortex. Participants inhaled odorants producing a strong feeling of disgust. The same participants observed video clips showing the emotional facial expression of disgust. Observing such faces and feeling disgust activated the same sites in the anterior insula and to a lesser extent in the anterior cingulated cortex. Seeing someone else's facial emotional expressions triggers the neural activity typical of our own experience of the same emotion (Wicker, Keysers, Plailly, Royet, Gallese and Rizzolatti, 2003). Activity in the secondary somatosensory cortex elicited by being touched is also elicited by the sight of someone else being touched (Keysers et al., 2004). Activity elicited in anterior cingulated and anterior insular cortex by a painful stimulus is also elicited by the knowledge that a loved one is receiving a painful stimulus (Singer & Frith, 2005).

What does this mean for health care professionals? Do they share the suffering? Do they feel the pain, anxiety, panic, disgust of their clients and patients without realising it, because of some action, emotion representation in their brain. Are therapists with vivid imagery and strong empathy more at risk? There is some evidence for that in the study of Saarela et al. (2006), showing that self-rated empathy level, gives a stronger activation of the bilateral anterior insula. How then to deal with the accumulation of shared suffering, pain, anxiety and other emotions health care workers are confronted with?

Compassion and compassion satisfaction

Compassion is the result of a deep awareness of another's suffering, and the desire to alleviate or reduce such suffering. It is the essence of being a caring human being. Compassion satisfaction is the sense of fulfilment and joy derived from seeing the sufferer

suffering less (Radey & Figley, 2007) Helping others, or seeing, witnessing that others are helped, gives experiences of 'elevation' (Goleman, 2006). It is an important motivational factor. Workplace motivation is the tendency to initiate and sustain effort toward a goal (Clark and Estes, 2002). Results of efforts are sometimes lacking in health care: death of some patients, failure in rescuing victims of accidents or disasters, resistance and lack of results in working with multi-problems.

Costs of caring: occupational related stress response syndromes

Working as a health care worker activates different responses. Occupational related stress response syndromes (OSRS) has been proposed to bring the different subtypes together (Thomas and Wilson, 2004). The more familiar concepts in this syndrome are compassion stress/fatigue, vicarious traumatization and burnout.

Compassion stress and compassion fatigue

Compassion stress is stress connected with exposure to a sufferer. Risks increase by long lasting exposure and some increased sensitivity. Four major factors appear to contribute to compassion fatigue: poor self-care, previous unresolved trauma, inability or refusal to control work stressors, and lack of satisfaction in the work (Figley, 1995a). Compassion fatigue seems to rob the professionals of their sense of well-being, comfort, purpose, identity and empowerment: all the qualities that one associates with being 'at home'. Instead of being at home, and having clear boundaries between oneself and others, you risk becoming obsessed with suffering, losing your sense of perspective, unable to feel joy, optimism and hope (Figley, 2008). The experiences of being 'at home' in our bodies, our work, our thoughts and our spirit seem to diminish as the symptoms of compassion fatigue increase (Danieli, 1984; Baranowsky, 2002). Poor self-care, inability to control stress factors, excessive empathy and lack of satisfaction increase the risk of compassion fatigue.

Vicarious traumatization

Repeated and frequent exposure to persons suffering from posttraumatic stress symptoms can result in secondary or vicarious traumatization, leading to symptoms of post-traumatic stress disorder (PTSD) (Figley, 1995b). Vicarious or secondary traumatization is a process by which a professional's inner experience is negatively transformed through empathic engagement with clients' trauma material (McCann and Pearlman, 1990). Therapists' belief systems, world view and personal perceptions of safety and trust risk being challenged. Symptoms typical for PTSD such as arousal, sleeping disturbances, difficulties in letting go or distancing from the traumatic material disturb the health carer's life and well-being.

Burnout

According to Maslach (1982) burnout is a state of physical, emotional and mental exhaustion caused by a depletion of the ability to cope with one's environment resultant from our responses to the ongoing demand characteristics (stress) of our daily lives. A mismatch between the person and the organization has been emphasized as one of the main reasons for burnout (Figley, 2002). In her opinion organizational interventions are necessary to help individual sufferers. Where secondary traumatization often dwells in the neighbourhood of fear and anxiety, burnout dwells rather in emotional exhaustion and lack of self-efficacy.

Levels of prevention

Compassion satisfaction mitigates compassion fatigue. The energy from compassion stress can be switched to positive energy and pave the way for flourishing, with experiences of joy in helping others (Radey, 2007), and by links with positive emotions, chances of satisfaction increase. This can be measured with the compassion satisfaction self-test (Stamm, 1995–1999). Researchers have pointed to the protective function of social support and having access to opportunities to process traumatic aspects of the workplace (Killian, 2008). Level of reported social support was the most significant predictor of compassion satisfaction in Killian's (2008) study. Having a greater sense of control or efficacy in the workplace was also protective, while the increasing number of working hours could decrease satisfaction. Work drain and lack of work morale increase the risk of burnout; the most significant predictor of burnout being stress at work and not being able to let go at home after work. Independent variables predicting compassion fatigue were the helper's sense of powerlessness, work drain, lack of emotional self-awareness and personal trauma history. The study confirmed that social support was the most significant factor associated with higher scores on compassion satisfaction.

One can question whether prevention is the responsibility of organizations or rather the individual caretaker's responsibility. Working and offering help on both sides probably increases the chances of the effect. Among individual strategies are the following: self-care, stress control, debriefing, self-awareness and affect management, setting boundaries, increasing resilience, getting access to resources, reconnecting with engagement and reliving or celebrating (job) satisfaction.

Positive psychology, as the study of human strengths and optimal functioning, is receiving more and more attention and adherence currently. A recent development in burnout research was a shift towards the opposite of burnout called 'engagement' (Maslach et al., 2001). Bakker and Schaufeli (1999) defined job engagement as a positive, fulfilling, work-related state of mind that is characterized by vigour, dedication and absorption. It is a state with high levels of pleasure and activation, in contrast to the low levels of pleasure, fatigue and exhaustion seen in burnout. Engagement refers to a more persistent and pervasive affective-motivational state that is not focused on any particular object, event, individual or behaviour. Vigour is characterized by high levels of energy and mental resilience, with persistence even when facing difficulties. Dedication is characterized by a sense of significance, enthusiasm, inspiration, pride and challenge. Absorption is characterized by being fully concentrated and engrossed in one's work, whereby time passes quickly.

Integration of (self)hypnosis in prevention

Rationale
Adopting a perspective from positive psychology, it makes sense to focus on resources and strengthen protective skills and factors, looking for compassion satisfaction. You can reframe 'compassion stress' and instead thrive and achieve enhanced energy.

A search on Pubmed and the National Library of Medicine of the terms 'hypnosis and burnout', 'hypnosis and vicarious traumatization', 'hypnosis and compassion fatigue' gave no results. In a review of a recent publication on the treatment of compassion fatigue Kluft (2004) regrets that traumatologists have not yet appreciated the powerful role hypnosis can play in facilitating interventions that are recommended to assist those with compassion fatigue. Support for the idea of integrating hypnosis can be derived from the

relationship between empathy and hypnotic ability or hypnotizability. Empathy as measured by the Interpersonal Reactivity Index (IRI) assesses perspective-taking, fantasy, empathic concern and personal distress (Davis, 1983, 1994). Wickramasekera II (2003) found statistically significant relationships between empathy and hypnotic ability.

In two studies the relationship between emotional contagion and hypnotizability was investigated (Cardeňa et al., 2009). Emotional contagion, or the propensity to automatically imitate the emotional expressions of others and experience the corresponding emotions was measured with a self-report measure, the emotional contagion scale (Doherty, 1997). Significant correlations could be seen between emotional contagion and hypnotizability, particularly subjective measure of hypnosis (SES – Subjective Experience Scale and ISHD – Inventory Scale of Hypnotic Depth). Does this provide additional support to integrate hypnosis in treatment and prevention of consequences of emotional contagion, and to utilize hypnotizability for the benefit of preventing personal distress, and other possible hypnosis interventions to protect people at risk of compassion fatigue and burnout? Hypnosis is well suited to facilitate health and well-being, and to develop growth.

Levels of intervention

1 Self Care

Stress control

Clinical experience with clients and therapist's reports give proof of self-hypnosis as relaxing, recovering and lowering the overall level of stress. From research there is evidence about the beneficial effects of self-hypnosis on immune control, enhanced mood and well-being (Gruzelier, 2002). Hypnosis affects heart rate variability, shifting the balance of the sympatho-vagal interaction toward an enhanced parasympathetic activity, concomitant with a reduction of sympathetic tone. High hypnotizable subjects showed a trend toward a greater increase of vagal efferent activity than did the low hypnotizable subjects (de Benedittis et al., 1994). This means an overall health promoting impact with lower heart rate and blood pressure, and lowering of the level of stress or strain. Therapists are better prepared to face adversity and cope with the stressful encounters in their job. Some specific applications of hypnotic metaphors, suggestions and imagery will facilitate the usefulness of working with hypnosis in preventing compassion fatigue or in promoting compassion satisfaction.

Letting go – detachment

One of the important aspects of stress-resistance or resilience is the capacity to let go, to rely on efficient recovery methods. If recovery from an acute event is not accompanied by an adequate homeostatic response to terminate the adaptive response of stress mediators, the deleterious effects on psychological and physiological function, termed the 'allostatic load' occur (Charney, 2004). The famous 'karoshi' syndrome, or death by overwork in Japan, could be mainly attributed to inadequate recovery (Loehr, 1994). Figley (1995a) sees 'let-it-go' as an important dimension in the reduction of compassionate stress. To work efficiently it is important to find ways to create some distance from the suffering and the emotional pain you can feel in showing compassion. Practising self-hypnosis is as effective as, and even better than, taking naps for recovering energy (Backman, Arnetz, Levin and Lublin, 1997). Different experiences in hypnosis are

helpful in learning to manage the cumulative negative influences of long-lasting strain or stress.

Regular practice of self-hypnosis is therefore a first important step in self-care and promotes self-awareness, temporarily distancing you from the outside world, and entering the inner world of your own experiences. Right from the beginning of the induction your focus of attention changes, and you are invited to focus attention on yourself, your inner world. Letting go of intrusions and thoughts indirectly is possible by imagining thoughts as clouds, coming and going, and just noticing what happens. A particularly helpful image during the deepening of hypnosis is to imagine walking up a staircase where there is a drape or a curtain, and with every step on the staircase to close it behind you to free yourself from intrusions and thoughts. Reliving pleasant experiences in hypnosis and focussing on the positive improves mood and helps to free one from negative emotions.

Containment

A special way to cope with stressful experiences, particularly with the risk of being overwhelmed, consists of 'containment'. The use of metaphoric imagery to place traumatic, overwhelming and persistent memories inside some imaginary 'safe' or 'vault' to foster containment is common in helping clients deal with traumatic memories (van der Kolk, McFarlan and Weiseaeth, 1996). Inviting caregivers to use this image helps them to find temporary relief and necessary recovery. A suggestion can be added to open up the safe or vault only when helpful or necessary to process the events, to review them and find attitudes to deal more positively with similar situations in the future. Another suggestion can be given, only to go back when useful in preparing a next session, or discussing with a supervisor, or in team meetings to find ways to deal with problematic situations.

Debriefing

After years of clinical practice, health care workers are at risk of accumulated pain and sadness, or even of having their view of the world changed. Being confronted with tragedies of life, depression and sadness without ways or the time to have positive experiences increases the risk of burnout, depersonalization and distancing. Social support and ways to find comfort with others are prerequisites to staying healthy in the job. Even a large network of relatives and friends still leaves one now and then with one's own sorrow, with a need for soothing and adapting one's view of the world to see perspectives beyond suffering. A regular debriefing encourages resiliency rather than being worn down (Wicks, 2008).

To enable them to see things in perspective invite health care workers to enter hypnosis and to observe themselves from a distance in their daily working life:

> *Now that you are back in your own safe place, taking a safe and comfortable distance from your daily activities, I wonder how you feel now…Which feelings and emotions you are holding in your body?…What do you get from accepting yourself now, completely, with all the bodily sensations, emotions? What has been painful, difficult, emotional for you? Which associations come up with that? Can you imagine yourself getting some comfort? Who can take care of you? How can you sooth yourself? Where do you want to leave these experiences? What has been meaningful or rewarding for you? Which positive moments from the past day do you want to cherish? Which emotions do you get from that? Where did you get satisfaction?*

2 Setting boundaries

Home coming: me – not me

To work with people who are suffering, compassion and empathy are necessary. You need to maintain a balance between caring for others and caring for yourself. Without that balance caring entails risks. Health care professionals with personal (not integrated) traumatic experiences in particular risk decompensation when facing traumatic or negative experiences in their job. It is necessary to delineate oneself and strengthen the boundary between 'me' and 'not me', coming home in one's own body and mind.

> *After this intervention, you can take your time to reconnect with your inner self, meeting your inner self. Maybe you can develop awareness of the skin, the skin that contains your body, the physical movement that defines your body. You are a unique self. You can experience your inner world, the outer world, and learn to switch attention. At some times you need to be focussed on and engaged in the outside world. At other times you are back home with yourself. Your body is your personal living room. Now and then, it's nice to come home, to take time to calm down, to experience yourself as a unique person, alive, breathing. Being aware of this particular moment, here and now, when you enter in hypnosis and let go, take care of yourself and develop awareness of your boundaries.*

Self- protection: mirror – unmirror

Clients and patients need support and understanding. Health care professionals exhibit empathy, and focus on their client's suffering, pain, anxiety and strain. It is hypothesized that because of the mirror-neuron matching system, the suffering and pain is automatically shared and felt. Spontaneously, in a good hypnotic rapport, the processes of mirroring the posture, breathing pattern, facial expression and pacing with the client brings the health care worker to a similar state of mind and body. Listening to the client's stories and experiences and conjuring up vivid images and representations of what the client is telling, increases the emotional arousal and the risks of personal distress. Because of narrowing the field of consciousness to the client, and the fact that high levels of empathy are often associated with high hypnotizability, there is the risk of entering hypnosis and fully engaging in the negative experiences of the client.

To decrease the risks of these processes some interventions are salient. After pacing the therapist can nonverbally influence the interaction by 'un-mirroring' and taking a different posture, relaxing facial muscles, changing the breathing pattern, and increasing the distance from the client. Vivid images and representations of what the client is telling you of their suffering can be conjured up and temporarily controlled by reorientating to reality, projecting the image on a further removed screen and seeing it from a greater distance. Colours can be faded and images blurred or changed into a black and white image or a snapshot instead of a moving image. Sounds such as crying or voice quality can be manipulated by controlling the volume or humming in one's inner mind. It is useful to consciously manage and keep track of oneself while working.

Self-protection: protective shield and bubble technique

To experience safety and protection the caregiver can imagine a protective shield (Korn and Pratt, 1990) or a bubble (Alden, 1995) around themselves:

> *You imagine that around you, just around you, there is a safe, protective shield or bubble. It is just the right size to give you that sense of space, and yet a safe sense of containment and protection…It's completely transparent. It can be as far away from you as you please,*

or as close to you as your second skin. You are in control – you choose the size and shape of your protection. The bubble is visible only to you. Nobody else can see it. It is like a one-way mirror; you move outward, but only the things that you allow in, will get in. I'd like you to notice the walls of the bubble…to experiment with your bubble, to make it larger, smaller, feel its texture, move around within it. Just notice how thick the walls are…when you want to make them thinner. You can modulate the noise, find some volume button. Within feeling safety, comfort, control, inner calmness, and from there you can observe, have access to necessary information and creativity to appropriately deal with the world around you, with the people you are working with.

As this imagery is also used in real situations some (self) suggestions can be given to enable the therapist to remain alert enough to deal properly with the situation, and have the walls just as thick as needed to prevent the therapist from being overwhelmed by the situation.

3 Increase inner strength

Resilience and recovery

Resilience is defined as a dynamic process by which individuals exhibit positive behavioural adaptation when they encounter significant adversity or trauma (Luthar, Cicchetti and Becker, 2000). Resilient people bounce back and recover from serious setbacks. Some people even seem to thrive despite their difficult experiences (Tedeschi and Calhoun, 2004). They succeed in transforming adversity into the development of their potential. Based on studies of Vietnam veterans who had a lower than expected incidence of depression and post-traumatic stress disorder after being held captive for up to eight years, and two studies of women who had suffered severe trauma, Charney (2004) could identify 10 critical psychological elements and characteristics of resilience: optimism, altruism, having a moral compass, faith and spirituality, humour, having a role model, social supports, facing fear, and having a mission of meaning in life and training (Rosenbaum and Covino, 2005). All of them can be learned or looked for, as for instance the primary factor of having caring and supportive relationships that create love and trust and offer encouragement and reassurance. Additional factors include a positive view of oneself and confidence in one's strengths and abilities, and the capacity to manage strong feelings and impulses (APA, *The Road to Resilience*, 2007). Other research carried out by Charney focusses on the psychobiological mechanisms of resilience and vulnerability. Some neural mechanisms, eleven possible neurochemical, neuropeptide and hormonal mediators were identified and related to reslience or vulnerability. There is evidence indicating that genetic factors contribute to the vulnerability to stress-related psychopathology. With these data, it becomes possible to create a more comprehensive psycholobiological model of the resilience processes (Charney, 2004).

Develop resilience

In hypnosis, several metaphors of life can be given to generate hope and strength to face adversity and experience growth and development:

Maybe you can think of resilience as similar to taking a raft trip down a river…on a river you may encounter rapids, turns, slow water and shallows. As in life, the changes you experience affect you differently along the way. In travelling the river, it helps to have knowledge about it and past experience in dealing with it. Your journey should be guided by a plan, a strategy that you consider likely to work well for you. Perseverance and trust in your ability to work your way around boulders and other obstacles are important. You

can gain courage and insight by successfully navigating your way through white water. Trusted companions who accompany you on the journey can be especially helpful for dealing with rapids, upstream currents, and other difficult stretches of the river. You can climb out to rest alongside the river. But to get to the end of your journey, you need to get back in the raft and continue. (APA, *The Road to Resilience*).

Other metaphors recommended are to invite imagining some sports activities, where training and facing stronger opponents help improve performance:

I wonder if you ever learned to sail…and after learning the skills on still water, on a lake, you might find it quite boring to stay there in the same place…As you progress, you might be enticed by further excursions, enjoying how you can control the boat, regain your balance, find your balance in the wild storms and develop control. After the stressful, challenging experience you enjoy the satisfaction of your personal growth.

Use the metaphor of the tree for ego-strenthening (Krystal, 1982) to connect with energy, strength and obtain necessary food supplies on a metaphorical level, inserting some specific suggestions:

…as your inner mind chose that tree for you, you can be surprised about the stability of the trunk, feeling how it gives you support when you lean against it, this tree tolerating storms, making him more resistant, developing resilience and being exposed to adversity as a resilient tree only allowing slight movements of smaller branches or leaves.

Setting limits is part of resilience training. One can learn by discovering an analogy between working without breaks and recovery, and rubber bands:

You can stretch a rubber band, and when you release it, it takes its original shape back. You can stretch it for a very long time, but risk that it loses its flexibility. When it's suddenly overstretched, or worn out it even risks being disrupted.

Another metaphorical story introduces an analogy with a sponge towel:

Let's think about a towel, a soft colourful towel…it can soak water, plenty of, but as it does so, it becomes very heavy, it is losing its capacity to absorb or hold more water. What to do about it? You can twist it, and after that it enjoys being dried up in the sunshine and letting evaporate all unnecessary humidity…

And with this image, other associations can be made spontaneously.

4 Attitude: compassion satisfaction and (re)connection with job engagement and finding ways to flourish

(Re)connection with job engagement

Dedication and commitment are reinforced by accessing positive motivation and reliving rewarding or satisfactory working experiences. An imaginary journey to the future helps us to find connection with deeper values and motivation and to cope better with daily life hassles or difficult situations:

I would like to invite you now on a special journey, a journey in time. When it's okay for you, you can move along your time line to the future, arriving somewhere, at your 50th,

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60th birthday party perhaps…who would you like to be there? What do you want to be praised for? How do you want to be celebrated? Which performances, qualities, roles would you like to be highlighted? What are important tasks you need to have fulfilled by then? And is what you are doing now matching with objectives? Are your daily activities part of this life-goal? How helpful is it to see daily hassles, some setbacks as temporary, being building blocks instead of stumbling stones, on your way to your goals?

Likewise, a journey to the past is helpful to reconnect with personal motivation to choose a particular job, activity or lifestyle:

And you can make a journey from here, today to your past, and review some of your motivation, what made you choose a particular education, training, job? What were your original motivations? How do they feel now as you reconnect with these original values? Are these still up-to-date? What do you get from them now? Where have you been successful? What satisfaction have you experienced along the way? What do you get from that? Which emotions do you have with that? What do you feel, how do you feel about it?…

To function properly in daily life, a balance is needed, where physical condition, social life, spiritual values, development and family life all deserve time and a place. From an economical perspective you can find out what consumes your energy and where you get fuel for life, where you have resources to rely on and to re-energize yourself physically, mentally and emotionally.

Resource development

In hypnosis, different resources can be found, developed and anchored, to make them easily available when needed. Personal experiences of mastery and satisfactory interventions are important as they already have been experienced, leaving some memory traces that make them easier to (re)experience. To be prepared and properly deal with new situations, one can ask which resources are needed, and which resources could be helpful in dealing with upcoming situations:

When you take that situation in mind…What would you like to be able to do, to believe about yourself, to feel, to better deal with this situation in the future? Where can you find the resources for change? Maybe you have some personal experiences where you were able to behave with more self-trust, resilience, composure…Let's go back to that situation. Make it as complete as possible with all representations of that situation, your own posture, what you think, what you say, how you say it, how you deal with the situation, adapt to the situation. You can go through it, and feel how it feels in your body, where these memory traces are imprinted in your body, in your mind. Let these positive feelings increase, giving them as much space as possible. When you clearly feel connected with it, you anchor these feelings and have them available by your personal trigger to release them whenever necessary or helpful.

Some people or situations experience more support from interpersonal resources:

And now you can think of people in your life who you would want coaching you, helping you in that situation. Who can give you hope or strength? Who believes in you and your capacities and could be a support for you right now? What do you get from these people or that person? Imagine the connection, what this person can say to help you, how you can feel more inner strength or get necessary support from this person.

If no suitable examples are present, one can rely on symbols as well. The tree metaphor, a rock, a mountain, the power of nature or resilient material can be useful to associate oneself with these characteristics.

Flow at work

Absorption, being one of the main characteristics of hypnosis, helps clients and health care workers to be better focussed, to control distraction and to work more efficiently, which contribute to increased job satisfaction. Being focussed and absorbed increases the chances of reaching flow, and experiencing this at work makes it more easy-going; time goes by faster and you get access to creativity. As a result of learning and practising hypnosis it becomes easier to focus, control distractions and be 'in the zone' or 'in the flow'.

Conclusions

As caregivers are particularly at risk of compassion fatigue and burnout, it is important to develop awareness of the problem and find ways to prevent occupational related stress syndromes. Neurobiological research data on the function of mirror-neurons helps to understand empathy and the impact or consequences of caregivers' increased risk. Positive psychology with emphasis on compassion satisfaction, resilience and resource development shifts the focus to possible prevention. Hypnosis can be integrated into different aspects of prevention: possible relationships between empathy and hypnotizability can be seen as an additional motivation to give hypnosis more attention in the approach.

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