

Final Thesis Presentation
Preventing Burnout in the Psychotherapist with the In-Session
Meditative Technique of Therapeutic Fulcrums©

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March 24, 2007

ABSTRACT

Burnout is defined as a syndrome of physical and emotional exhaustion. Burnout affects work satisfaction and performance, and mental health professionals appear to experience burnout symptoms that may affect personal health. Recent research suggests that meditation as treatment may prevent or lessen burnout symptoms. Meditation practice typically occurs either before or after a psychotherapy session. Therapeutic fulcrums an in-session technique for managing vitality may provide an effective means for preventing burnout in the psychotherapist without the necessity of additional time. The therapeutic fulcrum in-session technique is a visualization that may be utilized by the therapist at the beginning or during a therapy session that may improve therapeutic awareness and presence without interfering with therapeutic process or outcome.

Summary

Freudenberger (1974, 1975), and Maslach (1976), were the first to define burnout as a syndrome. Burnout appears to be a syndrome of depersonalization, emotional exhaustion, and a feeling of reduced personal accomplishment (Shapiro et al. 2005). Research has shown that burnout may be an emotional response to persistent stress that progressively diminishes an individual's innate vital energy (Shiran, 1984). Coping with stress and burnout may be a significant factor in the career of psychotherapists (Christopher et al. 2006). In order to prevent burnout Grosch (1994), recommends that therapists utilize self examination and acceptance of thoughts or feelings. Suran and Sheridan (1985), suggest that burnout may be the result of personal and professional conflicts and tasks that are unresolved. According to Farber (1983), cognitive assessment of stressors may play a central role in the development of stress. Therefore, if the therapist does not address current stressors, he or she may also experience burnout. Smith (2004), reports during the past ten years meditation research has mainly focused on mindfulness meditation. Germer et al. (2005), suggests that the continued development of mindfulness-based research may lead to

an integrated model of psychotherapy and mindfulness that supports the personal lives and professional careers of psychotherapists. Therapists may utilize mindfulness mediation in order to improve upon the personal experience of engaging with patients (Germer et al. 2005). Currently there appears to be a rebirth in interest about mindfulness and acceptance-based treatment approaches as evidenced by several recent research publications (Hayes, Follette & Linehan, 2004; Hayes, Masuta, Bissett, Luoma & Guerrero, 2004). Recent research studies (Nanda, 2005; Shapiro et al. 2005; & Christopher et al. 2006), suggest that meditation may reduce the effect of burnout in the psychotherapist. Nanda in a phenomenological inquiry on the effect of mediation on the practice of psychotherapy reports that meditation helps the therapist be present and accept moment-to-moment experience. Christopher et al.'s research examined the effect of MBSR training during the education of healthcare professionals, and found that MBSR training early in the education of the healthcare professionals may help prevent burnout, lead to a reduction of stress, and lead to greater health for the healthcare professional in his or her career. Shapiro et al.'s research indicates that burnout was decreased (10% to 4%) and psychological stress decreased (23% to 11%) with MBSR.

Western attempts at developing mindfulness habits may be found in Freud (1961), free-floating attention, Rogers (1958), unconditional positive regard, and Feinstein (1994), studies on cognitive biases. Through the promotion of these qualities psychotherapists may improve clinical outcomes, be more aware of personal presence and experience a satisfying personal exchange with patients (Epstein, 2001). Mindfulness may have the potential to deepen the ability to experience a more satisfying professional practice (Epstein, 2001; Zoppi & Epstein, 2002). Epstein (2003, II) suggests that the quiet and stillness that accompany the practice of mindfulness may be essential for reflecting upon the practice of psychotherapy. Epstein (1998), describes the initial stages of meditation and analysis as an attempt to clarify the hidden mental processes and adapt to the internal flow of personal experience. Thus as the therapist is able to

remain aware of the inner and outer experience or thoughts and emotions the two may mingle and establish a flow of health (Chadron, 1994). This flow of health may support the therapist in maintaining vitality, reducing stress and preventing burnout.

Meditation appears to promote well-being and may prevent burnout by lowering stress in psychotherapists. Therapists who practice meditation have noted fewer symptoms of burnout. Therapists, however may not find the time to learn, practice, or integrate meditation into the personal or professional daily calendar. The application of *therapeutic fulcrums* may suggest a simple in-session technique that does not require additional time for the therapist to gain the benefits, and to experience less stress and fewer burnout symptoms. This action research proposes to study the application of therapeutic fulcrums as an in-session technique that may prevent burnout in practicing psychotherapists. Therapeutic fulcrums may help psychotherapists to be more present to moment-to-moment therapeutic interactions and patient experience. According to Gilchrist (2000), and Sills (2001), therapeutic fulcrums may promote more effective, settled and clear therapeutic interactions. Therapeutic fulcrums may help the therapist be more at ease with patient interaction and experience less probability of burnout. Sutherland (1990, 2002) was the first to research the concept of therapeutic fulcrums in the field of healthcare. Sutherland researched physiology and function of the human body and how health could be restored. Sutherland spent thirty years researching the subtle movements of the cranium and how these movements relate to the health of the whole body.

The fulcrum at the joining of the falx cerebri and tentorium cerebelli membranes provides a still point for the tissues to balance. Similar to a balance scale and its central point of balance, the fulcrum is the point over which balance occurs. Sutherland suggests that if the balance point at this fulcrum is located through the felt sense of the cranial therapist, the cranial system will settle into a state of balanced tension. The cranial therapist utilizes inner awareness and sensitive hands to locate the still point of Sutherland's fulcrum and affect the function of the body. When the

cranial therapist is able to sense the location of the still point of the fulcrum, the shifting falx cerebri and tentorium cerebelli membranes begin to find balance and express a sense of ease.

When the cranial therapist locates the felt sense of tension at the still point of the fulcrum and slightly retreats his or her hand pressure and presence, the cranial system may begin to find balance and restore health in the body. The cranial therapist utilizes therapeutic fulcrums to help in obtaining the subtle nuances and awareness needed to become aware of the still point at Sutherlands fulcrum and restore health to the patient (Gilchrist, 2000; Sills, 2001).

Sills (2001), suggests that awareness of fulcrums may give the therapist clinical information and help deepen therapeutic presence, a fundamental quality that promotes health and healing (Gilchrist, 2000). The therapeutic fulcrums consist of three distinct anatomical locations: (1) external occipital protuberance, (2) mid-torso region of thoracic-10, (3) the coccyx (Gilchrist, 2000), and their associated vector points to the earth or ground. When the therapist accesses the therapeutic fulcrums a process of creating “sacred space” capable of establishing or promoting health and decreasing stress in the therapist or patient may occur (Sills, 2001).

A term that may be helpful for the psychotherapist in understanding the concept of the fulcrum and still point is the term “equanimity” (M. Sills, 2000, p. 7). It simply means having enough space for the patient experience to unfold. It is the psychotherapist’s challenge to find the stillness at the fulcrum by sensing and hearing (Sills, 2001). The ability to sense and listen for the stillness promotes the therapist’s ability to be open too patient process (Sills). As the psychotherapist is able to be still, the present moment-to-moment experience is filled with vitality and health for the patient (Jealous). Sills refers to this as a “sacred space” (p. 82). Sills, suggests for the therapist to settle into the stillness of the fulcrum, which may create sufficient space for the therapist to experience health thereby supporting the patient in his or her healing process. Sills (2001), and Gilchrist (2006), suggest that fulcrums provide a stable center that may

benefit therapeutic relationship by providing a stable presence and awareness that can support patient development and health.

Expected Results

As the psychotherapist is able to sense the still point of the fulcrum, the psychotherapist may sense a feeling of grounded presence or physical stability within his or her body. When the therapist settles into this still point of the fulcrum a clear relationship with the inner thoughts, feelings and health may be experienced by the therapist. Sills, suggests that this fulcrum grounds the therapeutic process and establishes a sense of stillness and “safe listening space” (2001, p. 82). Fulcrums support the psychotherapist in maintaining a secure sense of the therapeutic process as it occurs in moment-to-moment experience. This process of utilizing fulcrums was created in order to help the psychotherapist negotiate the subtle personal thoughts and feelings of the therapeutic relationship and simultaneously remain aware and open to the patient process (Sills).

Expected results from the quantitative measures may be less than significant. It is generally assumed that a reduction of stress in the psychotherapist takes a minimum of three months to occur. Since this current study is only one day in length results may be less than significant. Expected results from the qualitative focus group may provide insight into how the study was received and offer information that may improve the outcome in future studies. Participants may experience very little benefit from the initial experience of working with therapeutic fulcrums, and may even gain greater insight by being the observer in the practice group. This may be because as observers they are not compelled to feel a result. Participants may report a need for follow-up in order to process the impact of utilizing therapeutic fulcrums in their personal or professional interactions with patients.

Recommendations

There appears to be a rekindled interest in the scientific literature on the effect of burnout in the psychotherapist. Core Process Psychotherapy a Buddhist-based therapy developed by Franklyn and Maura Sills includes the application of therapeutic fulcrums, however the course is only offered in the United Kingdom (UK). Perhaps a student from the United States could complete the 6 year education in the UK, and publish the findings on the benefits of the fulcrums in psychotherapy. There may be an opportunity to complete a dissertation such as this action research study presented here and publish the findings. There may be a need to present future workshops designed to guide the psychotherapist in his or her application of therapeutic fulcrums. It may be possible to offer this technique to other professional healthcare providers, such as registered nurses, ophthalmic technologists, dental hygienists, surgery assistants, and surgeons, may also experience burnout and could utilize the benefits of therapeutic fulcrums. Perhaps a future course at a technical school, college of fine arts or graduate level on health in the human service industry would be beneficial to the healthcare field.

The presented workshop is one day in length in order to encourage participation in the research. Future studies could address each specific fulcrum for its possible effectiveness or synergistic ability. Studies could also introduce additional locations on the body to address future therapist needs. It would be most interesting to find out what feedback other psychotherapists' have regarding the possible benefits of therapeutic fulcrums once utilized for three months. Also, future research could compare the effectiveness of long term meditation practitioners that utilize therapeutic fulcrums compared to new students in the field of psychotherapy. Previous research appears to suggest that reducing stress may only be accomplished with long term treatment. Perhaps the in-session meditative technique suggested in this study is effective in preventing stress and burnout in less than three months, however a twenty year study may be required to confirm that burnout in the psychotherapist can be prevented with therapeutic fulcrums.©