The relational aspect of care is as essential to the overall patient experience as the technical aspects of care. The relational aspect of care hinges on how the caregiver uses his or her self as an instrument of care. For caregivers to fully engage in the art of healing, they must be mindful of the self they are bringing to every encounter. This mindfulness can be strengthened through the thoughtful pursuit of self-attunement, self-clarity, and self-compassion.

Keywords: therapeutic use of self; therapeutic relationship; self-compassion; self-attunement; self-clarity; reflection

Lately, I find myself reflecting on what has influenced my life’s work over the past 40 years and what has mattered most. I remember three women who had a profound influence in my formative years on my beliefs about nursing and caring for people. The woman who inspired me to go into nursing is a beautiful soul and a dear friend. I met Cathy Muntifering in my late teens at a time when nursing was the furthest thing from my mind. Cathy was a night supervisor at St. Cloud Hospital in Minnesota, and we spent hours at the kitchen table talking about her work and the people she helped get through the night—from distressed families to distressed patients and staff. What was clear to me in the stories she told was that it wasn’t just what she did for the people in her care that mattered; it was the person of Cathy that made the difference when she was called to help. She was a calm, peaceful presence, and her energy and respect for those in distress comforted them and helped resolve some of the most difficult circumstances imaginable. When I was with Cathy, I experienced the same calm presence. I felt seen and respected by her, and I knew I wanted to pay that forward to others.

The other two women who were particularly influential were my psychiatric and obstetrical nursing instructors at Central Texas College in Killeen, Texas. I began my career in an associate degree program that was taught by an inspiring and dedicated faculty. They never believed that nursing was only a technical field. Although they didn’t use the word, they made clear that nursing was a relational field in which technical proficiency was also essential. These extraordinary teachers were pivotal in formulating my beliefs about what nursing practice is, what it
means, and what it has to do with me. They taught me this simple principle—that my nursing practice is *within* me. The most important thing I bring to the people in my care is myself. They taught me that when I became a full-fledged, licensed nurse, I would be accepting the daunting and rewarding responsibility of being an instrument of caring and healing. They taught that the “therapeutic use of self” was the most important element of my practice.

What I have grown to understand about all of this over the decades is that these women were teaching me about how important it is to be mindful and disciplined about myself, to have the energy, clarity, and focus necessary to engage in the complex work of caring for other human beings.

I have written elsewhere about the importance of three key relationships in our practice: our relationship with ourselves, our relationships with our colleagues, and our therapeutic relationships with patients and their loved ones. In this article, I focus on what it takes to continuously care for and develop ourselves so that we are in the best position to engage in healthy relationships with our colleagues and those in our care. It seems clear that to be an instrument of caring and healing for others requires that we care for, know, and heal ourselves.

Christiane Northrop, in her interview in this issue of *Creative Nursing*, talks about how addiction to rescuing others can drive the responsibilities we take on and the commitments we make, and ultimately hurt our well-being. As I speak with groups of people in health care, they confirm that it feels more natural to focus on the needs of others and on the work they need to get done than to pay attention to themselves—what they need, what they are feeling, how they are coping. In fact, some admit that they actively distance themselves from their own needs and “soldier on!”

The danger in living without paying attention to our own needs, feelings, and well-being is, of course, that we become disconnected from ourselves, and such disconnection creates suffering—often so subtle that it goes unnoticed. We may shut down; we may tend to function automatically and reactively rather than mindfully. We may miss the beauty and joy in our work and begin to view the sacred work of nursing as a series of tasks to accomplish. When we become disconnected from ourselves, we lose touch with our own personhood, and ultimately with the personhood of others.

**WHY IS IT SO HARD TO SAY, “I MATTER”?**

The good news (and the bad news) is that no one who works in health care is ineffective. My contribution (or lack of contribution) never fails to change the shape of the whole. My commitment makes my team more committed. My apathy makes my team more apathetic. My willingness to become a scholar of the human experience of illness and vulnerability cannot fail to make my team more interested, more present, more compassionate, and even more efficient. I matter, and so do you.

Great thinkers have been telling us for a long time that we matter.

*One person can make a difference, and everyone should try.*


*In a gentle way, you can shake the world.*

—Mahatma Gandhi (n.d.)

*No work is insignificant. All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.*

—Martin Luther King, Jr. (n.d.)
Never forget that if there weren’t any need for you in all your uniqueness to be on this earth, you wouldn’t be here in the first place. And never forget . . . that one person can make a difference in the world. In fact, it is always because of one person that all the changes that matter in the world come about. So be that one person.

—R. Buckminster Fuller (n.d.)

Why is it that we often resist being “that one person”? There is great power in being an “I” within a “we.” On units in which primary nursing is practiced, patients experience first-hand the difference between “we have your back” and “I have your back.” There is the potential for anonymity in the “we,” but not in the “I.” And there is nothing that beats the consistent attention of that one person who is committed to watching over you, knowing you as a person, and seeing that you get what you need.

There is a great sense of responsibility that comes with stepping fully into the role of the self. Again, we see this in primary nursing environments, where nurses are sometimes initially resistant to saying to patients, “I am Mary, and I am your primary nurse.” Once they move past their reticence to stepping into the “I” role, I consistently hear from primary nurses that they experience more connection, more meaning, and more purpose in their practice. I hear that they love their work, and I also hear their expressions of gratitude that the very reason they went into nursing is now present in their practice every day.

I believe that moving toward the “I” involves developing three capacities: self-attunement, self-clarity, and self-compassion (see Table 1). These three capacities are grounded in the practice of mindfulness—the ability to pay attention to the present moment.

### TABLE 1. Three Capacities for a More Mindful Practice

<table>
<thead>
<tr>
<th>Capacities That Support the Therapeutic Use of Self</th>
<th>Mindful Practices</th>
<th>Mindset/Beliefs</th>
<th>Commitments to the Therapeutic Use of Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-attunement</td>
<td>Notice.</td>
<td>I choose to connect with myself so that I am able to connect with others (mind, body, spirit). My emotions are contagious; my feelings impact those around me.</td>
<td>I discover what it takes to attune to myself, and I take the time to do so.</td>
</tr>
<tr>
<td></td>
<td>Accept . . . and suspend judgment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-clarity</td>
<td>Define purpose and role. Build knowledge. Cultivate clear boundaries.</td>
<td>My thoughts and beliefs about my professional role and purpose determine my choices, behaviors, and relationships.</td>
<td>I continually clarify my purpose and role responsibilities, build and deepen my knowledge, and cultivate clear, healthy boundaries.</td>
</tr>
<tr>
<td>Self-compassion</td>
<td>Be kind. Connect with our common humanity. Be mindful.</td>
<td>My compassion for others is made possible by my own self-compassion.</td>
<td>I speak to myself the way I would speak to a beloved friend.</td>
</tr>
</tbody>
</table>
Developing these capacities is never-ending; we are always in process. I certainly cannot imagine arriving at the destination of being a fully developed human being, because the quest for personal growth is a gift that keeps on giving until we transition from this life on earth. I personally find that ongoing quest exciting and never burdensome. My hope in writing this article is to invite you to think about these three capacities and their relevance to your life and practice.

WHAT DOES IT MEAN TO SELF-ATTUNE?

Self-attunement is the ability to notice one’s own thoughts, emotions, and responses. Neuroscientist Daniel Siegel (2012) describes this as “internal attunement” in which “an observing self attunes to an experiencing self in an open and kind way” (pp. 5–6). He says that the more practiced we become at self-attuning, the more we develop the prefrontal cortex of our brain, which enhances our ability to think critically and clearly, solve complex problems, and respond rather than react to stress.

The ability to self-attune is fundamental to our ability to attune to others. The chemistry of a room changes when we walk into it. Our emotions are contagious; our feelings affect those around us. Dr. Jill Bolte Taylor, while a neuroanatomist at Harvard Medical School, suffered a massive left hemisphere stroke. In her book, My Stroke of Insight (Bolte Taylor, 2006), she recounts an experience that brings to life just how thoroughly we are affected by the energy dynamics of the people who care for us.

With this shift into my right hemisphere, I became empathic to what others felt. Although I could not understand the words they spoke, I could read volumes from their facial expressions and body language. I paid very close attention to how energy dynamics affected me. I realized that some people brought me energy while others took it away. One nurse was very attentive to my needs. Was I warm enough? Did I need water? Was I in pain? Naturally, I felt safe in her care. She made eye contact and was clearly providing me with a healing space. A different nurse, who never made eye contact, shuffled her feet as though she were in pain. This woman brought me a tray with milk and jello, but neglected to realize that my hands and fingers could not open the containers. I desperately wanted to consume something, but she was oblivious to my needs. She raised her voice when she spoke to me, not realizing that I wasn’t deaf. Under the circumstances, her lack of willingness to connect with me scared me. I did not feel safe in her care. (Bolte Taylor, 2006, pp. 74–75)

Although Dr. Bolte Taylor’s case may seem unique because of her hyperawareness of the emotions of those around her, I’d like to suggest that people feel things even when they don’t notice what they’re feeling. Dr. Bolte Taylor was aware of how one person made her feel, but others are likely to feel just as unsafe, just as “dropped” in this person’s care, whether they notice it consciously or not. This understanding gave me a heightened sense of responsibility to consciously manage my therapeutic use of self. Because my emotions and thoughts change the energy of the room, they change the patient. Pausing at the door and attuning to myself makes it possible for me to consciously open my heart and mind and enter the room as a kind and sturdy presence rather than a distracted and unaware technician.

When I attune to myself, my work is not to “fix” myself (although it is likely that I’ll make adjustments when I notice that I’ve got tension in my shoulders
or I’m dreading an encounter); it’s simply to notice with kindness and openness my own current state of being. The simple act of noticing allows me to be open to myself, which in turn facilitates my ability to be more open and interested in the other. When I don’t notice my current state of being, I am inclined to function automatically and am more likely to misread or fail to read the energy of the other, and therefore fail to really connect with the person in my care. When I don’t notice my misattunement, my “self” is not really included in my work. In this state of being, I not only compromise the person’s care; I also compromise my ability to experience the joy, meaning, and purpose of my work. There is no joy, meaning, or purpose for the person who is not present, and there is no real presence for the person who is not self-attuned.

WHAT DOES IT TAKE TO CULTIVATE SELF-CLARITY?

_It’s not what we do once in a while that shapes our lives, but what we do consistently._

—Anthony Robbins (1992)

In the context of the work of developing one’s self as a nurse, clarity is fundamentally about knowing and understanding who I am in my chosen work, what my purpose is, and what I have committed to do and to be. Self-clarity evolves from our educational preparation; from our role socialization by mentors, colleagues, and leaders; and through taking the time to look at and learn from our successes and failures. Seeking self-clarity is an ongoing process which shapes our evolving belief system. Clarity is achieved through a practice of personal reflection and integration of what we learn and the meaning it has in our work and lives.

I began this article by reflecting on three women who had significant influence on the way I see my work and purpose. There have been many other mentors and teachers since my early days as a nurse—colleagues, patients, and families. As I think about pivotal, teachable times in my career, I remember the physician who walked in as I was crying over the body of a stillborn baby. I immediately tried to “pull myself together” and he said, “Don’t stop crying now, or ever. Your tears mean you care. If we stop crying, we stop caring.” I think of the young Vietnam veteran who had lost both of his legs in an explosion. He talked to me about his despair, including his wish to die. I was a young student and was perceived by some more seasoned nurses as being overly enthusiastic in my advocacy for him. He took his own life two years later. I have never forgotten.

I think about the wonderful clinical nurse specialist who supported me as a new graduate as I cared for dying oncology patients. I had never experienced death up close before that. She was sturdy, accepting, and encouraging. She got me through my first months as a new nurse, and the lessons I learned through her presence and consistent support—her unwavering therapeutic use of self in her relationship with me—have never left me. I can still see the young father with red hair holding his newborn son born with anencephaly. Our practice at the time was to whisk the deformed newborn out of sight because it was deemed too distressing for the parents. This father was not having that, and insisted on holding his child. My practice changed forever in that moment. Not only did our “policy” wilt before my eyes; I learned that I must listen to my patients and their loved ones—they are the true experts on what is right for them.
Experiences like these form who we are as clinicians and as people. I have integrated these and other watershed experiences into my own belief system about nursing practice. Here are a few of the things I have come to believe:

- The therapeutic use of self requires being conscious of one’s own thoughts, feelings, and behaviors to be mindful and present to another.
- Knowledge-based caring is the essence of nursing practice, and is expressed through a therapeutic relationship between the nurse and the patient and family.
- Connection creates well-being; isolation creates suffering.
- Caring for people at times of great vulnerability is a sacred trust. Those who accept that trust are accountable to the patient and the patient’s loved ones before all else.
- The meaning and essence of care happens in those moments when one human being connects with another.

Our belief systems comprise both conscious and unconscious beliefs. When we make it a personal discipline to uncover and clarify our beliefs, we become more intentional about our responsibility, authority, and accountability in the face of a multitude of circumstances and challenges. We are more able to be clear and intentional about our boundaries in relationships with patients and with colleagues. When we are clear about what matters most to us, we are free to set priorities, to own our practice, and to know what we will say yes to and what we must say no to. Such clarity provides the framework for advocacy for our patients, for our profession, and for ourselves. Clarity also helps us to see “what is” and to make conscious choices about what to simply accept and what we must work to change.

Self-clarity comes through self-reflection. I offer the following questions for journaling or discussion with colleagues. They are designed to help you gain greater self-clarity by reflecting on your current belief system and to make decisions about what you consciously choose to believe to have a more fulfilling practice.

- Who have been the teachers in my practice? What have I learned from them?
- What new knowledge—technical or relational—is critical to me in my practice, and how do I go about getting this knowledge? Has reflection been a part of my knowledge development?
- What do I believe about the patients and their loved ones in my care? What patients particularly challenge me and why? What do I do when I feel challenged? What patients are particularly rewarding for me to care for and why?
- What have I learned from my patients and their loved ones that has contributed to my professional knowledge? What do I think matters most to patients and families?
- What do I think is important about professional (team) relationships? What do people count on me for?
- How do I distinguish between fighting against what is, which is an energy drainer, and advocating for positive change, which is an energy enhancer?
- What principles support my professional boundaries? Where do I feel strong in cultivating clear and healthy boundaries? In what ways do I need to better understand and/or develop healthier boundaries?
- What matters most to me in my day-to-day practice? What are my core beliefs about my nursing practice?
WHAT IS SELF-COMPASSION, AND WHY IS IT IMPORTANT TO OUR CAPACITY TO CARE?

As we learn to have compassion for ourselves, the circle of compassion for others—what and whom we can work with, and how—becomes wider.

—Pema Chodron (1997)

People sometimes think self-compassion is self-indulgent or selfish. It’s not. The more we are able to keep our hearts open to ourselves, the more we have available to give to others.

—Kristin Neff (2013)

We nurses can be hard on ourselves. As part of our fierce commitment to caring for others, we may hold ourselves to an unreachable standard of perfection. Interestingly, when researchers ask people why they are hard on themselves, they report a belief that self-criticism is motivating—that if they are kind to themselves, they’ll get lazy and complacent. Research done by Dr. Kristin Neff, Associate Professor in Human Development and Culture at the University of Texas, shows that the opposite is true: in reality, self-criticism is demotivating (Neff, 2011).

In his book, The Buddha’s Brain, neuropsychologist Rick Hanson compares our brains to Velcro for negative experiences and to Teflon for positive ones (Hanson & Mendius, 2009). Hanson and Neff seem to concur that once our minds latch onto negative thoughts, we tend to repeat them over and over. Brené Brown (2012) refers to this as our “shame tapes” and compares the mental process to the gremlins from Steven Spielberg’s 1984 horror comedy of the same name. According to Brown, the gremlins derive pleasure from destruction, and particularly target perfectionists—those of us who cannot stand to make a mistake, who must be good enough, right enough, competent enough, more than enough (Brown, 2012). Barbara McAfee, author, speaker, songwriter and vocalist, describes this common human experience in her song, Brain Rats! (McAfee, 2006):

Brain rats are the wicked thoughts that prove my every flaw
And every hopeful notion gives them something new to gnaw
I hear them chewing in the night and on and off all day
They’ve really got my number . . . oh the awful stuff they say

They tell me I am worse than anyone . . . my problems can’t be solved
And I’m the piece of crap around which this whole world revolves

Brain Rats . . . I’ve got brain rats
A pestilential blight upon my mind!

I have been in groups in which Barbara leads us in Brain Rats, and resonance with her boldly self-aware lyrics is evident throughout the group. We all know these brain rats. I also know that when I am in that place (whether I’m entertaining brain rats or gremlins) I am self-absorbed and neither present nor emotionally available to others. I feel isolated and alone; and when I feel isolated and alone, pain and suffering cannot be far behind.

Dr. Neff shares a story about her 4-year-old autistic son having a loud meltdown on a transatlantic flight. Everyone on the plane was looking at her with expressions that she took to mean, “Why can’t you control your child?!?” As she took him to the restroom, it occurred to her to put her extensive self-compassion
training to work. She held him as close as he’d allow, put her hands over her heart and said softly, “This is so hard right now, darling. I’m so sorry you’re going through this, but I’m here for you” (Neff, 2013).

Can you imagine extending such tender compassion to yourself in a high stress moment like this? When we are self-compassionate, we are able to tend to ourselves in moments of stress and suffering with warmth and kindness. People who practice self-compassion develop a balanced approach to emotional experiences; they don’t run from their feelings. There is a strong correlation between self-compassion, emotional intelligence, and resilience. In a study of the way people respond to negative events, people with higher self-compassion report greater coping skills, clarity of feelings, and the ability to repair negative emotional states. They are also less anxious, with less tendency to ruminate (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2011).

Neff teaches a meditative practice to help us become more skilled at coping with difficult emotions. She calls it soften, soothe, and allow.

1. Locate the difficult feeling within and try to soften resistance, gently and kindly allowing the feelings to be.
2. Once in touch with the painful emotion, send it compassion. She suggests using terms of endearment such as, “I’m sorry you are in such pain, Dear,” or “I know this is difficult, Darling.”
3. If we find ourselves consumed or carried away again, simply repeat the practice and repeat silently, “Soften, soothe, and allow.” (Neff, 2011, pp. 114–115)

The key to having greater self-compassion when you need it is practicing it when you don’t need it. Things got better for Dr. Neff when she spoke to herself kindly during her son’s meltdown, because she gently cared for herself as she would a dear friend. By caring for herself kindly, she had more to offer her child. Neff suggests that a first step to the practice of self-compassion is to notice our self-talk and make it kinder.

SUMMARY

I have offered three capacities for personal growth that have informed my own development, and I hope they will be of value to you. Self-attunement, self-clarity, and self-compassion are intrinsically related practices built on a foundation of mindfulness. Mindfulness is a practice. It is about being attuned, awake, and aware of the present moment. It can be learned, practiced, and strengthened over time, and eventually becomes a healthy emotional habit. A mindful practice helps us attune to what is, instead of fretting about what might be or what happened in the past. A mindful practice helps us be clear and focused. A mindful practice helps us access kindness and compassion toward ourselves and those whose lives we touch.

REFERENCES


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