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# Using Dance/Movement Therapy to Educate Hospice Providers on Preventing Burnout:

# A Method

Capstone Thesis

Lesley University

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GSASS-Dance/Movement Therapy

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## Abstract

Burnout is a clinical condition that an individual may experience whenever they are in a constant state of stress. It is categorized by three groups of symptoms: emotional exhaustion, depersonalization, and negative self-evaluation of personal achievement (Rizo-Baeza et al., 2017, p. 19). This inquiry investigated the impact of burnout on hospice professionals and volunteers through researching previous literature. The research led to the development of a psychoeducational, body-based method with a Dance/Movement Therapy (DMT) foundation. This preventative method was implemented in two separate workshops for hospice professionals and volunteers at a Massachusetts-based hospital system. Results indicate a need for training in the creation and implementation of a self-care plan, an individually-motivated action plan targeted to improve the four areas of well-being (physical, intellectual, emotional, and social/spiritual), as well as workplace psycho-social support in the hospice system.


*Keywords: self-care, burnout, hospice, well-being*

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A Method

## Introduction

This study began as an inquiry on how Dance/Movement Therapy (DMT) can be used to benefit hospice care professionals and volunteers. I was inspired by my desire to provide end-of-life patients with the best quality of care; I am motivated by the idea that if staff and volunteers take better care of themselves, they will then be able to take better care of their patients. This study serves to continue the tradition of research into the role of burnout in healthcare by specifically targeting the hospice caregiver population through the DMT lens.

As an intern in the fields of hospice and bereavement, I have often been told that it takes a "special person" to work in end-of-life care. I can see why someone may say that: hospice is the only field in healthcare with a 100% mortality rate, and death and dying are still taboo topics in our Western view of healthcare. For those individuals tasked to provide the care for the dying, they are met with constant high stress from their work environment. This may lead to a clinical condition known as burnout: "a psychological state of the worker, of chronic maladaptation, related to the work environment, characterized by three dimensions: emotional exhaustion, negative self-evaluation of one's own achievement and/or professional accomplishment and depersonalization," (Rizo-Baeza et al., 2017, p. 19).

Burnout was once theorized to only occur in human services professions due to the individual's emotional investment into their clients, however it has been established that it can occur in many health-related professions due to the multitude of stressors present in the work itself (Welp, Meier, & Manser, 2015, p. 3). One of these stressors is patient mortality rates,

which naturally occur on the higher end in hospice and palliative care as the purpose of the work is to comfort the patient on a multitude of dimensions—physically, mentally, emotionally, and spiritually—as they die. One study found that burnout is present in at least one out of every three hospice care professionals (Rize-Baeza et al., 2017). On top of this, those suffering from burnout may also develop compassion fatigue, "an emotional state with negative physical and psychological consequences, which results from prolonged care for suffering persons, when the professional carer absorbs the distress, anxiety and fears of the patient or the family they attend" (Vargas et al., 2016, p. 162). This absorption is also known as countertransference, which can be experienced on the body-level (somatically) either consciously or subconsciously.

In this project, I developed a therapeutic intervention around the preventative treatment of burnout in the form of a voluntary workshop for volunteers and staff. The workshop encompassed four areas of well-being (Physical, Intellectual, Emotional and Social/Spiritual or "PIES") by providing psychoeducation that surrounds burnout and its implications for the practitioner in conjunction with the patient, as well as how self-care can be used as a preventative measure. A total of three workshops occurred, the first being geared toward hospice care professionals and support staff including chaplains and social workers. The second workshop was shaped to communicate the importance of self-care to prevent burnout to hospice care volunteers who serve patients in facilities and in homes.

This paper will provide a brief literature review on several different topics including the presence of burnout in the hospice profession and its implications on patient care as well as using Dance/Movement Therapy to address the four areas of well-being in the form of self-care. I will then discuss the structure of the workshop as well as what I learned from creating and hosting the three events. Finally, I will discuss implications for further inquiry.

## Literature Review

For the capstone thesis, I chose to develop a method as a way of investigating a condition that has effected the hospice community and then observing the effects implementing body-based psychoeducation with this population. My qualitative investigation was a product of the dedication I have had for the past two year to improve the quality of end-of-life care. By developing a method using based off of a culmination of qualitative and quantitative research and using what I have learned as a Dance/Movement Therapy graduate student, I have attempted to better understand what burnout is and how it impacts patients and professions and bring about a positive change.

The following review will discuss the literature surrounding stress and burnout in the realm of hospice care, factors leading to burnout, using self-care as a preventative tool for burnout and how burnout and self-care can be approached through the DMT lens.

### Stress

In a systematic review conducted by Martin et al., the researchers cited the World Health Organization's statement that "stress is currently the world's most pronounced health risk [and] consequences of stress are constant exhaustion, burnout, helplessness, fear, and eventually a weak immune system or even organ damage," even for otherwise healthy individuals (2018, p. 1). There are several theories that conceptualize stress on the physical and psychological levels. Martin et al. shared Lazarus' theory that "stress [is] a consequence of the individual's appraisal of his or her environment," (2018, p. 2). When an individual faces a challenging situation (using "primary appraisal" to determine the severity of threat), stress emerges due to the individual's "secondary appraisal" that their coping skills are insufficient to take on the event (p. 2).

Similarly, the "embodiment theory" suggests that stress comes from when an individual's ability to cope does not resolve the challenging situation. "This could occur, for example, because the behavior is disorganized or inappropriate, or simply because the situation exceeds the coping abilities of the organism," (Martin et al., 2018, p. 2). When the challenging situation continues to occur without successful resolve, or other aversive events are added to the individual's life, the individual stays in a state of constant "excitation" and will burn-out (p. 2).

Stress can occur to anyone despite internal coping abilities and control over external factors. "[This] is both a social and an individual issue," (Payrau, Quere, Breton & Payrau, 2017, p. 4). According to Payrau et al., it has been estimated that 75-90% of visits to a doctor's office are for symptoms or conditions that are caused by or exacerbated by stress (p. 4). As this is a prevalent issue across the board, finding ways to prevent and manage stress so that an individual does not burn out is important on a large scale. "…early reckoning of the day-to-day stress which may lead to clinical diagnosis is the best way to preventing the stress-related diseases," (p. 1).

*Compassion Fatigue*

Compassion Fatigue (CF) is a stress response that emerges suddenly and without warning and presents many cognitive impairments similar to those in burnout including helplessness, isolation, and confusion (Slocum-Gori, Hemsworth, Chan, Carson & Kazanjian, 2011, p. 173). In regards to caregivers, it refers to "an emotional state with negative physical and psychological consequences, which resulted from prolonged care for suffering persons, when the professional career absorbs the distress, anxiety and fears of the patient or the family they attend," (Vargas et al., 2015, p. 162). If experienced, it may cause the individual to transition out of the work to seek recovery and compassion satisfaction elsewhere (Slocum-Gori et al., 2011, p. 173). "Research suggests that compassion satisfaction may counteract the risk of compassion fatigue in palliative

care professionals," (Vargas et al., 2015, p. 161) when obtained prior to or during the same time as the emotional burden of the work is being experienced. It is most prevalent in professions where the individual is highly empathetic and does not have the ability to disengage from the work emotionally (Vargas et al., 2015, p. 162).

*Vicarious Traumatization and Somatic Countertransference*

Death can be considered traumatic by those who experience it regardless of whether the death was sudden, accidental, purposeful, or as a result of a situation that allowed the individual and family to know that it was approaching. A stressor experienced by the hospice professional that is specific to work with trauma is vicarious traumatization (VT), or "the traumatizing effect of work with traumatized patients on the clinician's 'mind' and 'body'" (Forester, 2007, p. 124). This is a holding of the patient's trauma in the clinician's body. It may be experienced on the cognitive level with pervasive thoughts and feelings surrounding the trauma, or "changed beliefs about oneself, others, and the world, and the future" (p. 124). It could be experienced through depression, fear that the trauma may happen to the clinician or a loved one with "nightmares with contents similar to reports by the patients [or family]" being reported often (p. 125). Finally, it may be experienced somatically, on the body-level, with "shortness of breath, palpitations, numbness, and the experience of being frozen and unable to move… specific pains, sensitivities, and postures that reflect symptoms experienced by patients," (p. 125).

Experiencing VT on the body level is also known as "somatic countertransference" which refers to the specific effect on the clinician's body from the patient's experience (Forester, 2007, p. 129). There is an intersubjective dialogue between the clinician as a care giver versus the clinician as a witness of pain occurring within the clinician. This dialogue may or may not be on the conscious level as it is also thought to occur on a continuum from pure sensation to active

cognitive sensory experiences (p. 129). “The failure or inability to address such somatic intersubjective dialogue can result in the [clinician] being blind to crucial aspects of the patient and the clinical relationship, or to “taking on the patient’s material”, (p. 129).

**Burnout in Hospice Care**

Hospice is a field that aims to relieve suffering and provide comfort and support to improve the quality of life of the patient as they face death and dying (Slocum-Gori et al., 2001, p. 174). Naturally, this means that clinicians are constantly facing death and dying and are at an increased risk for developing burnout (Welp et al., 2015, p. 9). The daily practice of hospice care also requires successful clinicians to exercise empathy regularly for their patients who are losing their autonomy and dignity while facing death. They must also possess empathy for the people who are losing a loved one.

According to researchers, “burnout is a core aspect of reduced work-related psychological health and represents a severe, chronic strain response of the individual to enduring stress at work,” (Welp et al., 2015, p. 2). It manifests in three dimensions: emotional exhaustion, depersonalization and negative evaluation of one’s own accomplishment (Rizo-Baeza et al., 2018, p. 19; Pfeffer, Paletta & Suchar, 2018, p. 2; Welp et al., 2015, p. 2). It is also considered “the index of dislocation between what people are and what they have to do; it represents an erosion in values, dignity, spirit, and will—an erosion of the human soul,” (Vargas et al., 2015, p. 162).

In a study by Rizo-Baeza and colleagues, they found that emotional exhaustion, depersonalization, and low personal accomplishment presented equally across the board in participants that were presenting with burnout (1 in 3) (2018, p. 21-22). Similar to the theories

behind stress, Welp et al. cited the development of burnout as a consequence of the conservation of resources (CORs): "Strain develops if an individual is threatened with loss of material or psychological resources, actually loses them, or an imbalance develops due to resource investment without the appropriate resources gain," (2015, p. 2-3).

As a way to conserve resources, emotional exhaustion brings about fatigue that makes the individual feel unable to face the demands of their job or to engage with others. There is also a lack of physical and cognitive ability to perform tasks including impairments in focus, thinking about a situation in more than one way, being able to pay close attention for a sustained amount of time, and memory recall (Welp et al., 2015, p. 3). Depersonalization is a dysfunctional coping mechanism used to preserve mental and emotional resources by making the individual detach from the work environment due to other coping options being seemingly unavailable to them (2015; p. 3). This may lead to a dehumanizing attitude toward patients and a cynical attitude toward the job (p. 3). Finally, there is a reduced willingness to commit to the job or perform the job well, leading to negligence (p. 3).

The last domain of burnout, negative evaluation of personal accomplishment often reflects the individual's belief that they are not making a meaningful contribution to the work (Welp et al., 2015, p. 4). This comes from the depletion of mental and emotional resources necessary to perform the job (p. 4). Most of the factors found in a study by Rizo-Baeza and colleagues may also equate to a low quality of professional life of the clinician, including constant exposure to death and dying, personal conflict, accepting responsibility, avoidance coping, and lack of planning leading to difficulties in problem solving (2018, p. 22).

As a result of these domains of burnout, the clinician may not invest the energy required to keep their patients safe. "To prevent further depletion of resources, emotionally exhausted

clinicians may only execute tasks that are absolutely necessary…neglecting safety behaviors (Welp et al., 2015, p. 3). Overall, burnout syndrome is associated with poor ratings of quality of care and increased dissatisfaction from the patient and/or the family along with increased medical errors (Sanso et al., 2015, p. 201). In a 2016 study by Kavalieratos et al., they found that their participants felt that "burnout robbed them of their ability to provide the patient care that they were accustomed to providing," (p. 906).

*Burnout on the Professional*

It is important to understand the lived experience of burnout by the hospice professional in relation to the factors leading to burnout (Kavalieratos et al., 2016, p. 902). A female MD participant shared in Kavelieratos et al.'s study that "…[burnout] attacks my identity of who I am and kind of, how I define myself," (2016, p. 906). Verbatim responses in this same study to the question "What does burnout *feel* like," include:

"Breathless,

Not in my body,

Exhaustion—physical, mental, emotional,

Emotionally hypersensitive (easier to cry),

Difficulty getting up in the morning,

Sleepless,

Irritable,

Hypercritical of others and self,

Moodiness—low feeling," (p. 904).

All of these lived experiences are reflections of symptoms that can be experienced by both clinicians and volunteers. They can lead to absenteeism, increased job turnover, chronic work disability, insomnia, increased hospitalization for mental and cardiovascular disorders, heart disease, accelerated biological aging, and all-cause mortality (Pfeffer et al., 2018, p. 2). Overall, if an individual is presenting with burnout that is unresolved, they may be at risk for "hastened retirement, poor professional conduct, increased risk of medical errors, as well as deleterious effects on personal health and relationships," (Kavalieratos et al., 2016, p. 901-902).

*Factors leading to Burnout*

"The daily exposure to suffering and death makes professionals face their own death, something that they had never considered before working in palliative care…" (Vargas et al., 2015, p. 167). In a study by Slocum-Gori and colleagues, researchers found stressors specific to hospice care were constant exposure to death, feelings of inadequate time with patients before they die, inadequate coping skills, and difficulties in communication with the patient and/or the families along with feelings of grief and guilt (2011, p. 173). On top of this, role monotony, or the continual exposure to death and dying without opportunities to diversify professional experiences (Kavalieratos et al., 2016, p. 906) can lead an individual to feel burned out.

There are also outside factors that may not be able to be controlled by the individual. Rizo-Baeza and colleagues conducted a study that found several factors related to burnout including "being a single parent, working longer than 8 hours a day, having a heavy workload, a lack of a high professional quality of life and having a self-care deficit" (2018, p. 22). Limited abilities to take holidays can also contribute to burnout (Mills, Wand & Fraser, 2018, p. 7). Out

of these factors, the hospice professional can only work towards building a self-care routine that can help prevent and/or manage burnout.

**Self-Care**

"To be able to do our job well, we need to look after ourselves," (Vargas et al., 2015, p. 168).

Self-care is defined by researchers as "the self-initiated behavior that people chose to incorporate to promote good health and general well-being," (Mills, Wand & Fraser, 2017, p. 627; Mills et al., 2018, p. 1). It has shown to be one of the most protective factors against burnout (Rizo-Baeza et al., 2018, p. 20) and it intrinsic to the work of hospice care (Mills et al., 2018, p. 4). Self-care requires hospice professionals and volunteers to obtain a healthy work-life balance. By doing so, the individual has the ability to be present and attend fully to their experiences both in and out of the workplace. The first step to practicing self-care is having the awareness of the need for it (Vargas et al., 2015, p. 162).

Through research primary components of self-care necessary for hospice professionals include recognizing personal limits and "recognizing we aren't infallible," (Vargas et al., 2015, p. 168). Participants responded with other ways of developing or maintaining their self-care routines including "developing communication skills," (Vargas et al., 2015, 162), "obtaining regular supervision, consultation, and, at times, therapy," (Forrester, 2007, p. 126), "meditation, mindfulness, and spiritual practice," (Mills et al., 2017, p. 627), and "socializing and maintaining positive relationships with friends and family…" (Mills et al., 2018, p. 4-5). Creating and maintaining boundaries in professional and personal relationships is an essential piece of self-care in this field: "Through the practice and development of body awareness, clinicians may be able to refine their sense of their own and other's boundaries," (Forrester, 2007, p. 128).

*The Role of the Healthcare System*

Much of the research demonstrates how there is a mutual relationship between the impact of burnout on the system and perpetuation of burnout by the system. With high rates of job turnover and decrease of patient safety, the system stands to lose a lot. "Direct and indirect financial costs are emerging not only for employers and organizations but for nations…Therefore, investigation into burnout is of great public and economic interest," (Pfeffer et al., 2018), p. 2).

Various researchers found that a lack of self-care education and training along with the stigmatization of "self-care as selfish" made it difficult for individuals in the field to practice self-care (Mills et al., 2017 p. 628; Mills et al., 2018, p. 7). Other factors including the expectation to bring work home, strict workplace culture and other unrealistic standards for workload and pace take away from a clinician finding the time and energy to practice self-care (Kavalieratos et al., 2016, p. 902). "We repeatedly heard personal or witnessed narratives related to 'leaving the field' or 'getting out while you can'…if not address, burnout impacts the entire organization and discipline" (p. 906).

In regards to education and training, a study by Mills and colleagues reflected that only 39% of participants (nurses and doctors in palliative care) received education about self-care and it's benefits (2017, p. 628). In this same study, participants indicated that they would consider implementing a self-care plan and routine if provided with training (p. 628). A focus on maximizing compassion satisfaction needs to be implemented (Slocum-Gori et al., 2011, p. 176-177) along with establishing positive workplace cultures, positive role models, and allocation of reasonable workloads (Mills et al., 2018, p. 7-8). "The creation of a good working environment

and the encouragement of humor [and communication] among colleagues can serve as a safety valve…" (Vargas et al., 2015, p. 166).

## Dance/Movement Therapy (DMT) Integration

The creative arts therapies include music, drama, visual art and dance/movement therapies and are considered an innovative way to prevent stress and improve stress symptoms by reducing anxiety levels and improving an individual's mood (Martin et al., 2018, p. 1; p. 14). Using these alternative therapies or incorporating them into a talk therapy practice allow the individual to use different resources to access their coping abilities while finding empowerment (p. 2).

DMT is used as a tool for "observing movement and understanding the connections between movement and emotion," (Endrizzi, Ghelleri, Palella & D'Amico, 2016, p. 46). "Psychologically, embodied impression and expression improve interoception [(body experience)], body scheme and body image," (p. 3). This somatic awareness leads to a greater sense of overall self-awareness, which aids in coping with death (Sanso et al., 2015, p. 204-205). "Somatic" refers to the "experience of one's own body from within…or subjective awareness of one's own sensory-motor condition and processes," (Forrester, 2007, p. 124).

### *DMT Assessment*

In a 2018 study by Pfeffer and colleagues, Laban Movement Analysis (LMA) was used to observe and analyze individuals experiencing burnout compared to people who are not experiencing burnout. LMA is a well-established method that is already used in the neurosciences for analyzing movement behavior (p. 3) and has been transposed to the therapeutic space. "It is descriptive, neutral and objective as well as specific and mathematical," (p. 2-3). In

this study, analysts observed abnormalities in movements including a lack of effort (fatigue), and movements that appeared intrusive (strong, direct, and bound) (p. 3).

The results found that individuals experiencing burnout "showed significant deficits in relation to flow, space, time and weight" (p. 7). "Bound flow leads to a control of the movement that helps resist external stimuli, protecting against these," (p. 7), and individuals showed a significant deficit in this bound movement. A deficit concerning indirect movements leads to an overuse of direct movements by strong focus on one object (p. 7). In regards to time, individuals experiencing burnout do not allow themselves to take up or revel in time (p. 7), a deficit in sustained movement. Finally, the deficit in light movement showed analysts that the individual cannot take things in life lightly themselves (p. 7).

These deficits in movement expression of burnout can inform how we treat burnout with exhaustion seen as the absence of all Efforts (p. 3). "The potential deficits within the movement expression…may give new starting points for preventative movement programs in health promotion," (p. 3). More research is needed to analyze and understand how burnout effects individuals with burnout on the body level so that movement interventions may be implemented to assist individuals in treatment.

*Body-Level Interventions for Burnout Prevention and Management*

While there are many ways to approach self-care (i.e. emotional, social, spiritual, etc.), it is most-often adopted to pursue physical wellness (Mills et al., 2017, p. 627). Individuals reported the use of exercise, hydrotherapy, yoga, and massage (Mills et al., 2017, p. 627; Mills et al., 2018). In a study by Slocum-Gori et al., mindfulness, meditation and journaling using

prompts that inspire creative, thoughtful entries were effective in reducing levels of compassion fatigue while also increasing compassion satisfaction (2011, p. 177).

Participants demonstrated knowledge of basic physical self-care strategies, however research has shown that investigating interventions that are specifically designed for stress relief can be more effective in managing symptoms in an individual already experiencing burnout. Payrau and colleagues investigated the effects of fasciatherapy on stress relief in comparison to hypnosis and music therapy to observe top-down versus bottom-up interventions. Fasciatherapy (Fs) is a massage technique used to release tension overall in the body as opposed to targeting specific areas for relief (Douglass, 2019). "[The] practitioner's first touch is an evaluation which aims at taking stock of the consequences of the dysfunction in the body…[A] supporting point is held, until tensions are released and as a result, [restores] the body's balance," (Payrau et al., 2017, p. 6).

*Bringing DMT to the Hospice Space*

Limited research on using Dance/Movement Therapy in end-of-life care exists. One study by Endrizzi and colleagues investigated bringing in a Dance/Movement Therapist into a hospice facility to engage the patient, the family, and the hospice care team. A Dance/Movement Therapist can be used to establish cohesion and restore the unique equilibrium of the patient-family-clinician relationship: "…the function of the movement therapist [is] to contain a form of defense…that represented the anxiety of the approaching deadline of death, (2016, p. 54). As a hospice care professional or volunteer, an individual can be a member of a movement experience that allows the person to utilize their body as a tool to resource recovery while being witnessed and held (Endrizzi et al., 2016, p. 55-56).

There are several tools used in DMT that aid in strengthening an individual's self-awareness as well as strengthen and clarify the relationship between the hospice professional, the patient and the family. These tools include the use of touch, holding and handling, and mirroring. "The movement therapist, at the bedside or hospital room, proposes a movement experience, also involving the caregiver, who is often present in the room," (Endrizzi et al., 2016, p. 50). Touch between the therapist and the individual can provide an individual with a wide range of results. The individual may feel seen, supported, and/or connected. This connection allows for kinesthetic empathy to be built through mirroring, a simple yet effective technique that allows the therapist and the individual to converse without words, building trust and understanding for one another. "Crucial to this process is the delay of, or disinterest in, 'interpretation'; in its place there is curiosity," (Forrester, 2007, p. 127) to allow for sensation of the experience to build somatic awareness and kinesthetic empathy.

"Holding and handling are instruments to which the movement therapist is drawn to reinforce the second skin with the intent of strengthening the psycho-somatic unit," (Endrizzi et al., 2016, p. 50). A Dance/Movement Therapist will "hold the space" for the client by providing safety, a stable structure, and ample support which opens up the opportunities for authentic processing to occur through work on body connectivity. In the session, "patterns such as breath support, core-distal connectivity, yield and push patterns related to grounding and a sense of self," (Endrizzi et al., 2016, p. 50) are utilized by the Dance/Movement Therapist.

## Methods

*Preparation for Workshop*

Based on the research as well as materials provided to me from my internship supervisor, I created several materials for the presentation and brainstormed self-care interventions through the Dance/Movement Therapy lens. First, I created a slideshow that included the clinical definition of burnout, how burnout effects professionals, the effect of a burnt-out professional on patient safety, and factors that lead to burnout. It concluded with my original thought that "If you take better care of yourself, you'll then be able to take care of others." This slideshow was reviewed by my supervisor and intern cohort before I formally presented it.

Next, I created a resource packet to handout to all of the participants. This packet was also placed in the Mt. Auburn resource binder for other employees and volunteers who could not make it to the workshop to refer to. The packet included four materials. The first was a "Self-Care 101: 'PIES'" worksheet that takes a look into the four domains of well-being: Physical, Intellectual, Emotional and Social/Spiritual ("PIES"). Each domain offered several different examples of how someone could practice self-care (i.e. for physical well-being, a participant may consider "[exploring] ways to wind down for sleep" or "turning off the phone an hour before bed"). This worksheet allows participants to focus on one, many, or all domains of self-care based on what resources are available to them.

The second piece of the resource packet was a guided walking meditation that I created based on mediations I have experienced in my graduate coursework and personal explorations. This meditation prompts participants to tune into their bodies for grounding and then open their awareness to the space around them for an opportunity to clear their minds by focusing on something simpler than their daily demands. The third piece in the packet was a "Do It Yourself (DIY)" guide on creating a simple heat and aromatherapy tool. The final piece in the handout offers journaling prompts to tap into emotional and intellectual well-being.

Once I had my physical resources for the workshop, I turned my attention to creating Dance/Movement Therapy and self-care interventions to be used in various groups. Together with my supervisor and a massage therapy intern from the Bancroft School of Massage Therapy, we brainstormed ideas of self-care that were accessible to this population that carries a heavy emotional burden but is limited with their time and energy.

We adapted a traditional massage to being able to give yourself one through the hands and feet. The massage therapy intern walked me through how to perform an effective hand massage that focuses on the joints and the wrist in order to relieve tension and provide relaxation. We experimented with different lotions to determine which ones would be the most enjoyable for individuals to use. The massage therapist then transitioned us to foot massage by using tennis balls and rubber massage balls. This is when I was introduced briefly to fasciatherapy and how bearing one's full weight on the ball releases this connective tissue and can even rid the individual of headaches due to tension. The massage therapy intern then guided me to an academic journal that provided research on fasciatherapy, the Massage Therapy Journal (MTJ).

The massage therapy intern held a discussion on aromatherapy and the different effects on the body and the mind based on the different aromas. Many people know that lavender is helpful for relaxing, however orange, peppermint and rosemary are helpful for focus and boosting one's mood.

Using the information provided to me, I created a physical example of a self-care toolbox to use as a demonstration so that participants had the tools to create their own. In the toolbox I added six different aromatherapy scents, three types of lotion with varying fragrances, tennis balls and rubber massage balls, and a heat-therapy rice sock that I had the ability to use with the

aromatherapy scents. I also created a self-care activity that involved creating a list of various activities that come from each realm of well-being ("Today I will...") as well as fill-in-the-blank options for participants to use if they had their own ideas. I then cut each activity out into strips of paper and at each workshop laid out the strips for participants to choose from and take with them.

*Group 1: Hospice Professionals*

This group was held on February 13th, 2019 at a health care facility in metro Boston, and served as the psychoeducational component of an interdisciplinary team meeting that occurs every other week. Participants of this workshop were made up of hospice nurses, chaplains, social workers and administrators. There were 15 total participants. There was a time constraint of 35 minutes.

The group began with a brief introduction of my background as a Dance/Movement Therapy student completing a graduate thesis as well as a brief anecdote of what brought me to work in the field of hospice and bereavement. I then offered hand lotion to everyone in the group to massage their hands with while I gave the 15-minute slideshow presentation on the effects of burnout on an individual working in hospice.

I transitioned into a self-care demonstration by handing out the resource packet. I explained to the group that social and spiritual are combined into one because not everyone has a social component to their life for their own personal reasons and that this was also true for spirituality and that self-care could still be accomplished through focus on other domains.

I led the group through a guided meditation and gave participants the opportunity to tune into their bodies. After the guided meditation I invited everyone to come back to their seats.

Together we briefly discussed the "PIES" 101 Self-Care worksheet so that participants could understand the framework for how I was approaching self-care.

I then transitioned into having participants explore the physical self-care toolbox. I referred to the lotion that was offered to participants at the beginning of the workshop and discussed using hand massage as a tool for stress relief before moving on to foot massage with the tennis and rubber massage balls. After collecting the lotion and balls, I asked the group to refer to the "DIY Rice Sock" handout and demonstrated how to create and use the sock before passing the heated product along with the different aromatherapy scents around the room.

Upon collecting the rest of the materials, I directed the participants to turn their attention to the table with the self-care activity slips of paper. As the group moved to the table, I turned on soft piano music to have in the background as they explored the various activities. Small plastic bags were provided for the participants to place their chosen activities in. Participants were directed to return to their seats to signal that they were finished with the selection process so that a group Q&A and discussion could take place. After offering time to answer any questions, I closed the workshop with one deep breath as a group.

*Group 2: In-Home and Residential Volunteers*

This workshop was held on March 5th, 2019 in metro Boston served as a guest presentation in lieu of the monthly meeting for hospice volunteers to discuss interactions with current patients. Participants were made up of individuals from various backgrounds and life paths that lead them to volunteer their time to serve patients in end-of-life care. There were 15 participants in total ranging in age. The group was an hour and a half long.

The group began with the volunteer coordinator introducing me to the members and then allowing me to share information about my graduate program and why I wanted to focus on hospice professionals and volunteers for my thesis. I instructed group members to form a circle and led them through two basic Dance/Movement Therapy (DMT) exercises to establish group cohesion and structure.

I asked each member of the group to say their first name, or what they like to be called, and offer a gesture that they feel represented them. I then transitioned into an activity called, "I am the One Who..." which asked members to finish the statement and then step into the circle if they resonate with what an individual has said. I demonstrated first and said, "I am the one who serves others." I then offered to go the opposite direction in the circle which began with the volunteer coordinator. As we went around the circle, I mentally noted that everyone stepped in for almost every person's offer to signal that they resonate with what was being said.

After establishing introductions and group cohesion, I asked everyone to grab a chair and place it into a semi-circle so that I may present the PowerPoint that was used in the first group. Although the participants of this group were volunteers instead of professionals, I discussed that as volunteers they have chosen to support the staff of the hospice residence and in-home personnel as well as the families. Therefore, it was important to learn about what this group may be experiencing. It is also information that can be generalized to the volunteer group as well given that they are experiencing the heavy emotional load that comes from being in the hospice field.

Once the presentation was finished, I passed out the resource packets and took the opportunity to pull up a chair and sit with the group. I felt that this was important to continue the cohesion of the group as I was welcomed beyond being a presenter but as a member. Together,

we went through the "PIES" worksheet. I shared several ways that I have shaped my personal self-care routine. While talking about how the realms of well-being intertwine, I took the opportunity to do a seated version of the meditation I had presented in the previous group. I adapted the meditation due to the lack of space in the room to comfortably walk around. Next, I brought out the self-care toolbox to allow members to massage their hands and feet as well as experience the effects of aromatherapy and heat therapy. We concluded with a Q&A that transitioned into story telling by the participants of memories they had either with hospice patients or with loved ones.

*Dance/Movement Therapy Elements*

I used the Dance/Movement Therapy lens in the implementation of my workshops from basic DMT theory of using the circle to bring together a group to having members explore guided mediation. As a facilitator, I constantly used attunement to navigate the group dynamics to effectively communicate the information that I deemed important as getting across and adjusted as necessary to do so. I mentally noted my feelings in the group including any somatic countertransference I may have been experiencing as well as the group energy. For example, the energy of the hospice professional group was very held and tense. I noticed that my shoulders tightened back and my breath was held. Breath-work was important in this group to allow members to become open to the material and activities. Through several of the massage activities I discussed the "power of touch" and its healing properties. In DMT it is often touch between the therapist and the patient, however I transferred this over to healing self-touch as well as touch that could be conducted between members of a team (I.e. asking a coworker to help you place a heated rice sock on a place you cannot reach on your back). This, along with meditation and many other self-care-oriented activities, allows for reconnection to the self and to others.

Kinesthetic empathy was also introduced by having members of the group to "try on" each other's experiences. For example, during the first group with the hospice professionals, I was sharing research that stated 1 in 3 hospice professionals experience burnout (Rizo-Baeza et al., 2018). I then instructed everyone to look to the person to their left, then to their right and to recognize that it was possible at least one of them could be experiencing some symptom of burnout, whether that be emotional exhaustion, negative view of self-achievement, or depersonalization. Many members nodded their heads in recognition.

## Results

*Group 1: Hospice Professionals*

During the body-attunement portion of the guided meditation, half of the group was hesitant to close their eyes so I offered the option to simply lower their gaze. The group appeared more willing for the walking portion of the guided meditation as demonstrated by all but one participant walking around the room and promptly following directions (i.e. "Notice an object in the space that draws your attention and pause with it"). About halfway through one participant decided to observe the group by standing in a corner with her hands tucked behind her back. We made eye contact and nodded to one another in recognition, validating that her choice was okay and I felt that it was appropriate to continue as she watched.

When I passed out the tennis and massage balls for participants to use on their feet, all appeared reluctant to remove their shoes to try massaging their feet; instead they began tossing the balls back and forth to one another. I originally felt awkward with this unexpected reaction, again tensing my shoulders and holding my breath. I commented on the importance of finding laughter in self-care and felt relieved in the recovery.

During the closing discussion, I asked for five members to volunteer one self-care activity they realistically saw themselves implementing into their routine. The first participant to respond was a nurse and young expectant mother who shared that she was going to investigate where to go for a prenatal massage. The second participant was a middle-aged chaplain who shared that he was going to spend more time being present with his dog. The third participant was a chaplain who shared how easy it is to pause and take a few deep breaths. The fourth participant, a nurse, acknowledged the importance of giving yourself permission to practice self-care. The final participant was a nurse who recommended the workbook The Extreme Art of Self-Care by Cheryl Richardson and stated that she would be starting it.

After the conclusion of the group, I took five minutes to debrief with my supervisor and a co-intern. Throughout the duration of the workshop, we noticed that participants were highly engaged as demonstrated by focused attention directed to the PowerPoint presentation, closing their eyes or lowering their gaze and following directions during the walking meditation, and being present during the toolbox demonstration. My co-intern noted that there were many smiles and bouts of laughter demonstrated by the group to show enjoyment for the experience, especially during the hand massages at the beginning. During the group I felt respected as a leader and felt excitement for sharing the information I had obtained through months of research and outreach.

*Group 2: In-Home and Residential Volunteers*

During the introduction of the group, I asked each member to share their first name with a gesture. I demonstrated an example with my own name before turning to the person on my right who offered only her name and not a gesture. I immediately sensed that she may have felt "put on the spot". The rest of the group offered both their first name with a gesture. I took the

opportunity to reflect each gesture that was offered to the group. I noticed many people placed their hands in prayer and bowed their head or placed a hand on their heart. After the last member went, I commented on my physical reflecting back to them as a way for me to connect with everyone. During "I Am The One Who…", some people shared they were the one "who is there", "who responds", "who cares for others", and "who sees". In that moment, I felt very connected to the group.

Throughout the duration of the PowerPoint presentation and the guided meditation, the group was focused and open to participating, asking clarifying questions throughout. I noticed that several participants were also taking handwritten notes during the presentation. For the mediation, all the participants were engaged with closed eyes, and I noticed some participants took the opportunity to stretch various parts of the body that were holding tension. Each participant followed the breath cues.

While going through the handouts and the physical self-care toolbox, the group was most responsive to aromatherapy as evidenced by sitting upright and forward in seats and showing excitement and curiosity. One participant asked a question about how certain smells can trigger certain memories and what my thoughts were on approaching this. I shared with the group that our sense of smell is the most connected sense to memory and that this can be approached in many ways. Some people may embrace smells that remind them of people in their life they have lost, that maybe this smell brought them comfort. Others, however, may find themselves distressed from a certain scent for the same reason or maybe because they were caught off guard. I shared that it is difficult to avoid scents, therefore it is important to allow yourself to react naturally and process what is being felt. It is also important to have a support system to process moments like these with.

In the Q&A and discussion, one participant brought up that she did not like the smell of lavender as a child even though that is what her aunt smelled like all the time. Because of that memory she did not think she would use lavender aromatherapy to relax. Another participant chimed in at this point to say that "this is all about giving yourself permission to let some things not work for you and letting that lead you to finding what does work for you." She also commented that being selfish was okay and that it is important to take care of yourself. We discussed the metaphor of pouring from an empty cup: you simply can't do it.

Our discussion naturally transitioned into members sharing stories about patients they had a connection with and how they have taken care of themselves. One participant shared that attending the funeral of the individual who had died was important for her because it brought closure. She had also received gratitude from the family that allowed her to find satisfaction of knowing she had a positive impact on the patient. A second participant shared a story about two individuals he is currently taking care of as their primary caregiver although they are not related, and the situation is heavily complicated. He discussed his self-care routine and noted that the most impactful piece for him was to ask for help to complete tasks and have needs met.

At this point of the group we had run over time and closed with me thanking the participants for allowing me to enter their sacred space. I left the group with the self-care activity slips of paper and asked them to take a few minutes on their way out to choose at least 1-3 activities they would like to try to incorporate into their routines. I had hoped to end by having each person say one thing they got out of the workshop, but this was not possible at the time. Participants thanked me for the information I provided, and one participant mentioned that the workshop was very enjoyable.

## Discussion

An essential piece of self-care that professionals and volunteers in hospice must understand is that life does not give us a break simply because they chose to be in this helping profession. I learned this for myself while in the middle of my thesis when I experienced the loss of my grandfather to metastatic cancer. He was only in hospice care for three days before passing away. If I had not chosen to pursue self-care in the frameworks of hospice care, death and dying, and Dance/Movement Therapy, I would not have the tools I currently possess to care for myself while I grieve. These tools are what have allowed me to find answers to my thesis inquiry as well as finish out my internship in a hospice and bereavement setting. I have been able to understand my grief and stress as it presents itself in my body, through pain and tension in my lower back, in my mind, through loneliness and memory loss, and in my relationships, through the fluidity of distancing and diving in. Everyone experiences death differently, therefore everyone's self-care toolbox will be built differently as well.

Limited data exists that demonstrates the efficacy of Dance/Movement Therapy theoretical frameworks and interventions to prevent and relieve burnout symptoms with hospice and palliative care professionals in the form of self-care. However, through this inquiry I have seen the importance of looking at stress, burnout, and ultimately grief in through the DMT lens. The next steps include looking at the long-term effects of using preventative psychotherapeutic methods based in DMT with those in the field of hospice to increase efficiency, as well as to see how these methods may be adapted to help those already experiencing burnout. It is my belief that Dance/Movement Therapy can be used to help hospice professionals and volunteers take better care of themselves in order to then take care of their patients.

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## *THESIS APPROVAL FORM*

**Lesley University**
**Graduate School of Arts & Social Sciences**
**Expressive Therapies Division**
**Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA**

**Student's Name: ___Victoria G. Powell_____**

**Type of Project: Thesis**

**Title: ___Using Dance/Movement Therapy to Educate Hospice Providers on Preventing Burnout: A Method**
**_____**

**Date of Graduation: __May 18th, 2019_____**
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:___Meg H. Chang, EdD, BC-DMT_____ _____**