

Contagious calmness: a sense of calmness in acute care settings

From: Topics in Clinical Nursing, 5(3) October 1983, 18-30.

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HAVE YOU EVER been in a situation where it seemed that someone's anxiety was affecting you or other members of a group, that the person's nervousness was catching? Or have you known a person whose presence alone was very calming? We are all familiar with situations where one person's anxiety is able to affect either another individual or a group but it is also possible for one person's calmness to affect others.

These effects are difficult to measure in a rigorous scientific manner, but are acknowledged in many clinical settings. Staff members on psychiatric units observe the escalating group discomfort and acting out when one person is upset. In obstetrics, a patient may seem more apprehensive after being examined by an anxious nurse. Observation of family reactions to illness may reveal the effects of an anxious family member on the other members of the family. On the other hand, the presence of a calm nurse during a painful procedure may decrease the patient's perception of

pain. The calmness of the crisis intervention staff in emergencies often produces a sense of calm in the overall situation. And the introduction of relaxation techniques can often influence the total family unit during prenatal education.

PRESSURES WITHIN THE SYSTEM

Despite some of the acknowledged and intuited benefits of relaxation and calmness for the clinician and the client, the environment of the acute care hospital does not reward "calmseeking" behavior. To begin with, relaxation takes some practice, which takes time and a place of relative quiet. Many nurses have been able to use their breaks as a time to practice and either the utility room or the bathroom as a place to practice. All too often even this brief time off is unavailable due to patient care responsibilities. Second, when an attitude of calmness is maintained in a given situation, there may not be the appearance of as much activity as when compared with frantic, anxious bustling. The calm nurse may even be asked why tasks are not being handled quickly. In actuality, the calm nurse who appears to be performing slowly may be saving time in the long run. In many situations an alert calmness allows for improved perception of subtle factors in the environment or prevents increased anxiety for the patient.

A general societal opinion about calmness is expressed in the statement, "If you can keep your head while everyone around you is losing theirs you probably don't understand the situation." The social pressure to react in ways similar to coworkers may produce a feeling of internal panic or

increased anxiety during circumstances where others are reacting with anxiety. In addition, if the setting is one where there are many practitioners in training this sense of anxiety may be heightened.

Another general societal attitude that is supported by the hospital environment is what several authors have called "hurry sickness."^{1,2} This term describes the tendency to move through all aspects of everyday living with speed of action, rather than the slowness required to pay attention to the task at hand. One reason for this hurrying is competition (for advancement, recognition or other rewards). Rushing is not conducive to seeking relaxation or inner calmness.

There are two major aspects of a calm environment. These are the external environment and the individual's own internal environment. The external environment includes the work setting, coworkers, staff members, patients and patients' families. Some changes can be made in this environment. Soundproofing can be added to decrease noise. Furniture and equipment can be arranged to allow for a more orderly flow of movement in the unit. Patient and staff education can be conducted to decrease anxiety related to lack of information. A more relaxing setting can be created through interior decorating. All of these changes may not be possible, and all problems will not be eliminated by these changes.

The second aspect, the internal environment, refers to those elements of calmness within the individual. This is the area with the greatest potential for change, since the individual has the most control here. For example, the author counseled a woman who worked in the hectic complaint

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department of a nationwide company. The woman wanted to learn relaxation techniques for use on the job. Her desk was in an area where there was a lot of noise from other people and from ringing telephones. The telephone calls were almost always complaints. This woman had no ability to change the external environment, but she was very successful in changing her internal environment. Her successful technique consisted of using the ringing telephones as a reminder to relax. Each time the phone rang she let it ring one extra time. During that small space of time she took a couple of deep breaths and checked her shoulders for tension, relaxing them if necessary. In this way she used an environmental irritant to help her accomplish inner calmness.

CALMNESS IN THE INTERNAL ENVIRONMENT

A sense of internal calmness is thought to be present in all people. In those people who are calm, or who create a calming effect, this ability may be more developed than in an anxious person. This calmness can be strengthened through the use of centering techniques. A helpful way to begin to understand the concept of centering is to quietly sit and ask yourself what centering means to you personally. The author's first impression was that of a sense of stillness with a mental image of quiet. The mental image was that of a line running vertically through the center of the body. The idea of centering for the author was to feel balanced around this line. The first impression was that of swaying wildly, even though remaining physically fairly still. Gradually, after sitting quietly for a longer time, there came a sense of stability

with the imaginary line serving as the center point.

Each experience may be different because each person has a unique symbolic way of creating and understanding internal images. Some people get a sense of centering as being in a particular place in the body. Others form an image from a particularly relaxing experience in their past. It seems helpful at first to suspend all mental impressions of what centering might be and allow a mental image or a feeling state to arise spontaneously. One may question whether the image is valid. In the author's experience, the first, spontaneous image that occurs often is accompanied by a

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sense of "fit"—a sense that this image does indeed have meaning for the individual.

There are many ways to describe the experience of centering, all partly inadequate due to the limitations of words in conveying an internal occurrence. Hendricks and Wills had children describe the feeling of centering, and their answers included: "Being lined up just right. Feeling solid. Not thinking—just feeling. Being right on. Being balanced."³

Kushel expresses his inner state of centering as becoming "aware of who I am . . . [with] . . . a deep and abiding sense of inner calm."⁴ Kunz calls centering an inner stillness free from emotional disturbances and

mental hangups;⁵ internal stability is the term used by Hendricks and Roberts to convey the essence of centering.⁶ Richards, a potter, likens centering in a person to the act of stabilizing clay on a spinning potter's wheel prior to beginning work (p. 1).⁷ She describes the experience further as "a sense of a quiet inner unity, a unity within me" (p. 11) in which a person "senses himself as potentially whole" (p. 24). The most inclusive description of centering is offered by Krieger.

Centering refers to a sense of self-relatedness that can be thought of as a place of inner being, a place of quietude within oneself where one can feel truly integrated, unified, and focused, . . . the act of centering does not involve an exertion of effort, . . . centering is a conscious direction of attention inwards, an 'effortless effort' that is conceptual but that can also be experiential.⁸

A beginning exercise for introduction to centering is presented by Krieger as follows:

1. Sit comfortably, but in postural alignment, while doing this test.
2. Relax. To assure this, I suggest that you check out your favorite tension spots and relax those areas of your body. If your neck or shoulder muscles are in tension, strongly depress your shoulders—that is, push your shoulders down so that they are not hunched up toward your neck.
3. Inhale deeply and gently.
4. Slowly exhale.
5. Inhale again—and there you are! It is just here, in this state between breaths which you are now experiencing, that a state similar to the centering experience can be simulated. It is this state of balance, of equipoise, and of quietude that marks the experience of centering.⁹

It may be helpful to use a mental image

to help center, especially during hectic times. Both Kunz and Kushel suggest the use of images from nature as a way to reach the centering experience.^{10,11} Some of the elements to consider in choosing an image include the following.

- Does the image have elements of peacefulness, quiet, flexibility, growth, stability?
- Is this an image that seems to be a personal symbol of inner calm?
- Does this image exclude any details that might produce tension?

Some possible images include a tall, straight, growing tree; a flowing brook; an ocean beach with rhythmic waves; or a flourishing mountain meadow.

Relaxation as a component of calmness

Physical and mental relaxation combine with centering to form the basis for a sense of inner calmness. A wide variety of relaxation and stress management techniques can contribute to developing this sense of quietude. (A list of suggested readings is included at the end of this article as available resources.) A combination of some form of physical relaxation (progressive relaxation, exercise, autogenics, biofeedback), mental relaxation (visualization exercises, sensory awareness, changing chronic worrying habits, cognitive focusing) and breathing techniques seems to be especially helpful.

Meditation techniques

Over time, practicing centering leads to an increased awareness of the difference between a momentary disturbance and the inner stillness.¹² A variety of meditation

techniques can promote a feeling of increased connection with this inner calm. Benson has noted some of the beneficial effects of meditation and has developed a basic meditation technique designed to appeal to many who are being exposed to the idea of meditation for the first time. He suggests that the individual sit in a comfortable position in a quiet environment and establish a passive attitude. Then the individual can relax and begin to concentrate on breathing. Along with this concentration, a mental focus on repeating the word *one* while breathing out has been shown to elicit the relaxation response.¹³

The term *meditation* is used to describe many different practices, which may seem to be very different. Some techniques emphasize concentration on certain thoughts, while others stress the decrease of any intellectual activity. What they do have in common is the pursuit of a certain calm state of mind. Naranjo and Ornstein point out that "All meditation is a 'dwelling upon' something . . . the importance of dwelling upon something is not so much in the 'something' but in the 'dwelling upon'."¹⁴ It is only through the experience of practicing this dwelling-upon state of mind for a while that an actual understanding of what it is can be gained.

LeShan compares a good program of meditation with a good program of physical exercise.¹⁵ Both are fairly hard to describe verbally and may even seem silly if an individual exercise is looked at by itself. LeShan comments, "What could be more foolish than to repeatedly lift twenty pounds of lead up and down unless it is counting your breaths up to four, over and over again—a meditational exercise?" (p. 3). Doing just one physical exercise or one

meditation exercise makes it difficult to realize what the broader field is all about. In the long run, it is necessary to invest time and hard work for beneficial effects in either area. And the point of doing meditation exercises is for the effect it will produce within one. This effect, of increased inner calmness, usually occurs slowly. The increase in calmness may be hard to perceive, much as developing muscles are hard to notice. However, one does expect some change over time.

To continue the comparison of meditation and physical exercise, one would not expect the same program of exercises to work for everyone. Therefore, each individual needs to find the combination of

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meditational techniques that seems most appropriate for him- or herself.

Certain meditation exercises seem to be helpful for people who are beginning to explore the process of meditation. In addition to the technique presented by Benson (discussed previously), there are three techniques that are useful.

Breath counting, as outlined by LeShan, is one way to begin.¹⁶ Start by getting into a comfortable position to decrease the interference of body sensations. A timer, muffled by a pillow, can be set for 5 to 15 minutes. Then close the eyes to tune out visual stimuli. Begin counting silently; for

each exhaled breath, count from one to four. Repeat the process over and over for the allotted time. The goal is to keep the mind concentrated on the counting alone. The mind wanders, however, so gently bring it back to the task of counting.

The second technique is somewhat similar, although it involves an external focus. Hendricks and Roberts entitle this exercise "The Centered Mind."¹⁷ The purpose of this exercise is to observe the mind and to practice mental awareness. Individuals often do two things at once. One may be driving a car while thinking of something entirely different, such as the crisis just left at work or the vacation planned for next year.

To increase the ability of the mind to focus on one thing, it is useful to observe where the mind goes when it moves from a here-and-now focus. The mind uses imagination in several ways to withdraw from direct awareness. Memories of past events arise, fantasies of things that did not happen or that might happen in the future occur and internal "talk" goes on frequently. To do this exercise select an object to concentrate on, such as a flower, a candle or even a cup, and obtain a piece of paper and a pencil. On the paper, make three columns marked *memories*, *fantasy* and *talk*. Get in a comfortable position, then look at and concentrate softly on the chosen object. Any time the mind wanders from that object make a mark in the column that best describes what the mind was doing (e.g., thoughts of a pleasant vacation for next year require a mark under *fantasy*), then gently return to focusing on the object. Continue this exercise for three or four minutes, observing the object and noting the action of the mind. Then relax

for a few minutes before thinking more about how the mind wanders.

The third type of meditation involves a more reflective frame of mind. The thinking processes are observed as they concentrate on a concept or thought. Again, begin by getting comfortable. Pick a concept or thought to explore. Some suggestions include specific qualities (courage, joy, serenity), symbols (of peace, caring, strength) or thoughts (making haste slowly, the sound of one hand clapping).¹⁸ Then concentrate the mind on the concept or thought and contemplate the various aspects of the topic and what it means. When the mind wanders, gently bring it back to the topic under consideration. Over time, with practice, meditation techniques can help the individual develop a deeper sense of calmness so that the inner stability is easier to call up when needed.

Contagious calmness defined

Contagious calmness is a term that describes the total process of internal calming and the methods used to convey calm to others. The main components of communicating calmness include speech content, voice tones and pacing, and body language. Speech content that reflects an inquiring attitude, a sense of having the situation under control, or the ability to call on the necessary resources is often quieting. Crisis intervention literature presents many aspects of this issue. One attitude the author has found helpful in working with clients is that of not being shocked by anything that people say about themselves or a situation, and gently asking for further information. A soft, clear voice tone with slow pacing, accompanied

by appropriate facial expressions, transmits the sense that the speaker is remaining relaxed. Body language further confirms this impression when body muscles are relaxed and the gestures used are flowing and gentle.

This attitude of contagious calmness contrasts with two extremes of interactional behavior.¹⁹ One extreme finds a person who hurries through life trying to be efficient. It seems as if this person is having one emergency after another. When an actual emergency occurs he or she may not even recognize the situation as a real emergency. The other extreme is the person who is so self-absorbed (even in calmness) that he or she may not even sense when a genuine emergency has happened. Important information passes this person by and he or she does not notice. The person who is contagiously calm attempts to gather as much information as possible and then to act calmly and capably. Of course, one acts in any of these three ways depending on factors such as fatigue level, skill in particular areas, current emotional state and level of mental preoccupation with other things. However, the range of situations where one acts in a calm manner can be expanded with practice.

CALMNESS IN THE HOSPITAL ENVIRONMENT

After practicing some of the techniques for increasing internal calmness, the individual will automatically exhibit an increase in contagious calmness. In addition to this spontaneous occurrence, there are several ways of triggering relaxation in the work setting, and methods to enhance the use of these techniques with patients.

Integrating techniques

The integration phase of using contagious calmness is perhaps the most difficult. It involves the development of successful habits for integrating calmness into everyday life. To strengthen the use of calming skills, it is helpful to use reminders in the work environment. At first a few neutral objects can be the reminders—a picture of a beach or a favorite camping spot, or even a wall clock. Events such as waiting for an elevator can also be chosen. Many people find that placing round, colored adhesive dots on objects that will be seen frequently works well. Then, for a period of at least three weeks, practice relaxing each time one of these reminders is observed. After a while these cues to relax begin to operate as conditioned stimuli. That is, each time the cue is seen relaxation will automatically occur.

Once relaxation occurs automatically, on cue, it is time to practice calmness, employing something that is tension producing. Identify those things in the environment that lead to tension symptoms. (For example, the woman in the noisy office chose the ringing telephone as a tension-producing cue for herself.) Those tension-producing cues can also be used as reminders to relax. Again, practice for at least three weeks, relaxing and calming each time the chosen cue occurs. It is amazing how effective this simple technique becomes with time and practice. The only difficult thing about using it is the initial practice time when one is learning to consciously relax each time the cue occurs. Some cues that have been effective for some of the author's clients are ringing telephones, clanging fire sirens and the

annoying, tuneless whistling of a coworker. Some people have found that they could relax consciously each time they walked through the door of their supervisor's office; others use their own stress symptoms as reminders to relax. Surprisingly, once they have been able to relax during these events, the events themselves often cease being stressful. The woman who used the whistling of a coworker as a relaxation cue reported that she even stopped being aware of the whistling after a few weeks.

Along with the use of reminder cues, several breathing techniques help to produce relaxation quickly. Some people find that taking two deep breaths with empha-

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sis on breathing with the diaphragm works well. Others pair the deep breaths with the checking and relaxing of their usual tension holding spots. Still others choose a visual image that is meaningful for them and briefly think of that image while taking a deep breath.

Stroebe suggests a technique called the *quieting response*.²⁰ When tension is felt, stop and say some calming words such as stop, relax, slow down, and then smile. After that, take a deep breath while counting to four and breathe out to a count of four. Take a second deep breath, again counting to four and then breathe out. While breathing out this time, count to four and imagine warmth flowing from the head or neck down through the body

on out through the feet by the time the count of four is reached.

These techniques can be practiced in 30 seconds or less and are quite effective in producing a feeling of relaxation. They can even be done in the midst of a variety of crisis situations. For example, a resuscitation code might trigger several cues that could be chosen as reminders to relax. Practice, in the imagination, taking a few breaths while wheeling the crash cart down the hall. If withdrawing medication for injection has been a relaxation cue, the relaxation will occur automatically even during the code. If checking the time is a relaxation cue, then any time that is done during the code, there will be some amount of calming.

Another critical situation where contagious calmness can be especially helpful involves a hostile or angry response on the part of a patient, a patient's family member or another team member. The most useful skill in these situations seems to be the ability to relax and take a few deep breaths while the other person is speaking. This produces a calm appearance, which can actually contribute to calming the other person. Kunz suggests that in these situations it may be helpful to momentarily shift the mental focus away from the person who is angry; think for a moment of someone special, then return full attention to the angry person.²¹

A technique that many nurses have found helpful involves the use of a visualization to assist them in imagining and practicing a feeling of contagious calmness. Visualizing a deep, royal blue, cobalt blue or sapphire blue color is found by many people to result in a feeling of calmness. When the author first tried this

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exercise it took a while to be able to "see" the color in the mind's eye. Having a jar made of blue glass helped to picture the blue color mentally. This visualization involves imagining the blue color as clearly as possible and thinking of a stream of calming blue radiating out to the person who is upset. This is a useful technique to use before entering the room of a difficult patient, or before a particularly difficult meeting. This visualization can also be used in combination with the nature image used for centering. Many psychiatric staff members have used this combination of imagining the blue color and thinking of a nature image, such as a tree, before entering the psychiatric unit. They have found it to be an effective technique to improve their perception of contagious calmness and have noted an increase in their ability to project a sense of quiet after entering the unit.²²

Choosing techniques

In addition to noticing aspects of the environment in choosing techniques, it is helpful to take stock of one's own abilities and inclinations, and then select those exercises that have the highest probability for success. For example, frustration may develop during a visualization exercise because it is hard to keep a stable image. If practice does not improve the situation, it is better to try another approach than to have the underlying frustration. Remembrances of a pleasant feeling may be more successful, or "hearing" music in the imagination may enhance relaxation. It is sometimes a trial-and-error, or better yet, a trial-and-success, process to find the techniques that work well for an individual.

This is also true when applying these methods in patient care.

Using techniques with patients

One of the most effective ways of using contagious calmness techniques with patients is by modeling calmness. Modeling calmness involves using calm body language, voice tone and facial expressions. Gentle, easy body movements do not take much time and can make a great difference in a patient's response. Relaxed muscles and body posture communicate quite a bit, and small changes in voice tone and pacing can transmit a sense of calm in many situations. Facial expressions especially convey a sense of internal feelings. In addition to allowing the sense of internal calmness to be expressed, a nurse can actually portray the impression of calmness even when somewhat tense. A useful technique is acting as if one is calm. When using this acting technique one imagines and then consciously performs actions as if actually relaxed. This play acting is helpful in developing a sense of calm, because the more one acts in a particular way, the more likely the feelings are to follow the actions.

Besides modeling, more direct discussion with patients about relaxing can be productive, even in short interactions. Avoiding having a set image of the patient allows a better assessment of the patient's self-calming skills.²³ For instance, someone who appears too hostile or rigid to accept relaxation exercises may use some personal visual imagery that is very helpful to him or her. A general question such as, "What are some of the things you do to help yourself feel better (get well, become calm)?" can

often allow the patient to express what has worked in his or her own unique language and belief system. Listening to the patient's answer gives the opportunity for assessing some of the following factors.

- Does the person use hearing, seeing or feeling words to describe relaxation practices?
- Is the client comfortable talking about these relaxation practices?
- Did he or she mention any particular tension symptoms that have been noticed?
- What information has been gained about the patient's belief system related to relaxation?
- Was there enough time for the person to explain what is helpful?

Based on this information, select techniques that seem to fit with what the client is already doing, or with what he or she thinks about relaxation. This process of matching a technique with a patient takes some practice, and again the nurse will learn by trial and success.

Many of the relaxation techniques require a lot of time if they are applied in a formal way, involving all the elements of the method. However, it can often be very effective to choose only one element of a method to use with a patient. For example, the system of Lamaze breathing is most effective if practiced before the onset of labor. At times, a particular patient may find one breathing technique, or just the focal point concentration to be helpful if presented during labor. Since the time involved in trying these mini segments of relaxation is fairly short, there is nothing to lose by trying. At the very least the patient is aware that the nurse is interested enough to attempt something that might work.

Before using calming techniques with clients it is necessary for the nurse to have practiced these techniques thoroughly and to have selected the words and elements of the relaxation systems that he or she is comfortable with and that fit his or her own uniqueness. The author's words or elements of relaxation, used by someone else, may seem awkward and nonfunctional. So, before adopting any of the following suggestions and applications, question them and modify them as necessary.

Progressive relaxation

Relaxation techniques can be shortened to apply in many health care situations. The patient with insomnia may benefit from introduction to progressive relaxation, and it takes only about five minutes to explain the method. The explanation should include the following important points.

- If the patient tenses a muscle first and then relaxes it, it will be easier to feel the relaxation.
- Focusing on the relaxing muscle also helps the mind to become occupied.
- Relaxing the muscles from head to toes creates a general relaxed state.²⁴

It may be helpful to make an audio tape for use by patients when time is limited.

Progressive relaxation can also be used by patients in pain. What seems to be

Progressive relaxation can also be used by patients in pain. What seems to be helpful for them is to focus the relaxation in a part of the body not involved in pain.

helpful for them is to focus the relaxation in a part of the body not involved with the pain. Most people tend to tense their shoulders, jaw muscles or forehead when in pain, so using one of these muscles as a focus may work. Use of one of the autogenic phrases may seem more attractive to someone who does not want to focus on muscles. Using the first concept of heaviness the person repeats, "my right arm is heavy," three times. This is followed by repeating, "my left arm is heavy," "my right leg is heavy," "my left leg is heavy" and "my neck and shoulders are heavy," each three times slowly to produce relaxation.²⁵ Both of these techniques and the imagery or visualization techniques work best for people who are able to concentrate for at least short periods of time.

Imagery

The imagery techniques of visualizing a pleasant scene can often be suggested quickly. Most people have some memory of a pleasant time or a place in their past that they can remember. If they can focus on that image long enough, it can help them relax. What often occurs if the person is experiencing sadness or grief is a release of emotions by crying, followed by a sense of relief in many cases. When the patient is unable to hold a mental image, either because he or she does not usually think in images or because of pain or anxiety, suggesting the image of a color may work.

For many patients with pain caused by terminal cancer, imagining a cloud of calming blue color entering their bodies as they breathe in, eases their pain. Other people need a tactile focus to be able to

concentrate on an image. If a patient has localized pain it is sometimes useful to use a combination of touch and visualization. The nurse can put one hand on the area where the patient is experiencing pain and ask the patient to use the hand as a focal point. The client can then imagine breathing out through that spot, breathing out the tension and pain. As the client imagines the pain draining away, the nurse can remove the hand from the tension spot. If the pain is in the shoulder area the patient may want to imagine the pain draining down her arm. The author has found this particular visualization combination to be very effective. People seem to relate the image to themselves easily and to elaborate on it in their own way. If there is a trash can close to where they usually sit, clients will often say that they want to imagine the pain flowing out of their arms and into the trash can. If the patient seems ready to discuss his or her internal feelings it may be helpful to present the idea of letting an image represent internal calm.

Breathing

Breathing techniques are used quite frequently in the acute care setting. Using a few deep breaths to decrease pain perception during difficult diagnostic procedures is often done. Breathing has been very effective for patients in labor, and suggesting that an anxious patient take a few deep breaths works well many times. These procedures are often the only ones that are successful in producing some relaxation when the patient is anxious or afraid. To increase the likelihood of relaxation, some things can be added to the instructions. If the person is extremely upset, the simplest

way to present breathing suggestions is to ask the person to breathe with the nurse. Take slow, even breaths so that the patient can see the breathing rate. Another technique is to use the tactile focus presented above. An anxious or tense patient often experiences a feeling of tightness in the stomach area. If the patient agrees to try the exercise, place one hand over the patient's solar plexus area and ask the patient to imagine breathing the tension out through the hand. Then, as the patient breathes out, move the hand away from the stomach as a focal point for the patient to concentrate on. Any practice with deep breathing will be helpful for patients in many situations.

With all of the preceding techniques it is useful to allow time for the patient to give feedback on his or her reaction to the exercises. Even if the method was not successful or if the patient experienced some discomfort with the exercises, the nurse will have gained information about what might be more appropriate for that

person. In addition, the patient often feels that willingness to listen is a measure of interest and caring.

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Within the acute care setting there are many factors that promote an increase in tension for the staff members and the patients. Some environmental stresses can be decreased, but the major area for change is the development of internal calm by nurses and patients. There are many practical advantages of developing a sense of contagious calmness including an increased sense of comfort for the individual staff member; increased efficiency in solving crisis situations, especially of an interpersonal nature; improved self-confidence in being able to stay calm in a variety of situations; decreased patient anxiety; and enhanced patient learning. All of these benefits can be gained with practice and experimentation using a mixture of techniques appropriate to the individual staff member, patient, setting and situation.

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SUGGESTED READINGS

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