

## **PERSPECTIVES**

*PERSPECTIVES is a special feature included in this issue of Journal of Creativity in Mental Health that provides mental health professionals with an opportunity to discuss their positions on a variety of creativity-related topics. The focus of this column is creative self-care strategies professionals can employ to prevent compassion fatigue. Four doctoral students who are marriage and family therapists discuss their perspectives on music, mindfulness, spirituality and autohypnosis. While this column was written from the perspective of marriage and family therapists, the information may be helpful to all mental-health practitioners.*

## Perspectives on Self-Care

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*Self-care for clinicians is much needed. To discover ways to implement self-care into our lives, we (four therapists) tried different self-care methods over a span of one to two weeks. After using practices that explored self-care through mindfulness meditation, autohypnosis, music, and spirituality, we wrote about the outcome of these experiences on our personal lives and our interactions with clients. From a personal perspective, we discussed the need to guard against burnout. Our experiences produced concrete ways to focus on our own needs in the midst of complex and demanding lives. Finally, we discussed how our methods could be applied to clinical work and the need for future research on self-care for clinicians.*

**KEYWORDS** *self-care, mindfulness, autohypnosis, music, spirituality*

Mental health professional associations recognize the need for self-care and address it in codes of conduct specific to the profession. The American Counseling Association Code of Ethics (2005) identifies self-care as a professional responsibility and states “counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities” (p. 9). The American Association for Marriage and Family Therapy Code of Ethics (2001) addresses self-care with the following statement: “Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment” (p. 1). The Green

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Cross Academy of Traumatology's (2009) Web site has several standards of care. In particular, the Standard of Self-Care Guidelines state:

The purpose of the Guidelines is twofold: First, do no harm to yourself in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services to those who look to you for support as a human being. (Purpose of the Guidelines, para. 1)

These guidelines specifically address self-care from the following perspectives: ethical principles, practice, commitment, strategies, prevention, and psychological, physical, social and professional inventories (Green Cross Academy of Traumatology, 2009). The importance of practicing conscious and purposeful self-care is our ethical duty if we are to remain capable of providing the best treatment possible to our clients.

According to Gentry (2002), self-care is defined as "ability to refill and refuel oneself in healthy ways" (p. 48). In the context of self-care for health care professionals, self-care could be defined as the actions one takes to lessen the amount of stress, anxiety, or emotional reaction experienced when working with clients. Self-care should not be thought of as "a narcissistic luxury to be fulfilled as time permits; it is a human requisite, a clinical necessity, and an ethical imperative" (Norcross & Guy, 2007, p. 14). When we remain emotionally connected to our clients, we can experience distraction in our academic and professional lives. This emotional distraction paired with physical fatigue can increase our emotional reactivity in our personal lives.

## SELF-CARE STRATEGIES

Specific self-care techniques for counselors and mental health professionals are rarely discussed in the literature. It is worth noting that some psychology master's and doctoral programs require their students to participate in either individual or group psychotherapy as a way to promote self-care. Likewise, self-care techniques have been introduced to medical students (Saunders et al., 2007). However, more research is needed for mental health professionals. In terms of self-care and burnout, there has not been substantial research that has focused on marriage and family therapists (MFTs; Rosenberg & Pace, 2006). Although considerable theoretical evidence supports the need for therapists to practice self-care, limited empirical evidence exists. Within the limited empirical literature, there is even less evidence that addresses how therapists' self-care processes may enhance the therapeutic process. Providing examples of experiential activities that therapists

have devised or used for themselves and successfully modified for use with clients may prove helpful.

To identify self-care practices, Killian (2008) interviewed clinicians ( $n = 20$ ) and identified the following as aspects of self-care: maintaining a reasonable client load, lacking a personal trauma history, obtaining regular supervision, processing emotional challenges with peers, having a supportive work environment, having a social network, being optimistic, and having a sense of self-awareness. Additionally, clinicians' ability to maintain family connection, a sense of spirituality, and an exercise routine proved to be helpful in self-care. One way to think about self-care is to follow the advice of Figley and Figley (2007) that referenced a familiar experience to airline travelers: "Don't forget to put the oxygen mask on yourself first" (p. 8). From this context, one cannot attend to someone else's emotional and psychological needs until one does that for oneself.

### Mindfulness

In the mental health profession, many people are susceptible to compassion fatigue, and mindfulness can help to guard against it (Shapiro, Brown, & Biegel, 2007). Mindfulness is a type of meditation with origins in the Asian Buddhist tradition of meditation (Kabat-Zinn, 1990). For the context of this article, "mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, p. 4). Clinically, mindfulness practice is relevant for therapists who want to cultivate more equanimity, presence, and empathy in their work with clients (Schure, Christopher, & Christopher, 2008). Research from the past decade demonstrates the benefits of mindfulness for physical and psychological health (see Baer, 2003, for a review), and these benefits may also be useful for therapists.

### Self-Hypnosis

In addition to mindfulness, autohypnosis or self-hypnosis may help guard against compassion fatigue. Mental health practitioners and medical professionals have used self-hypnosis in the treatment of anxiety (Benson et al., 1978). Medical professionals use self-hypnosis and the relaxation response method in the treatment of stress (Esch, Fricchione, & Stefano, 2003).

### Spirituality

Although research has explored the impact of mindfulness and self-hypnosis on self-care, the research that explores the relation between spirituality and self-care is limited. When addressing what resources individuals use, spirituality and religion are included to make sense of what is being

experienced. Although these terms are often used interchangeably, the distinction made between the two is one of personal versus group. Spirituality is most often referred to as “the personal, subjective side of religious experience” (Hill & Pargament, 2008, pp. 3–4), while religion is considered “a fixed system of ideas or ideological commitment” (Hill & Pargament, 2008, p. 3) and is oftentimes viewed as ritualistic. Puterbaugh (2008) conducted a qualitative study with bereavement counselors that showed spirituality as a vital component of their work and self-care, both before and after counseling families. This study supports the idea that spirituality can be used as a method of self-care and is worth exploring further.

### Music

Music may be an important part of spirituality for some and can be used to express individuals' connection with nature or a higher power. Mental health professionals have used music to counter the anxiety, relationship problems, depression, and loneliness that they may experience because of their work (Mahoney, 1997). These workplace challenges develop when therapists constantly use their physical and emotional beings as vessels to assist their clients through their issues and concerns (Norcross & Guy, 2007). Long-term care workers who experience similar symptoms to therapists have effectively used music to improve their mood and decrease the fatigue and burnout caused by attending to the needs of others (Bittman, Bruhn, Stevens, Westengard, & Umbach, 2003).

### Balance

Because balance is an integral part of self-care, it is very important for counselors to strive for balance, especially when considering the potential for compassion fatigue (Shapiro et al., 2007). Compassion fatigue presents itself as a formidable opponent (Shapiro et al., 2007). As therapists, we push our clients to find ways to take care of themselves emotionally and physically, yet occasionally we fall short of our own need for self-care. Just as our clients have different resources, we as therapists have different ways we practice self-care.

Whether you are a master's degree student or a practicing professional in clinical practice for 20-plus years, self-care practices are applicable. When we decided to complete this project, our thoughts and ideas about self-care were evaluated through the lens of 2nd-year MFT doctoral students. We have many demands, such as attending classes, writing papers, completing research and teaching assistantship requirements, and seeing clients, which impact our ability to practice self-care. It can be difficult for students to attend to self-care simply due to time constraints. The need for self-care is not unique to students; our experiences and demands parallel the faculty

member's journey through the tenure process or the clinician who is also a parent, caregiver for an aging parent, or senior clinician in his or her practice. We all have demands in our personal lives that have to be addressed, as well as professional demands. Striking the balance is an integral part of self-care.

Our commonalities as doctoral students give us the same starting platform of self-care; however, we differ in our approaches. We explored mindfulness, autohypnosis, music, and spirituality as ways to practice self-care. Although these were personal journeys, we realize our experiences may be used to help clients identify and explore their strengths. We offer our experiences to benefit both clients and therapists alike.

### MINDFULNESS AS SELF-CARE

Mindfulness may help clinicians with self-care (Schure et al., 2008), prevent compassion fatigue (Shapiro et al., 2007), and increase clinical effectiveness (Grepmaier et al., 2007). Because of the stress of managing the demands of graduate student life, I (L.G.) realized that there were times I was not fully present with my clients. I have a background in mindfulness, with more than 10 years of training and personal practice. However, since beginning my doctorate program last year, my meditation practice has been sporadic. I know that mindfulness practice has benefited me in the past, but I have had difficulty maintaining a regular practice. I decided to see how a more routine practice of mindfulness meditation would help me to better serve my clients and prevent the accumulative negative effects of stress on my own well-being.

Trungpa Rinpoche defined enlightenment as "compassion for self; skillful means with others" (cited by Patton, 1994, p. 130). I often keep this quote in mind related to my work as a therapist. I hope to work toward more kindness for myself and believe that this will increase my ability to care for others. To have a more structured practice, I decided to practice mindfulness meditation for 2 weeks for 10 to 15 minutes before every therapy session. The mindfulness meditation I practiced was to sit and focus on my breathing. When thoughts arose, I refocused my attention on the breath and body sensations. After seeing my clients, I wrote a short journal entry describing my experience both of the meditation and of the session. What follows are selected pieces from those journal entries.

#### Reflection on Day 1

Today I meditated for 10 minutes before seeing a client who has been difficult for me in past sessions. During my mindfulness practice, I found I was able to contact my resistance to seeing her and feel it melt away. In session,

I felt more attuned, calmer, and compassionate toward her. She did not trigger me as she has in the past; instead, I saw more of her vulnerability. Also, I noticed my witness—the part of me that observes myself—was stronger, leading me to think more about what I said before I said it. This was good at times, and at others, it interrupted the flow of the conversation, creating awkward pauses. In general, I felt my heart open and I was present in the room. My busyness was less of a distraction.

### Reflection on Day 3

Before meeting with a couple, I meditated for just 5 minutes, barely enough to feel grounded, but it was still helpful. During the session, I was able to get out of the way and have them connect with each other. I felt OK with my lack of “doing,” and the session flowed naturally. Later in the same day, I had another client, but my class ran late, leaving me with only 5 minutes before the session was scheduled to start. I found myself having to choose between a much-needed bathroom break and my meditation practice. So, I combined the two, laughing about how ridiculously busy I am but also knowing that anytime is a good time to practice mindfulness. In this session, I had a major breakthrough with a client who had been stuck in anxiety for the past couple months; it came from a place of me being able to trust my intuition.

### Reflection on Day 4

I found it difficult to settle into this morning’s mindfulness session today, my mind jumping to all the future meetings and obligations of the day. Ten minutes was not enough to feel grounded, only enough to bring up my jittery thoughts and feelings. I found the session that followed awkward and lacking focus. My client commented, “Today was a bit choppy, huh?” and I knew she was right. I did not feel present in the room with her, and I noticed she was distant and at times uncharacteristically defensive. Did my inability to be present influence her state of being, or was it the other way around?

### Reflection on Day 6

I was not able to do my mindfulness practice before seeing my client today, as my class ran late and I had to rush to meet my client on time. My client felt a lot of anxiety, and though I worked to help him feel settled before the end of the session, I noticed it took me awhile to let go of the intensity. I had a hard time transitioning to my other duties after the session ended; I was thinking and worrying about my client.

## Reflection on Day 7

Despite being busy, I was able to feel some calmness during my meditation and was glad to have the time to connect with myself before seeing my client. In the session, I was able to talk with my client about our session last week—the choppy session—and ask for feedback about the process of therapy in a nondefensive way. This is something that can be difficult for me to do, but the conversation today did not bring the typical feelings of anxiety. During the session, my client had a moment of freeing clarity, of acceptance of her past and some mistakes she had made. I felt that her acceptance was tied to the open, accepting atmosphere that accompanies mindfulness.

## Concluding Thoughts on Mindfulness for Self-Care

Overall, this regular mindfulness practice helped me to track my clients and myself and not to take things personally. I felt more connected and open hearted in session, and yet, connecting deeply with clients' pain did not elevate my own stress. To stay fully present and then let go—that is what I see as the gift of mindfulness. It was a small change—I do not mean to overstate it—and yet it was a meaningful one to me. I often long for these moments of spacious quiet, of attending to myself instead of others. This time of meditation was nourishing. Because I have years of training to draw from, I could at times touch into a contemplative space in a relatively short amount of time. Beginning meditators may find that, at least initially, the practice of mindfulness can make them more aware of the unrest of their mind, instead of finding a calm place to rest. I cannot say whether my clients noticed a difference in session or an improvement in my abilities as a mental health professional following my mindfulness practice, but I do know how helpful it was for me. I hope that I am able to take care of myself over time and that this will add to my ability to connect deeply with my clients.

## AUTOHYPNOSIS AS SELF-CARE

Just as a counselor can use mindfulness as a source of calmness, autohypnosis or self-hypnosis using guided imagery can provide the same ability to feel more connected and present. As a graduate student, I (D. M.) believe it is very important to think about self-care. I have reflected on my experience of meditation and self-hypnosis as a way to provide self-care. Ericksonian hypnotherapy, as described by Gilligan (1987), and Dr. Herbert Benson's work on relaxation, which has been used in medical settings (Bagheri-Nesami, Mohseni-Bandpei, & Shayesteh-Azar, 2006), inspired me to use self-hypnosis

as my experiential exercise. I meditated for 20 minutes twice a day for a week and reflected on my experience in a journal. Below are some excerpts.

### Reflection on Day 1

I decided to complete my relaxation at home on the floor in my living room. I turned the lights off and turned a fan on to add background noise, which made me feel more comfortable. I began by relaxing and concentrating on my breathing. I wanted to give myself the opportunity to let my subconscious mind emerge without prompting it to go in a certain direction. I concentrated on the wall in front of me, breathed for a few minutes, and then closed my eyes. The sound of the fan made me feel like I was in a tornado. The wind flew across my face and my body. I began to feel like I was floating high in the sky. Later, I felt like I was on an airplane. The airplane made me think of when my girlfriend and I went to Las Vegas two summers ago. I started to experience being on the airplane. I remembered sitting next to my girlfriend and recalled what she was wearing that day. I remembered the feeling of looking out the window and seeing nothing but white space.

### Reflection on Day 2

I was in deep meditation for about 15 minutes, and all of a sudden, I heard my roommate's voice coming from the hallway. He was laughing loudly, and I tried to embrace his laughter. I also received a text message that bumped me out of deep meditation for a minute. After I turned my cell phone off, it did not take me long to get back into deep meditation. This time, I started feeling like I was on a boat with my girlfriend, letting the waves guide us. We did not have any paddles, but we were not afraid. A scene from *Ordinary People* (Schwary & Redford, 1980) emerged. Conrad (a character) witnessed his brother fall off a boat and drown during a horrible thunderstorm. I felt like I was actually there and could see it. However, I could not do anything to help. I wanted to help save Conrad's brother, but I could not move. My body was heavy, and my feet were stuck to the ground. My timer on my cell phone went off, and I came back into consciousness.

### Reflection on Day 3

As I started going into my deep meditation, I thought about something a client had said in a session and thought about how it related to my family of origin. I started thinking about death and family members who have died over the years. What are they doing right now? Can they see me? What are they thinking? Do they try to communicate with me? I think they do. I want my cousin to come back to life, to tell me what he was thinking, to tell me

he needed help. I remember his funeral; it was so sad, but he is in a better place.

#### Reflection on Day 4

I am still trying to make sense of this relaxation and deep meditation. I am trying to keep a log of each experience so that I can look for possible connections. I think that I am learning new things about myself. Because of my use of deep meditation, I feel like I am growing as a person because I am taking time to make sense of my subconscious self. I believe there is a connection between the conscious and subconscious mind. Therefore, knowing about the subconscious mind is important in getting to know the self. I believe that our subconscious selves are connected to the things that we do. We may not consciously establish these connections, but I believe that they do exist.

#### Concluding Thoughts on Autohypnosis for Self-Care

When I participated in my meditation and autohypnosis experience, I noticed that I felt relaxed throughout the day. Specifically, I noticed being less stressed about pending deadlines for assignments. I also noticed feeling more calm about midterm and final examinations in my statistics class. In terms of therapy, I remember feeling less bothered by clients who sometimes are resistant to change. I also think that I made some improvements in my ability to connect with my clients. In addition, using meditation and self-hypnosis gave me the opportunity to connect with my higher power and process some things that may have been hindering me as a student and therapist.

For example, one of the things that came up in my experience (Reflection 3) had to do with a family member who decided to end his own life. Although I went to the funeral and paid my respects to him and my extended family, I still found myself asking many questions about why he chose to leave this world. I never really processed his death, not because I did not want to deal with it, but because I simply did not have the time. Using meditation and self-hypnosis gave me silent time to focus on something other than the demands of graduate school. Through the process of meditation and autohypnosis, I was able to process aspects of my cousin's death. This process helped relieve some of the stress I was experiencing from my cousin's death.

As a clinician, I was able to gain from the use of meditation and autohypnosis. I was able to focus on myself and was able to connect with my internal self. I was able to get in touch with my source of strength, which made me more relaxed throughout my day. I plan to incorporate the use of meditation and autohypnosis in the therapy work that I do. I wonder if it

could be helpful for working with individuals and families. I also wonder if meditation could be useful when working with individuals who experience anxiety and depression.

### MUSIC AS SELF-CARE

It is important that as students and practitioners we take care of ourselves after constantly using our physical and emotional beings as a vessel to assist our clients through their issues and concerns (Norcross & Guy, 2007). Music is a unique tool that can be used by practitioners because it comes in a variety of genres that could fit different personalities and cultures. Therefore, therapists can use music as a way to replenish and care for themselves. Juslin, Liljeström, Västfjäll, Barradas, and Silva (2008) conducted a study that demonstrated the benefits of music. In their study, music elicited more positive emotions and feelings among college students than their regular day-to-day activities. Because I (T.R.) have found music very soothing during times of stress, I was interested in completing the following exercises to determine how music can be used as a self-care tool.

I created this activity to determine how music can help a therapist connect with positive emotions that may have been depleted after sessions with clients. I set aside 10 minutes daily for a week to listen to seven different types of musical genres. These genres included jazz, gospel, African, easy rock, hip-hop, folk, and classical music and were selected due to my level of familiarity with these genres. Each day, I focused on one genre and picked two songs. One song would be chosen for familiarity and would be processed externally by me singing or humming along with the tune as I noted my reactions. I would internally process the second song by listening to it with my eyes closed without any other distractions. Listening or singing and humming along to each song provided me with the opportunity to experience various reactions or feelings with each genre and processing method. Externalizing and internalizing the different tunes caused different affects within the same genre. I tracked and assessed what emotions, state of mind, and physical sensations occurred while listening or singing/humming along with each song. Lastly, I journaled my reactions to the music daily and identified how I could use them as a self-care technique.

#### Reflection on Day 1

The first day of the exercise, I focused on jazz. The externally processed song was “Forever in Love” (Gorelick, 1992, track 2). While humming along to this song, feelings of happiness and creativeness came over me. I enjoyed humming along and noticed that my head swayed to the melody. As I listened to the second jazz selection with my eyes closed, “Now You Has Jazz”

(Porter, 1956, track 23) elicited a carefree emotional state and a sense of lightness. I felt less emotionally exhausted.

### Reflection on Day 2

The following day, I listened to two hip-hop songs. After rapping along with "I'm a Hustla" (Reese, 2009, track 2), I realized that I was in an excited state. I also felt strong and hard core as if I could accomplish anything. The second hip-hop song I listened to without rapping along was "Dirt off Your Shoulder" (Carter, 2003, track 6). This song elicited feelings of rage as I felt my heart race. Despite the physical reactions, I also experienced a boost in my confidence after processing the song.

### Reflection on Day 3

The 3rd day of the exercise consisted of me journaling my emotions and physical responses to gospel music. The externally processed tune selected was "Shackles (Praise You)" (Atkins, Atkins, & Campbell, 2000, track 4). This song made me feel that I could endure my tribulations. The gospel song used for the internally processed portion of the exercise was "Total Praise" (Smallwood, 1996, track 2). After processing this song, I felt more connected to my higher power. Tears ran down my face as I began to feel thankful for all my blessings and accomplishments. The tension in my body also released while processing the song.

### Reflection on Day 4

The next day, I spent 10 minutes listening to two African musical selections. Singing along with "The Lion Sleeps Tonight" (Linda, 1939, track 1), I felt soothed as if experiencing a cultural cleansing and healing. I also connected with my inner child and experienced some child-like happiness. I felt a sense of connection and unity while internally processing "Ganesha" (Denney & Adeyemi, 2008, track 2). The repetitive sounds and meditative nature of this song made me feel tranquil.

### Reflection on Day 5

The easy rock genre was the focus of the 5th day of the exercise. "Summer Breeze" (Seals & Crofts, 1972, track 4) was relaxing and created a light care-free feeling within my being. As I closed my eyes and completely focused, "Fighting Superman (It's Not Easy)" (Ondrasik, 2000, track 3) made me feel validated that being in a position of authority and power can sometimes be hard and that I am not the only one who feels the weight of responsibility as a therapist in these positions.

### Reflection on Day 6

I explored folk music by first humming along with “To Hear Your Banjo Play” (Lerner, Van Dyke, & Transfilm Productions, 1947). The level of history and description in the song made me contemplate my own life story. I also felt a cultural connection to my Southern history. While internally processing the musical selection, “Dawn” (Britten, 1944, disc 2, track 1), I felt connected to nature, a sense of floating through space. At times during processing the song, I even felt eerie and uncomfortable.

### Reflection on Day 7

I concentrated on classical music and the emotions and reactions that resulted from listening to this historical genre. After humming along with “Canon in D Major” (Pachelbel, 1919, track 1), I felt at peace in addition to strength and confidence. However, while internalizing “Flight of the Bumble Bee” (Rimsky-Korsakov, 1899, track 1), I developed a feeling of confusion and anxiety.

### Concluding Thoughts on Music for Self-Care

Overall, this experience helped me realize that music could be a very powerful tool that elicits various emotions and physical reactions. The music caused my mood to change whether it was better or worse; therefore, I think that I would be able to have the same results with my clients during therapy. Unlike the study conducted by Juslin et al. (2008), my experience with the different musical genres did not always result in affirmative reactions. However, discovering which genre elicits positive and healing feelings is an individual experience because music affects people differently. Krumhansl (1997) measured the emotional and physiological reactions experienced by clients while listening to music. Since this study demonstrates that music can help elicit various emotional and physical reactions, I believe that music could be used to help clients uncover and express their emotions. Because of my self-care exercise, I believe that after using this method themselves, therapists can assist clients through an exercise of processing different musical selections during therapy to identify which could be used to evoke strength, happiness, relaxation, confidence, and carefree feeling. This exercise also demonstrated that folk and hip-hop music could demonstrate to clients how to write their life story, and this could eventually lead to therapists assisting clients with developing a new narrative. It could also be used to connect clients to their religious or spiritual strengths. It may be easier for clients to process their emotions with music by first externalizing the experience by humming or singing along with the tune. As clients become more comfortable with the technique, they can progress to internally processing the

music and further processing their emotions and experience. I feel that this approach is more beneficial because music is incorporated into many parts of clients' lives.

### SPIRITUALITY AS SELF-CARE

Just as self-hypnosis can increase one's awareness of what thoughts and sensations are present in a deeply relaxed state, connecting with and tapping into personal resources can facilitate a greater awareness through emotional and cognitive processes (Watts, 2007). I (I. W.) encourage clients to use their resources, whether social, physical, financial, or spiritual. If clients need a surrogate parent to work through a trauma experienced as a child, I fill that role to guide them through that healing and restorative process. As I interact with the client, I strive to serve as the model for healthy boundaries (Kerr & Bowen, 1988; Minuchin, 1974), behaviors (Stewart & Chambless, 2009), and communication (Haley, 1987; Rogers, 1980).

Sometimes the empathic connections created for the benefit of my clients can stay with me long past the 50-minute session. The desire to help alleviate clients' anxiety, sadness, and hurt can remain present and strong. The desire to see change and stop the clients' pain can occasionally blind me to the fact that I am working harder than the clients. How much can I give without depleting myself emotionally and physically? When I give and find myself overextended, can I find ways to replenish, restore, reconnect, and recenter? I often wonder how other practitioners manage this balance.

I fight compassion fatigue in various ways; however, spirituality serves as the anchor. For me, spirituality is one of the resources that I use to recenter and reconnect to my core values and beliefs when I feel that I have stretched myself too far. I identify as Christian and then doctoral student practitioner. I do not take my spiritual position as a way to push a religious agenda onto my clients. The core principle that guides my interactions with my clients is compassion. In my experience as a therapist, I seek to establish empathy and give my clients a sense of unconditional positive regard. In this way, I become more receptive to fully experience the lives, emotions, and feelings of my clients. When I do, however, it can drain me and leave me unable to be my best for all my clients.

### The Reflection Process

When thinking about ways to improve my self-care practice, I gravitate to spirituality because of the importance and value I place on it. I chose an activity that allowed me to explore my spirituality. The activity allowed me to think about how spirituality has led me to think the way I do, how spirituality has influenced how I think about my life, and how it shapes

the way I will live my life. In particular, Beeler (1976) suggested using the following as a prompt:

If for some unknown reason this were to be the last paper you would ever write, try to write a paper in which a person could come to know you personally and gain a clearer understanding of you, your philosophy of life, your directions (goals) in living, and the significant learning in life affecting you. (p. 24)

I modified this prompt to focus on the context of spirituality. This activity allowed me to purposefully sit, think, and write about the role of spirituality in my life and its use to define my life and my work. I believe it becomes easy to push our needs for self-care to the back burner when we focus on our clients and their needs alone. I find myself pushing through on my own reserves instead of using my spiritual connection to gain strength. At this point in my clinical training, there are many demands on my time: conducting research, teaching, reading class and research literature, seeing clients, and completing projects. It is very easy to place my own needs at the end of the list. I realized that I become preoccupied with getting things done on my own strength without help. By help, I believe that I can ask for support and guidance from God and trust that He will answer. I found that I neglect to give myself permission to ask. I know that I am not in this alone and that God will support and sustain me. It may seem hard to understand. I can feel like I have no physical or mental strength to continue with my tasks. When I feel this way, I pray and ask for additional strength. Then, I feel this lightening or unburdening and a sense of calm. After that, my physical and emotional batteries are recharged, and I am ready to go.

### Concluding Thoughts on Spirituality for Self-Care

When I think about my experience with this activity, I have become more aware as to how hard it may be for clients to ask for help. I realize that clients must trust that I will honor their experience and challenge them softly. I cannot expect them to accept my interventions without reservations. I am there, waiting to help when they are ready. In the same vein, I believe God is ever present and ready to step in when I am ready to receive. Although my activity focus was spirituality, this activity can be modified to fit the needs of the client. When exploring clients' resources, I ask about the social, physical, emotional, and spiritual areas of their lives. If my clients identify spirituality as a resource, I explore what that means to them and how they incorporate it into their lives. I believe clients can use this activity to help them explore their thoughts and ideas as to what has led them to think about things the way they do. Practitioners can also use this activity to help clients envision how their lives will look once change has occurred.

## DISCUSSION

Mental health practitioners identify and use varied therapeutic interventions to highlight clients' resources. Therapists commonly identify ways to reduce anxiety (Clark et al., 1994), focus inward (Rogers, 1980), and give permission to care for the self for their clients (Rogers, 1980). Using client resources to construct solutions can be part of the process of personal growth and self-acceptance (Gingerich & Eisengart, 2000).

Through the process of exploring self-care, each of us was able to increase our ability to manage stress and anxiety. Our self-care techniques (mindfulness, autohypnosis, music, and spirituality) were successful in enhancing our abilities to take care of ourselves. One of the main things that we learned from this experience was the importance of balance in our lives. We all learned that a lack of balance and not taking care of ourselves could be damaging in terms of our interactions with clients. Although the focus of this study was to explore self-care techniques for therapists, we believe that there are clinical implications and room for future exploration. We also think that the same techniques we used could be implemented in practice. Because we have all experienced the benefits of our activities, we are more prepared to work with clients and introduce these techniques as a way for clients to take care of themselves and to promote positive coping skills. We acknowledge practitioners should modify these techniques to fit the specific needs of clients, making note of clients' history to determine appropriateness.

## REFERENCES

- American Association for Marriage and Family Therapy. (2001). *AAMFT code of ethics*. Alexandria, VA: Author.
- American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author
- Atkins, E., Atkins, T., Campbell, W. (2000). Shackles (Praise you). [Recorded by Mary Mary]. On *Thankful* [CD]. New York, NY: Sony.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10(2), 125–143. doi:10.1093/clipsy/bpg015
- Bagheri-Nesami, M., Mohseni-Bandpei, M. A., & Shayesteh-Azar, M. (2006). The effect of Benson Relaxation Technique on rheumatoid arthritis patients: Extended report. *International Journal of Nursing*, 12, 214–219.
- Beeler, K. (1976). Public versus private self: Self disclosure. In L. Thayer (Ed.), *50 strategies for experiential learning: Book one* (pp. 23–25). San Diego, CA: University Associates.
- Benson, H., Frankel, F. H., Apfel, R., Damels, M., Schniewind, H. E., Nemiah, J. C., . . . Rosner, B. (1978). Treatment of anxiety: A comparison of the usefulness of self-hypnosis and a meditational relaxation technique: An overview. *Psychotherapy and Psychosomatics*, 30, 229–242.

- Bittman, B., Bruhn, K. T., Stevens, C., Westengard, J., & Umbach, P. O. (2003). Recreational music making: A cost-effective group interdisciplinary strategy for reducing burnout and improving mood states in long-term care workers. *Advances in Mind-Body Medicine*, *19*, 4–15.
- Britten, B. (1944). Four sea interludes from *Peter Grimes*, Op. 33a (Dawn) [Performed by L. Bernstein and Boston Symphony Orchestra]. On *An American life: Music from the radio documentary* [CD]. Hanover, Germany: Deutsche Grammophon. (2004).
- Carter, S. C. (2003). Dirt off your shoulder. On *The black album* [CD]. New York, NY: Def Jam.
- Clark, D. M., Salkovskis, P. M., Hackman, A., Middleton, H., Anastasiades, P., & Gelder, M. (1994). A comparison of cognitive therapy, applied relaxation, and imipramine in the treatment of panic disorder. *British Journal of Psychiatry*, *164*, 759–769.
- Denney, M., & Adeyemi, B. A. (2008). Ganesha. On *Healing mantras* [EP]. Des Moines, IA: Self-published.
- Esch, T., Fricchione, G. L., & Stefano, G. B. (2003). The therapeutic use of the relaxation response in stress-related diseases. *Medical Science Monitor*, *9*, 23–34.
- Figley, C. R., & Figley, K. R. (2007, March/April). Put the oxygen mask on yourself. *Family Networker*, *6*, 8–11.
- Gentry, J. E. (2002). Compassion fatigue: A crucible of transformation. *Journal of Trauma Practice*, *1*(3/4), 37–61.
- Gilligan, S. G. (1987). *Therapeutic trances: The cooperation principle in Ericksonian hypnotherapy*. New York, NY: Brunner-Routledge.
- Gingerich, W. J., & Eisengart, S. (2000). Solution-focused brief therapy: A review of the outcome research. *Family Process*, *39*, 477–498. doi:10.1111/j.1545-5300.2000.39408.x
- Gorelick, K. B. (1992). Forever in love. On *Breathless* [CD]. Nashville, TN: Arista Records.
- Green Cross Academy of Traumatology. (2009). *Standard of self-care guidelines from the Green Cross Academy of Traumatology*. Retrieved from [http://greencross.org/index.php?option=com\\_content&view=article&id=184&Itemid=124](http://greencross.org/index.php?option=com_content&view=article&id=184&Itemid=124)
- Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics*, *76*, 332–338. doi:10.1159/000107560
- Haley, J. (1987). *Problem-solving therapy*. San Francisco, CA: Josey Bass Publishers.
- Hill, P. C., & Pargament, K. I. (2008). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *Psychology of Religion and Spirituality*, *5*(1), 3–17. doi:10.1037/1941-1022.S.1.3
- Juslin, P. N., Liljeström, S., Västfjäll, D., Barradas, G., & Silva, A. (2008). An experience sampling study of emotional reactions to music: Listener, music, and situation. *Emotion*, *8*, 668–683. doi:10.1037/a0013505
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Bantam Dell.

- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York, NY: Hyperion.
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. New York, NY: W. W. Norton & Company.
- Killian, K. D. (2008). Helping til it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology, 14*, 32–44. doi:10.1177/1534765608319083
- Krumhansl, C. L. (1997). An exploratory study of musical emotions and psychophysiology. *Canadian Journal of Experimental Psychology, 51*, 336–353. doi:10.1037/1196-1961.51.4.336
- Lerner, I., Van Dyke, W., & Transfilm Productions (Producers). (1947). To hear your banjo play [Recorded by P. Seeger]. On *Folk music & to hear your banjo play* [DVD]. Asheville, NC: Quality Information Publishers. (2009)
- Linda, S. (1939). Mbube (Wimoweh) (The lion sleeps tonight) [Recorded by Ladysmith Black Mambazo]. On *Celebration of the stars: Children's music from Grammy celebrated artists* [CD]. Redway, CA: Music for Little People. (2009)
- Mahoney, M. J. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology Research and Practice 28*(1), 14–16.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Norcross, J. C., & Guy, J. D. (2007). *Leaving it at the office*. New York, NY: Guilford Press.
- Ondrasik, V. J. (2000). Fighting Superman (It's not easy). On *America town* [CD]. New York, NY: Sony.
- Pachelbel, J. (1919). Canon in D major [Recorded by R. Baumgartner]. On *Pachelbel's greatest hit: Canon in D* [CD]. New York, NY: RCA. (1991)
- Patton, P. (1994). A contemplative view of addiction as experienced by a recovering alcoholic. *Journal of Contemplative Psychotherapy, 9*, 113–134.
- Porter, C. (1956). Now you has jazz [Recorded by L. Armstrong]. On *Now you has jazz: Louis Armstrong at M-G-M* [CD]. Century City, CA: Rhino/Wea. (1997)
- Puterbaugh, D. T. (2008). Spiritual evolution of bereavement counselors: An exploratory qualitative study. *Counseling and Values, 52*, 198–210.
- Reese, B. R. (2005). I'm a hustla. On *I'm a hustla* [CD]. New York, NY: J Records.
- Rimsky-Korsakov, N. (1899). Flight of the bumblebee [Recorded by K. Masur]. On *Rimsky-Korsakov: Scheherazade; Capriccio Espagnol; Flight of the bumblebee* [CD]. New York, NY: Teldec. (1999)
- Rogers, C. R. (1980). *A way of being*. New York, NY: Houghton Mifflin Company.
- Rosenberg, T., & Pace, M. (2006). Burnout among mental health professionals: Special considerations for the marriage and family therapist. *Journal of Marital and Family Therapy, 32*, 87–99.
- Saunders, P. A., Tractenberg, R. E., Chaterji, R., Amri, H., Harazduk, N., Gordon, J. S., . . . Haramati, A. (2007). Promoting self-awareness and reflection through an experiential mind-body skills course for 1st-year medical students. *Medical Teacher, 29*, 778–784.
- Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling and Development, 86*, 47–56.

- Schwary, R. L. (Producer), & Redford, R. (Director). (1980). *Ordinary people* [Motion picture]. United States: Paramount Pictures.
- Seals, J., & Crofts, D. (1972). Summer breeze. On *Summer breeze* [CD]. Burbank, CA: Warner Bros/Wea. (1995)
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*, 105–115. doi:10.1037/1931-3918.1.2.105
- Smallwood, R. (1996). Total praise [Performed by R. Smallwood with Vision]. On *Adoration: Live in Atlanta* [CD]. New York, NY: Verity.
- Stewart, R. S., & Chambless, D. L. (2009). Cognitive-behavioral therapy for adult anxiety disorders in clinical practice: A meta-analysis of effectiveness studies. *Journal of Consulting and Clinical Psychology, 77*, 595–606.
- Watts, F. (2007). Emotion regulation and religion. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 504–520). New York, NY: Guilford Press.

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