University of Alberta

Stories of self-care: Lessons learned and shared

by

Carla Petker

A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Master of Education

in

Counselling Psychology

Educational Psychology

Fall 2009
Edmonton, Alberta

Examining Committee

Derek Truscott, PhD., Counselling Psychology

Sophie Yohani, PhD., Counselling Psychology

Wendy Austin, PhD., Nursing

Abstract

The purpose of this study was to deepen our understanding of effective counsellor self-care practices. Narrative Inquiry informed the study from participant selection to data analysis. Separate conversations were held with three female psychologists and from the analysis of their interviews several lessons emerged from their experiences that have fostered their journey of self-care in maintaining long and healthy careers. These lessons were: (1) Balance, (2) Boundaries, (3) Relationships, (4) Recreation, (5) Priorities, (6) Opportunities, (7) Self-Awareness and (8) Work as Self-Care. Each participant recognized the ethical importance of self-care and difficulties of and defining moments in self-care were also discussed. Researcher response outlines the self-care lessons shared and learned and the implications for clinical practice and future research.

Acknowledgements

I would like to express my profound gratitude to the women who generously gave their time and shared their stories with me by participating in this research as part of their commitment to the profession of psychology. I sincerely consider them role models of self-care and hope to emulate their journeys of creating and maintaining self-care.

I would also like to thank my supervisor, Dr. Derek Truscott, whose guidance, enthusiasm, and support were instrumental in the completion of this project and my master's program. Every time I left his office or read an email I felt uplifted and encouraged to continue. Thank you! I am grateful for each of my professors for their encouragement and support. Also, thank you to my committee members, Dr. Sophie Yohani and Dr. Wendy Austin.

Thank you to my program friends and colleagues who have shared their own stories: you have taught me much. Thank you for standing by me in times of need. I am truly blessed to have such committed colleagues and friends.

Thank you to my family and friends who have provided support, encouragement, love, and understanding throughout this process. To my husband who is an important part of my self-care: you have followed me, carried me and stood beside me. Thank you for supporting "my turn" as I follow my dreams.

Table of Contents

CHAPTER ONE

Introduction

I was sitting in a first floor classroom of a building which would soon become my second home, the University of Alberta Education building and more specifically the Education Clinic. Ten years after I completed my Bachelor of Arts in Psychology I was finally in graduate school following my dream to become a psychologist. I had no idea what I was doing but I was thrilled to be doing it. Half way through the first semester of my Master's in Education I was still feeling the effects of the impostor syndrome. I figured at any moment the powers that be would realize they had made a mistake and I would be "found out" and ever so apologetically I would be asked to leave the program. At this particular moment I was in ethics class and we were discussing the elements that define competence for psychologists; knowledge, skills, judgment and diligence. Self-care falls within the area of competence and is essential for psychotherapists. It is not just about one's own well-being as a psychologist but the well-being of one's clients.

Ethically it is inappropriate to not take care of oneself; otherwise clients will suffer. Once again the feeling of being an impostor arose within me. As a student facing an intense practical, theoretical and research focused course load I was expected to maintain adequate self-care in order to be present and competent for the clients I was preparing to see. So far it was not happening. "How exactly am I supposed to do this self-care thing amidst attending classes, writing multiple

papers and assignments, completing hours of clinical work and applying for scholarships?" I was daunted by the impossibility of it all. I was reminded of my first counselling lecture. Six weeks earlier, my classmates and I were bluntly told we would not get all the work done. "What do you mean we won't get it all done? Why are we given work in a quantity impossible to finish?" I could not quite comprehend it. It did not make sense to me. I was thoroughly acquainted with my course syllabi and was well aware of the work ahead of me. Yet I was being told to make sure I made time for me and pursuits which would rejuvenate and restore me. "That sounds really good. When do I get to that part?" I could definitely see that my life was facing an imbalance. I sensed quite a contradiction in what I was being told to do and what was actually happening. Regardless of the practical pickle I appeared to be in and the sense of being engulfed by something larger than myself, I was enamored! I loved being back at school. Even though the impostor syndrome hobgloblins were frequent visitors, I felt right at home and I knew I was in the right place.

Let us step back in time, a little over twenty years ago. I was playing junior high basketball and having recurring shoulder pain, I had a swollen index finger and something was not quite right about my feet. A trip to the doctor and a blood test resulted in a diagnosis of Juvenile Rheumatoid Arthritis. I had no idea what it was nor, of course, what it would mean for me. Twenty years later I am still trying to answer those questions. This is not the first time I have thought about having arthritis. Even though I probably spent a good eight years trying not to think about it, I've spent the last twelve trying to understand it and live well

with it. I do want to say right away, I am very healthy otherwise. I am also very stubborn, apparently a good trait to have when living with a chronic illness. So self-care has an even greater draw for me. It is common knowledge in our modern world that over extending oneself can have repercussions such as illness, physical or mental. My physical illness can be compounded by overdoing it. Being back in school after ten years, six of which involved a part-time job which lent itself nicely to giving me lots of rest, was a bit of a shock. My interest in self-care is intensified by my chronic condition and was at first fueled by my self-centered wonderings of how to get through the steps that would lead to this career. Regardless of my own needs, I knew this information would be beneficial to all psychotherapists; therefore, my question was, "how does self-care become part of a psychotherapist's practice, if at all?"

Purpose of the Study

The purpose of this study was to deepen our understanding of effective counsellor self-care practices. I wanted to provide a means to share the stories of seasoned professionals who have remained committed to their work as psychologists with those who are starting in the profession as well as those who may be struggling caring for themselves. It is my feeling that sharing stories means sharing wisdom. It is like art. Art means different things to different people yet the value is no less between the differences in meanings. Of course everyone makes different choices and lives life differently. Stories give us the freedom to pick and choose what to focus on, what touches and speaks to us. To perhaps have

a moment where we can identify with another human being and know we too are not alone.

Earlier in the chapter I mentioned my experiences as a student. My classmates were alongside me experiencing the same feelings of unbalance and stress. We each were dealing with different personal life situations but shared the common experience of school and wondering how to maintain self-care. It was not only my classmates. The students one and two years ahead were working hard, immersed in school and always saying the work was "doable". The definition of "doable" was "you will get it done" but you could see the stress on their faces as they said "doable". We were not convinced. Part of our school survival plan became spending as little time as possible engaging with students who were surrounded by an aura of anxiety and stress. Many students have commented on the wave of stress and anxiety that pervades the student clinic. It is challenging for students in my program to find time for self-care but was it hard for students in other programs?

Christopher, Christopher, Dunnagan and Schure (2006) recognized a gap in the literature in terms of teaching mindful techniques to students and created curriculum to rectify the situation. Christopher et al. state "self-care is typically presented to the student as an individual responsibility and is not taught directly through the curricula" (2006, p.496). Mahoney (2005) writes the "erosion of excellence" in psychology graduate school is particularly in "the preparation of psychotherapists" (p.345) and that "not enough time is devoted to student self-knowledge and well-being" (p.346). "Learning atmospheres are toxic and students

survive at the expense of tremendous personal cost"(Mahoney, 2005, p.346). My classmates and I wondered about how to reduce these costs.

The struggle of students was evident but what was the reality for licensed practicing psychotherapists. I wondered if licensed psychologists shared student feelings about wanting to discover self-care practices and whether there was a felt need for it. Research on burnout started over thirty years ago (see, Freudenberger, 1975; Maslach, 1976) and the personal lives of psychotherapists have been studied for over twenty years (Guy, 1987; Mahoney, 1991; Skhovoldt and Ronnestad, 1992). These researchers recognized the importance of the issue of self-care and the decades of research prove its continued importance.

Michael Mahoney expresses how psychotherapists seem to get "immersed in the routine of daily practice" forgetting what psychotherapy work is about (2005, p.337). Mahoney states the most difficult part of his job is watching clients, who are themselves psychotherapists, not being compassionate and forgiving towards themselves. A psychotherapist cannot fully know about a phenomenon such as self-care until having experienced it. Self-awareness is not mastered by simply reading about it (Mahoney, 1998). "The commendable priorities of the profession –which are to serve others in their pursuit of well-being – should be balanced with a priority of taking good care of the serving self" (Mahoney, 1998 p.56). Psychotherapists suffer vicariously as they witness the recounting of client experiences in session (Goldfried, 2000). This undoubtedly changes a psychotherapist. Self-care needs to change as psychologists are changed by their experiences (Mahoney, 2005).

The reported stressful experiences of students in counselling programs, as well as licensed psychologists, acknowledges the need for self-care. As Mahoney reminds us, one does not just learn from reading about a phenomenon but by experiencing it as well. The goal of this research is to discover the experiences of psychologists who are particularly good at self-care and to learn from them thereby creating a starting point for what may seem an overwhelming and impossible task.

Potential Significance

There are many demands on the time of helping professionals, demands that can wear away at the physical and psychological aspects of the individual, yet the consequences are far reaching. Counsellors are held up to a professional standard that protects the profession as well as the public and are expected to role model self-care behaviours. This study will be informative and beneficial to not just the participants, and the researcher but graduate students, psychologists, and perhaps most importantly clients.

The findings may inform professional training programs and regulatory bodies about how psychologists can remain competent so that recipients of their services receive the best possible care.

Overview

In the following chapter I focus my literature review on the definitions and ethics of self-care, burnout, how to develop self-care, and the idea of being passionately committed. Chapter two is an explanation of my research design, including participant information, data collection and analysis as well as

verification and research ethics. In chapter three, four and five I present the narratives of my participants. In chapter six I conclude my self-care story and reflect on what psychologists can learn from the participants stories. Recommendations for future practice are acknowledged through the lessons shared as well as suggestions for further research in the area of self-care.

CHAPTER TWO

Literature Review

My motivation for completing this study was to know the "secrets" of self-care that sustain a long and satisfying career in counselling psychology. I knew I was not alone in the pursuit for self-nurturance. Therefore, I believe other psychologists and psychologists-in-training will benefit from knowing these secrets. Too often I hear my colleagues saying things like "after grad school things will be better and life won't be so hectic. I'll have time for self-care then." I'm guilty of saying and thinking it myself. Right now I am a PhD student working hard to finish my master's thesis. There is no better time to focus on self-care. As I sit at my computer pondering the literature on self-care wondering where to start, I find myself gazing at my bookshelf. Among the titles: Managing Pain Before it Manages You (Caudill, 2002), The Relaxation and Stress Reduction Workbook (Davis, Robbin, Eshelman & McKay, 2000), Full Catastrophe Living (Kabat-Zinn, 2005) and When the Body Says No (Mate, 2003). I realize I have not taken the time to practice what these books teach. I understand the fundamentals and have read about the concepts but do not actively practice the methods. One book I have found time to integrate is Caring for Ourselves by Ellen Baker (2003).

This book was on the suggested reading list of my ethics class, which was in the first semester of my first year in my master's degree. Two years have passed but I finished it and I am so glad I did. What I found powerful in this book were Baker's own thoughts and reflections on self-care as well those of her

colleagues. I enjoyed reading their words and learning from their experiences. It excited me about doing my research and hearing the stories of my participants. I have had the time to read this book because I am studying self-care. Not everyone has this luxury. I have referenced this book often and will surely refer to it again as I continue my path to becoming a psychologist.

With my research question in mind, I approached the literature wondering if it had already been answered or if this was a good place to direct my research efforts. While perusing the literature I came across the concept of passionately committed and the idea there are ways to stay interested and "in love" with what we do as psychologists. I sought definitions of self-care to further understand the concept. The ethical component of self-care was of particular interest, which led to learning about burnout and situational influences on self-care. I then reviewed the current literature on developing self-care all within the context of the profession of psychology.

Psychologists spend a lifetime reflecting on human behaviour (Norcross, 2000). It's what we do. Constantly wondering what motivates, drives or leads people to their actions and thoughts. This is all very well until we realize we have forgotten to examine our own behaviours and emotions. At times psychologists may become so busy looking after the needs of others, encouraging clients along the path towards establishing and maintaining a healthy lifestyle that their own needs become secondary. However, it is not necessarily only a challenge to get started. Perhaps knowing how difficult it may be to maintain self-care causes resistance as well. Focusing on one's self-care by necessity involves taking a closer look at all aspects of ones life and what behaviours are healthy and those that are less so. I liken this process to certain aspects of self-care: exercise or

eating right. We know these things are good for us but sometimes we are overwhelmed before we even start. The possible sacrifices and discoveries we may make about ourselves may prevent us from moving forward.

Definitions of Self-Care

Pinpointing a definition for self-care was much more difficult than I thought it would be. Cooney (2007) acknowledges the lack of cohesion in defining self-care in the literature and uses the following as a working definition for her doctoral work of developing a self-care handbook: "intentionally engaging in specific activities in order to promote an optimal level of functioning both personally and professionally" (p.36).

Faunce (1990), Moursand (1993), and Porter (1995) have established a definition of self-care as the integration of physical, cognitive, emotional, play, and spiritual elements of the self. Self-care can also be considered "a practice of behaviors that promote good health and well-being" (Bickley, 1998, p.115) that is largely self-motivated.

Baker (2002) bases her book on three components of self-care: self-awareness, self-regulation and balance. Self-awareness according to Baker (2002) involves "benign self-observation of our own physical and psychological experience to the degree possible without distortion or avoidance" (p.14). Self-awareness is not always an easy task but one that is integral to being a responsible and effective psychotherapist. Without it there is risk of acting out in ways that are harmful to oneself, clients or others. When one consciously identifies needs and wants one is able to tend to them (Baker, 2002). Self-regulation involves the

modulation of emotion and managing stimulation. Through self-regulation we are striving to maintain balance. Balance is considered fundamental in tending to our core needs and concerns; body, mind and spirit; self in relation to others and between the personal and the professional (Baker, 2002). Our ability to self-regulate is increased by our commitment to self-awareness.

Much like Baker's self-awareness, Lillie Weis, in her book, Therapist's Guide to Self-Care (2004), talks about learning to navigate one's inner world. The first step in this process is knowing yourself by understanding your physical and emotional limits. Weis also discusses the issue of being aware of what proportion of experience is your own and what proportion is influenced by your reaction to your client (2004). In order to do this one needs to know oneself as well as possible. For example, if I am up late writing a paper for a class and the next day I am struggling to focus in a client session, is that a response to my lack of sleep or is it because the client is struggling. In order to answer this accurately I need to know myself well and be willing to accept and face the truth.

The definitions of self-care vary; however, there appears to be a consensus in terms of knowing self, tending to needs and wants and the creation of balance. By way of beginning this study, self-care is defined as "the processes of self-awareness and self-regulation and balancing the psychological, physical, spiritual and professional aspects of the self" (Baker, 2002).

The Ethical Imperative of Self-Care

Self-care is not just about me it is also about the clients I hope to serve. Lack of attention to my own needs will ultimately affect my clients. Therefore, self-care is not just an indulgence (Baker, 2003). It is my ethical responsibility.

According to the Canadian Code of Ethics for Psychologists (CPA, 2000) point 11.12, "in adhering to the Principle of Responsible Caring, psychologists would: engage in self-care activities that help to avoid conditions, (e.g. burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others."

Tribe and Morissey (2005) discuss "fitness to practice" which is the concept that therapists must be fit to perform the task of therapy to ensure those they assist can be reasonably confident in the help they are receiving.

> Fitness to practice comprises an emotional robustness and capacity to both contain and work with difficult emotional and cognitive states. Depending on theoretical model, this may include an extremely sensitive use of self in the work. It requires a continuing awareness of the emotional dynamic in the room and moreover, the ability to experience and stand separate from this dynamic in order to think about it and make it a part of the client work. It includes a certain physical robustness - the capacity to sit comfortably for an hour, to be undistracted by aches or pains in order for the client to experience a reliable and consistent physical presence in the counsellor. It also requires a good thinking function - to be able to reflect on what is being heard, make sense of it and consider how to use it for the client's benefit. (Tribe & Morissey, 2005, p.148)

Fitness to practice involves the ability to access and integrate the intellectual, emotional and physical. All three dimensions are critical to the therapist's work. Deficits in one area may potentially disrupt the therapist's ability to assist her clients. One may think leaving practice for a while until the deficit is resolved would be the ethical thing to do. However, stopping work when fitness to practice is compromised is not as simple as it may sound. There are many factors to consider: personality of therapist, who the client is, type of therapeutic work being

done. Each situation is different and practice can be stopped, restricted, reduced or adapted. Additional help can be sought to manage this circumstance or to further monitor and support the therapy. Hopefully a balance between what the psychotherapist can manage and what the client needs can be achieved. Prematurely ceasing work with a dependent client may be more damaging than continuing the work even if it is on a limited basis. In reality the counsellor "needs to be good enough, not perfect" (Tribe & Morrisey, 2005, p.153).

The concept of fitness to practice is not simple to define: it involves a mix of levels of experience, workload, work depth, client group, practice context, personal approach and circumstance that all need considering in relation to relevant ethical principles in any decisions over fitness to practice issues. It would be quite surprising if throughout one's career, one did not encounter situations that challenge fitness to practice. Such challenges are not shameful but normal, and the simplest guideline in facing them is to make the first question, "What is in the best interests of the client" (Tribe & Morrisey, 2005, p.155)?

Truscott and Crook wrote about the "multidimensional" aspect of competence: knowledge, skills, judgment and diligence (2004, p.98). Knowledge is a critical part of competence but insufficient on its own. Most is gained through graduate training and is expected to continue through lifelong learning. "The practical application of knowledge is skill, which incorporates personal skills such as self-awareness, tolerance for ambiguity, and interpersonal sensitivity" (Truscott & Crook, 2004, p.99). Judgment refers to knowing when to put these skills into action. Self-reflection will contribute to quality of judgment as one reflects on how one's own values and beliefs influence one's choices. Diligence incorporates all three of these components. One is diligent when one works towards maintaining a sufficient level of knowledge, skills and judgment so as to ensure the needs of the client are being met.

Pope and Vasquez (2007) write about intelligent and emotional competence. Intelligent competence refers to the knowledge we obtain through graduate training, internships, supervision and research. It involves the knowledge we have of the empirical research on intervention strategies. It also means knowing what has been proved as unhelpful. Part of intelligent competence is how and when to use this knowledge. It is also important that we, as psychologists are aware of what we do not know making sure that our decisions are in the best interests of our clients.

Emotional competence "involves self-knowledge, self-awareness and self-monitoring. Therapists must know their own emotional strengths and weaknesses, their needs and resources, and the abilities and limits for doing clinical work.

If left unchecked, the distresses caused by these stressors may lead to impairment and ultimately professional incompetence (Barnett, 2007). Part of being diligent as therapists, involves taking care of ourselves in order to be most effective and present for our clients. "Failure to do so may result in harm to our clients, our profession, ourselves and others in our lives" (Barnett, 2007). It is perhaps best to follow the adage of only being able to help others if we help ourselves first. Society expects psychologists to be competent. Within the profession, there is an expectation psychologists are pillars of mental health. In order to avoid cracks in the foundation regular maintenance and care are important and necessary. As Elman & Forrest (2007) suggest the psychologists' person is his/her tool. Just as singers protect their vocal instrument psychologists must keep their selves fresh as the tool of their trade.

The natural ability to relate to the human condition paired with years of training equips a psychologist with the skills and the knowledge that inform

clinical decision making (Elman & Forrest, 2007). Without proper self-care, a psychologist's judgment may become impaired due to the demands of the work. Poor nutrition, sleep patterns and activity level can slow mental functioning. The emotional demands of the job can be exhausting. Fatigue can cause loss of focus on the client and may affect attentiveness and basic attending behaviours. As a student I am working many hours a day and I often joke when I misplace something or lose focus that it is because all my brain power goes to my academic and practical work. In all honestly I find it somewhat disconcerting and wonder what the effect of overload has on my clients.

Researchers (Coster & Schwebel, 1997; Sherman & Thelen, 1998) have defined impairment, as a reduced ability to effectively practice therapy and professional functioning that is constantly substandard. Impairment of professional functioning is not a deficit in professional skills, but rather it is a diminishment of ability resulting from a lack of adequate coping resources to deal with stressors (Coster & Schwebel, 1997). These overwhelming stressors such as long hours, lack of control, and conflict without intervention can develop into burnout causing impairment. Pope and Vasquez (2005, p.13) recognize the consequences of neglecting self-care and identify themes evolving from this neglect; lack of consideration for self needs may "interfere with the practitioner's ability to do good work… and can lead to depletion, discouragement and burnout". As a result of poor self-care, therapists may begin to; disrespect clients, disrespect their work, make more mistakes, lack energy, become anxious or afraid, use work as a way to avoid other painful things in their life, and/or lose

interest in their work. Ignoring self-care practices, which counteract the stresses associated with psychotherapeutic work, leads to the incompetent behaviours psychologists hope to avoid in adherence to the Canadian Code of Ethics.

Burnout

The early research on burnout in the 1970's was based on the belief that burnout was "a phenomenon involving extreme fatigue and the loss of idealism and passion for one's job" (Maslach, Schaufeli & Leiter, 2001, p.400). It was mainly descriptive in nature and focused on care-giving and service occupations. Maslach (1976) interviewed human service workers and learned that it was demanding and exhausting work and that one of the strategies workers would use in order to cope was to distance themselves from clients. Maslach (1976) realized the seriousness of this strategy and what effect it might have on attitudes and actions of the workers while working. During this period there was a central focus on relationships and the sources of reward and stress. Researchers began to understand the importance of context within the phenomenon. One theory was that the best and most idealistic workers experience burnout because they do too much in order to support their ideals. A second theory was that burnout was a result of long exposure to job stressors (Maslach et al., 2001, p.405).

Freudenberger (1975) approached the phenomenon of burnout with curiosity having experienced burnout himself. He described the physical, psychological and behavioural symptoms of the condition. Physical symptoms involve exhaustion, which can lead to illnesses: never ending colds, headaches, and gastro-intestinal problems. Psychological and behavioural symptoms such as

discouragement, boredom, anger, risk-taking and inflexibility also plague a victim of burnout. Freudenberger (1975) recognized burnout is not exclusive to helping professionals. He examined burnout of the dedicated and committed worker, the over-committed staff member with an unsatisfactory life, susceptibility to burnout of the authoritarian, the administrator and the professional. I found his comments on burnout of the professional particularly interesting. Professionals often volunteer their skills and can find it difficult to actually "get away" from their work and be acknowledged for more than what he/she was trained to do. Freudenberger (1975) tells the story of a physician he worked with who wondered why he was not asked to help with proposal writing. The physician felt as though his other abilities were overlooked and he wanted to be seen as someone that could help effect change in other ways besides medicine.

In the 1980's the burnout research became more quantitative. There were increasing contributions from industrial and organizational psychology. "Burnout was viewed as a form of job stress, linked to job satisfaction and organizational commitment and turnover" (Maslach et al., 2001, p.401). Maslach & Jackson (1981) developed the Maslach Burnout Inventory to assess the components of burnout. In the 1990's, the research was aided by the growing knowledge of statistical procedures, which helped to examine the complex relationship between organizational factors and the three dimensions of burnout. Throughout the decades there was no standard definition of burnout yet there was an agreement over the three prominent dimensions of burnout, which led to the development of a multidimensional framework still used today.

Maslach and Goldberg (1998) list the key signs of burnout as; an overwhelming exhaustion, which is a mix of frustration, anger and cynicism; "and a sense of ineffectiveness and failure" (p.63). In 2001, Maslach et al. considered burnout "a prolonged response to chronic emotional and interpersonal stressors on the job" and define it "by three dimensions of exhaustion, cynicism and inefficacy" (p.397). Exhaustion is an individual stressor involving overextension of emotional and physical resources. Cynicism is considered within an interpersonal context and involves negative detachment from the job. Inefficacy is the self-evaluative component of burnout involving "feelings of incompetence and lack of achievement and productivity at work" (Maslach et al., 2001, p.399).

One result of the research was to determine where burnout occurs. Burnout is an individual experience that is specific to the work context (Maslach et al., 2001). There are many job characteristics such as overload and time pressure, conflicting demands and lack of direction as well as lack of feedback and control (Maslach et al., 2001). However, there is evidence that social support helps to buffer these job characteristics (Maslach et al., 2001). Occupational characteristics such as the emotional challenges of working intensely with others as either a caregiver or a teacher need to be considered as well (Maslach et al., 2001, p.408). Job related stressors appear to be more influential to burnout than client related stressors but new research has discovered emotions have an effect on burnout as well (Zapf, Seifert, Schmutte, & Mertini, 2001). Organizational characteristics such as hierarchies, operating rules and space distribution also influence the experience of burnout because they violate basic feelings of fairness

and equity. Therefore, the research context has broadened to incorporate management and organizational environments (Maslach et al., 2001, p.409).

Counselling psychologists work in a variety of settings: hospitals, government ministries, private and public agencies, universities and schools. Counselling psychologists may also decide to work independently. Where and how one wants to practice are certainly important factors for decision. Would working in private practice be detrimental in terms of not having colleagues around with whom one could debrief? Would the long hours and potentially large caseload of agency work be difficult? Buckner (1992) writes of his own experiences in agency and private practice work. Along with the freedom and flexibility of private practice comes the reality of managing a business. The stress of payment procedures, legal issues, scheduling and finding colleagues with whom one can consult is entirely up to the private practitioner (Buckner, 1992). The overwhelming professional responsibility and feelings of isolation when in solo private practice can be overwhelming (Courtois, 1992).

The question of whether or not there is a difference between the level of impairment and the quality or quantity of self-care between psychologists who work in group or solo independent practice and psychologists who work in agencies has various answers. For example, Sherman's and Thelen's (1998) analysis of survey results suggested very little relation between work distress and whether the psychologist worked in an independent or agency setting whereas the results of Rupert's and Kent's (2007) study discovered that solo and group practitioners reported greater sense of accomplishment and fewer sources of stress

than did agency workers. However, solo practitioners reported heavy reliance on personal resources and becoming over-involved with clients.

Rupert's and Morgan's (2005) examination of work setting as it relates to burnout also revealed fewer stresses by solo and group practitioners. They discovered agency workers were less experienced and significantly younger than solo and group practitioners. Baker (2002) discusses the likelihood of younger therapists working in higher stress settings. According to Rupert and Morgan agency work is indeed more populated by younger psychologists and is generally more stressful (2005). Group and solo practitioners enjoyed more control over their work activities, including hours and caseload which appeared to reduce the risk of burnout in comparison to agency workers who felt less control over work and client type as well reporting more hours spent in paperwork (Rupert & Morgan, 2005). However, solo and group practitioners did report higher levels of involvement with clients, which was associated with emotional exhaustion and depersonalization of clients. This suggests even though solo and group practitioners experience greater control over their self-care behaviours the behaviours may not be more effective than those of agency workers. Rupert and Kent (2007) did a partial replication of the Rupert and Morgan study with the addition of researching gender and work setting differences in positive self-care strategies. They replicated findings but comparison between men and women were cautioned due to small sample sizes. That being said it is interesting to note women reported maintaining balance between home and work as more important

than men did which may be explained by the fact women in general have more family responsibilities than men (Rupert & Kent, 2007).

The "who" of burnout has also been a part of the research. Individual factors do not appear to have as great a relationship with burnout as situational factors but they are still important (Maslach et al., 2001). Burnout is not only a response to one's environment there are unique personality characteristics that effect burnout as well. Burnout appears to be more of a risk earlier in one's career as age is confounded with work experience. This needs to be interpreted with caution though because those individuals burning out early tend to quit their jobs. Also a higher level of education can be associated with higher levels of burnout. More education may relate to having more demanding jobs with a higher level of responsibility and stress. High expectations for work and achieving success can be a high risk for burnout. Individuals with high expectations "may work too hard and do too much leading to high cynicism and exhaustion when expected results are not achieved" (Maslach et al., 2001, p.411).

Recent burnout research is expanding the theoretical framework of burnout to integrate the individual and situational factors and to examine the mismatch of job and person. To do this Maslach and Leiter (1997) developed a model involving six situational correlates: 1) Workload is most directly related to the exhaustion aspect of burnout. Emotional work is especially draining when the job requires people to display emotions inconsistent with their feelings; 2) Insufficient control over resources that are needed to do the work, feeling overwhelmed by responsibility, or lacking the authority to do what is felt to be

necessary may lead to burnout; 3) Lack of reward is associated with feelings of inefficacy, one of the dimensions of burnout, if results are not concrete or tangible. (Often psychologists require the ability to find the intrinsic rewards); 4) The community correlate infers that people will function better if there are positive connections with others in the workplace. Chronic and unresolved conflict with others on the job is most destructive; 5) Fairness communicates respect and confirms people's self-worth. Inequity of workload or pay, cheating, inappropriate handling of evaluations is emotionally upsetting and exhausting, fueling cynicism; 6) A job may demand activities that go against a person's values or there may be a mismatch between personal aspirations for their career and the values of the organization. This model provides an example of the many variables that interact to cause burnout. Self-care is also influenced by a number of variables such as time, motivation, values and self-awareness. Each of these phenomena is unique to the individual.

Beyond the negative state of burnout is the positive state of job engagement, "characterized by energy, involvement and efficacy" (Maslach et al., 2001, p. 418). Job engagement focuses on the work and job satisfaction is the extent to which work is a source of need fulfillment and contentment. Burnout can be understood as an erosion of job engagement (Maslach & Leiter, 1997). Job engagement is defined as a positive affective-motivational state of fulfillment in employees that is characterized by vigor [energy, resilience and willingness to invest in one's work], dedication [strong involvement in one's work, sense of pride and inspiration] and absorption [pleasant state of total immersion in ones

work, which means time passes quickly and one can detach from the job] (Bakker & Schaufeli, 2008; Bakker, Schaufeli, Leiter, & Taris, 2008; Van den Broeck, Vansteenkiste, De Witte, & Lens, 2008).

Passionately Committed

Ultimately my goal or motivation in producing this research was to answer the question "How does self-care become part of a psychotherapists practice in a personally demanding profession?" Essentially I wanted to know how psychologist's stay as committed to and excited by the counselling profession as they were when they started.

In 1997, Coster and Schwebel conducted a two-part study in order to determine what is important to psychologists for maintaining well-functioning or the "enduring quality in one's professional functioning over time and in the face of personal and professional stressors" (p.5). The first part of the study was to determine what the reasons were behind psychologists well-functioning. These reasons were then used to refine their Well-Functioning Questionnaire. The eventual six participants were peer nominated, and had at least ten years of post-doctoral experience in therapeutic work. The participants gave one and a half to two hour interviews. Coster and Schwebel (1997) established ten themes the participants considered important; peer support, stable personal relationships, supervision, a balanced life, graduate department or school, personal psychotherapy, continuing education, family of origin, the costs of being impaired and coping mechanisms. In the second part of their study they administered the well-functioning questionnaire, a twenty-nine item survey of what psychologists

considered to be most important to well-functioning. The seven highest ranked items were about relationships with self and others. The items were; self-awareness/self-monitoring, personal values, preserving a balance between personal and professional lives, relationship with spouse/partner/family, vacations, relationships with friends, and personal therapy. Ultimately, they proposed a number of actions to assist with self-care: (1) Establishing peer support in order to help cope with practical issues of the profession such as ethical concerns; (2) Support outside of work in the form of spouses/partners or other family members and friends helps one to "get away" from work; (3) Information about the "personal and professional life-cycle [can] …alert us to significant and potentially stressful developmental transitions" (Coster and Schwebel, 1997, p. 11); (4) The demands of graduate school can set the path to becoming hyper focused on work; therefore, it is essential to establish the practice of scheduling in personal renewal time as habit early on in one's career; (5) Professional development, such as supervision, workshops and mentoring, "enhances our professional and economic security by enabling us to acquire new specialties and allowing us to work in new settings" (Coster & Schwebel, 1997, p. 11-12).

In their study of "passionately committed" psychotherapists Dlugos and Friedlander (2001) developed twelve narratives from peer nominated participants on the factors which kept them content in their work. Their four-part definition of passionately committed was derived from optimal experience, burnout and commitment literature.

> First of all passionate commitment involves a sense of being energized and invigorated by work rather than exhausted by it.

> Secondly it is the ability to thrive and love one's work in spite of the personal and environmental obstacles one might face in it. Third, demonstrating a sense of balance and harmony with other aspects of one's life. Finally, a sense of energizing and invigorating those with whom one works (p.298).

There were four general themes derived from the twelve narratives and several specific categories were discovered within each theme. All twelve participants indicated balance between work and non-work activities was critical for maintaining passion for their work. The first theme was the creation of physical and psychological boundaries between professional and non-professional life such as vacations and dedication to family time. Being passionate about at least one non-professional activity appeared to the norm for the participants as well. Activities included, sports, theatre and being members of clubs where no one knew what they did for a living. Searching out variety within the workplace was also viewed as essential to maintaining passion. Diverse caseload, teaching, supervision and consultation were listed as ways to create work diversity. Recognition of the influence of the business aspect of psychology was important to balance as well. Participants realized "being in it" for the money is not conducive to being a passionate therapist. A second theme developed; one of flexibility and openness to new possibilities. For example, the attitude of the participants was that obstacles should be viewed as challenges. Transcendence and humility, the third theme, speaks to the participant's acknowledgement of spiritual nature of therapy. One participant described therapy as both a feeling of inflation yet one of humility as one is grounded by the knowledge of being human and not of being omnipotent. Participants also found it very important to

"experience connections to humanity beyond the therapeutic relationship" (p.301). Finally the fourth theme, titled Intentional Learning, appeared to be the most critical to the participants based on the amount they had to say about learning and experiencing their craft in as many ways as possible. Professional development and learning through failure were highly valued. One participant shared the insight of realizing that one can make mistakes and still be an effective therapist. Another category within the fourth theme was the acknowledgement of psychotherapeutic work being their calling in a sense, that it was "part of their innate identity" (p.302). As I read this section I remembered a fellow classmate telling me she believed therapists were born and not necessarily taught. One participant said exactly that "I guess it's just who I am" (p.302). And finally and perhaps most importantly the feeling of "privilege and honour" that comes from witnessing the human experience (p.302).

In 2004, Stevanovic and Rupert published a study on career-sustaining behaviours of professional psychologists. The goal of their study was to examine the gender differences and perceptions of sources of stress and satisfaction of professional psychologists as they pertained to career-sustaining behaviours. The final sample consisted of 286 respondents (157 women, 129 men) who completed a survey consisting of five sections; demographic information, career satisfaction; sources of satisfaction; sources of stress and number and degree to which career-sustaining behaviours are used. Ninety-four percent of respondents indicated they were at least somewhat satisfied with their profession with sources of satisfaction being mostly of an intrinsic nature. Sources of stress were; responsibility for

clients, economic uncertainty, time pressure and external constraints on services. Respondents were provided with 34 possible career-sustaining behaviours they may use. Spending time with family/partner, balance between personal and professional, keeping a sense of humour, self-awareness and professional identity were rated as the most important. As expected the respondents who indicated high levels of professional satisfaction also rated several more career sustaining behaviours as important in comparison to the respondents who indicated lower professional satisfaction. In terms of gender differences female participants indicated more sources of satisfaction. Interestingly men and women only differed significantly on three sources of satisfaction; flexible hours; intellectual stimulation and increasing self-knowledge with women rating all of these as more important. However, there was a difference in number of career sustaining behaviours considered significantly important. Women considered the following behaviours important to their well-functioning; personal therapy, time with friends, discussing work frustration with colleagues, participating in case conferences, regular contact with referral networks, continuing education, reflection on positive experiences and engagement in quiet leisure activities. Michael Mahoney reported similar findings when he surveyed psychotherapists attending a conference on briefer therapies (1997). He found women respondents were more likely to engage in personal psychotherapy. The high ratings of career sustaining behaviours further indicated the importance psychologists put on maintaining a balanced life (Stevanovic & Rupert, 2004).

Rupert and Kent (2007) suggest three strategies for maintaining career-sustaining behaviours: follow a cognitive strategy for keeping work in perspective, foster self-awareness and self-monitoring, and work towards maintaining a healthy balance between work and personal activities. These strategies are reminiscent of the explanations of self-care explored at the beginning of this literature review. Where and how psychologists work may have a tremendous impact on service to clients. Thus far, this examination of the literature has defined and clarified aspects for consideration in sustaining a career in counselling psychology.

My own sense of remaining passionately committed is to liken the doctoral process to a marathon and not a sprint. A wise friend shared this bit of knowledge with me, which I in turn have been sharing liberally with others. I have repeated conversations about choosing a dissertation topic to which I feel passionately committed. I know this will make the process all the more enjoyable. In the long term I want to stay committed passionately, perhaps fervently, to my chosen career. Many of the strategies for passionate commitment to work mentioned in the literature are self-care in nature and are lived by my participants. What psychologists can learn from all of these sources is outlined in chapter seven.

Developing Self-Care

Through their research on the presentation of self-care to students, Christopher, Christopher, Dunnagan & Schure (2006) discovered that students are left to their own devices in developing self-care as it is not part of department

curriculum plans. However, stage of therapist development is associated with burnout with less experienced therapists at greater risk due to the stress of starting a practice (Ackerley, Burnell, Holder, & Kurderk, 1988; Sherman & Thelen, 1998). Younger therapists are more likely to work in high-stress settings and receive insufficient supervision (Baker, 2002). Since new therapists are just that, new, they will need to be especially aware of their limitations and recognize any impairment caused by the stress of beginning in practice (Sherman & Thelen, 1998).

The nature of counselling practice can make it very difficult for psychologists to create and maintain adequate self-care. Psychologists constantly face challenges and stressors placing them at risk of emotional and physical distress. Beyond the regular distresses of the average person, counselling psychologists daily hear the regular and not-so regular distresses of their clients: divorce, abuse, trauma, anxiety and depression, grief and loss. Novice therapists face all these stresses with the added challenge of being new to the field with little experience to fall back on when considering how to deal with the challenges of psychotherapeutic work. Skovholt and Ronnestad (2003) sum it up nicely:

> The major catalyst for the intense stress faced by the novice is the inherent, but often unknown to the novice, ambiguity of professional work. The microscopic examination, understanding and improvement of the emotional life of humans – the most complex of all species-is much more difficult than the novice can imagine. To understand the ambiguity of the human condition practitioners must use thinking patterns that are not linear logical or sequential. Expertise within the web of ambiguity takes years to measure (p. 45-46).

Skovholt and Ronnestad (2003) identify seven major stresses of the novice counselor; (1) Acute performance anxiety and fear speaks to the lack of confidence and self-consciousness new therapists feel; (2) The illuminated

scrutiny by professional gatekeepers pertains to the rigorous evaluation of the profession. Novices are subject to constant evaluation by peers and supervisors; (3) Establishing boundaries appropriate to the therapist client relationship can be challenging for a beginning counselor; (4) In contrast to the more seasoned professional, the novice may feel more challenged by and defensive of negative client comments leading to the creation of the fragile and incomplete practitioner self; (5) Conceptual maps assist us in navigating through our experiences. The novice's therapist conceptual map has barely begun development when they start seeing their first clients. What a novice learns in class and through readings provides a general overview but does not necessarily prepare them for the specific client issues they will encounter. The amount of information is overwhelming and I know from my own experiences it was quite daunting to think about how much I still had/have to learn. Much of the anxiety I experience as a novice is in response to thinking my clients expect me to know what I am doing when I myself feel as though I have no clue; (6) At times a novice can have glamorized expectations of the profession and of the amount of "good" they will be able to perform. Self worth can also be wrapped up in whether or not a client improves; (7) Novices need positive mentors. Lack of a more experienced therapist to help the novice along leaves the novice floundering as they try to navigate the challenge of the profession alone.

Therefore, establishment of self-care rituals need to be first and foremost in the development of counselling psychology students. Sherman and Thelen (1998) acknowledge the likelihood of experiencing impairment during one's career as a psychologist and advocate for preparing psychology trainees. Dlugos and Friedlander (2001) also recognized the need for training programs to commit

to fostering balance and incorporating whatever is necessary to produce and retain "passionate and competent professionals" (p.304).

Christopher et al. (2006) present focus group data on a course for counselling students combining mind/body practical work with academic presentations of current literature in various self-care practices. The semester long course and subsequent research were based on the belief of that "quality of training programs is compromised if the rhetoric of practitioner growth, development, and self-care is not matched by specific means for trainees to learn and practice methods of self-care" (Christopher et al. 2006, p. 496). The resulting focus group data once the course was complete revealed students saw positive changes in their focus and outlook physically, mentally and emotionally. Students reported changes in "how they conceptualized and pursued the therapeutic process" (Christopher et al., 2006, p.506), which translated into students being able to stay present and focused within a client session.

Regardless of our high quality education many of us leave graduate school uncertain about how to establish and grow a private practice (Pope & Vasquez, 2005). Discovering the best way set up a practice and the pit falls to avoid is a challenge because "no one way works for every individual in every community and every situation" (Pope & Vasquez, 2005, pg.3). In *How to Survive and Thrive as a Therapist* Pope and Vasquez (2005) title their first chapter "Who are You and What is Important to You". These are important questions when pondering appropriate self-care because unless we truly know what restores and replenishes us, our self-care may fall short. As Baker (2005) suggests in her preface, we all

struggle with life challenges at various stages in our personal and professional lives. For me it was being diagnosed with Rheumatoid Arthritis as a teenager. I was never an outstanding athlete. I enjoyed sports and joined the school basketball and volleyball teams, but it quickly became evident the physicality of such pursuits was beyond my body's capacity. On the other hand, music, in particular singing, had been a part of my education since kindergarten, so instead of playing with a team on a court, I began to play with a team on a stage. Unknowingly this was my first foray into the area of self-care.

The Current Study

The Canadian of Code of Ethics for Psychologists and the scholarly literature on ethics for psychologists tell us of our ethical responsibility to develop and maintain adequate self-care practices in order to remain competent. It is in effect our duty to our clients to do so. Much research has also been completed on the opposite of self-care: burnout. We know what signs to look for in our clients and colleagues and hopefully ourselves when we suspect impairment and distress.

There is a vast amount of research on the impairment of professionals in the human service industry (Carroll, Gilroy & Murra,1999; Sherman & Thelen,1998; Maslach et al., 2001; Rupert & Kent, 2007). Research has drawn attention to professional impairment and distress and is beginning to recognize the need to promote self-care and well-functioning (Mahoney, 1997; Schwebel & Coster, 1998; Norcross, 2000). At present there seems to a relative paucity in the literature on self-care compared to that of burnout. Fortunately, there appears to be a recent surge in interest in self-care research. For example, the three authors

who contributed to Barnett's *Self-Care Imperative* (2007) have all done recent work in the area of self-care (Elman & Forrest, 2007; Baker, 2003; Schoener, 1999). There are books and research studies sharing strategies and techniques to help psychologists maintain the enthusiasm and passion that led us into the profession. However, with negative state literature outnumbering the positive focused literature fourteen to one it is clear that there is still more to learn about how counselling psychologists can successfully engage in self-care (Myers, 2000).

In the present study it was my goal to contribute to our understanding of self-care. Specifically, I wanted to hear the stories of self-care from psychologists who have learned from their experience of working in the field. In a profession that depends greatly on the mentoring of new psychologists, learning from well-experienced therapists about how they managed to maintain self-care throughout their careers can be an important contribution. In order to honour their experience, I wanted to listen without imposing expectations from previous research. The questions that guided me through this process were: a) what does self-care mean to each of the participants? b) was there a defining self-care moment for the participants? and c) did the participants have an experience when self-care was working particularly well for them? The methods I used to answer these questions are described in the next chapter.

CHAPTER THREE

Thesis Methodology

Research Design

I told my supervisor how strongly I felt about my research being useful and not sitting on a shelf collecting dust. I also told him I hoped to do something that would benefit me and other students as well as licensed psychologists. And yes, I agree this was somewhat idealistic, but a good place to start from nonetheless, especially considering the amount of exceptional research not being read because it lacks the desired practical component.

In his 2002 article about the use of case study in practitioner research John McLeod states it is "widely acknowledged that there exists a research-practice gap" (pg 265). McLeod (2002) argues for research that is more relevant to practitioner's actual experience. Fishman (1999) also suggests producing more concrete research based on information that has practical implications for the way psychologists work. "The ability to act within professional practice is based on knowledge of a repertoire of cases" (Johansson, 2007, p.49). Therefore, what better way for new psychologists to learn about self-care than through reading in-depth accounts of highly experienced therapists?

Why Narrative?

I wanted to use a collection and analysis method that would be most suited to answering the research question but I was also inspired to find a method that would parallel the counselling process in an attempt to bridge the research-practice gap (McLeod, 2002). As I have mentioned previously much of the work

of psychotherapists involves listening to the life experiences of others and the stories they choose to tell and live by. A client tells the story of what has transpired in her life, what is happening in the present and what she hopes the future holds. She tells of how her past has shaped who she is, what she's learned and what she still has to learn. An important aspect of counselling is to come to an understanding: a place of knowing through story. Narrative inquiry similarly seeks knowing through story and seemed a natural fit for researching psychologist self-care. Humans lead storied lives that shape identity of self and others that can be an access point to experience through which interpretation and meaning are found (Connelly & Clandinin, 2006). "Narrative inquiry, the study of experience as a story, is first and foremost a way of thinking about experience" (Connelly & Clandinin, 2006, p. 477). Thus, for this study I use the qualitative methodology of narrative inquiry to inform my data collection and analysis.

A particular strength of narrative inquiry as a research method is that it gives participants a voice in the research acknowledging their versions of self and reality adding rich descriptions of their experiences. Narrative inquiry gives voice to the researchers experience as well and allows for co-creation of research data (Chase, 2005).

> "As narrators then, researchers develop meaning out of and some sense of order in the material they studied; they develop their own voices(s) as they construct others' voices and realities; they narrate "results" in ways that are both enabled and constrained by the social resources and circumstances embedded in their disciplines, cultures and historical moments; and they write or perform their work for particular audiences (Chase, 2005, p. 657).

This past summer, I had the pleasure of attending a weekly research meeting chaired by Jean Clandinin. During one of these meetings we talked about writing to your audience and drawing the reader into one's work by establishing a point of interest for them. We talked about creating "a hook" for the reader. Another strength of narrative inquiry is this consideration of the listener or audience in the development of the narratives (Chase, 2005). Narrative researchers are constantly attending to their potential audience and how the narratives can contribute to a shared meaning making and how participant stories benefit the participant, the researcher and the reader.

In their 2001 article, Whelan, Huber, Rose, Davies and Clandinin recount a meeting of their research group in which the teacher of the group narrated a recent conflict with a parent. Through the process of retelling and responding to this single story, Whelan and colleagues (2001) demonstrate how new possibilities or perspectives can arise through the retelling of stories. How storytelling with diverse responses can lead to restorying with "growth and change." The more I learned about narrative inquiry the more I wanted to pursue it as a method of research. There seemed to be a natural research fit for a counselling psychologist. I was lured by the parallel between narrative inquiry as a research method and the clinical application of narrative inquiry. As psychotherapists we listen to people's stories. As qualitative researchers we also listen to people's stories.

Michael White used the metaphor of maps when describing narrative therapy (2007, p4). He considered each client's story a map with avenues and

streets providing guidance. The final destination is not predetermined in therapy, nor is the answer known when we start a narrative inquiry. Both are conversations providing the people involved with the possibility of viewing an issue in another light. When a person shares their experience it can help her and the researcher to see the experience in a different way. Client and therapist, participant and researcher work together to make sense of those stories and experiences which helps all four to learn what they need to learn from the experiences, to grow and to change in such a way to assimilate or process the experience for themselves. Both examples provide maps, which may show others the way.

Recruitment

None of the participants self-selected. I used purposeful sampling in order to obtain information from those with the most experience with the phenomenon under study. I initially placed an advertisement on the Psychologist Association of Alberta's website calling for psychologists who felt they were particularly good at self-care. The advertisement ran for approximately four months. Unfortunately, I did not receive any response to the advertisement. I began asking psychologists I knew if they had a colleague they felt was particularly good at self-care. Through my inquiries I was able to identify three participants.

Participants

This study involves the storied experiences of self-care of three female psychotherapists. The three participants were nominated by colleagues and agreed

they were particularly good at maintaining self-care practices. I assumed that experienced counsellors would have particular and valuable insight in the area of self-care. Each participant has a PhD. One participant has a degree in clinical psychology, one in counselling psychology, and the third in cognition and learning. Each participant is transitioning towards retirement and combined they have 60 years of counselling experience.

Data Collection

Participants were asked to commit to two interviews with the possibility of a third. On average the first interview lasted one hour and ten minutes. I followed a sheet of guiding questions to help move the conversations along (see Appendix F). The interviews were recorded via digital recorder and downloaded to my computer once complete. I hired a transcriber to help with the audio file conversions. The transcriptionist signed a confidentiality agreement (see Appendix E). All of the participants were notified of this and consented to the use of a private transcriptionist. Audio files were sent to the transcriptionist via Media Fire: a secure website which allows for selective sharing of large data files. Once each initial interview was transcribed I listened to the audio file and followed along the written transcription and edited any errors. As I read through each transcript several times, I formulated follow up questions for each participant. Most were based on gaps in their stories, which I felt would help with reader understanding and provide a clearer picture of each participant's experience with self-care. All interviews were held at mutually agreed upon times and locations.

Two participants were interviewed in their work settings. One was interviewed over the phone based on distance apart from interviewer and difficulty in setting a time for the interviewer to visit. The researcher conducted all the interviews.

Data Analysis

Once I received the transcripts, I listened to the recording and read along editing the sections with which the transcriptionist noted having difficulty. I read each transcript approximately ten times. Once the transcripts were completed each participant was sent a copy of their transcript for review before the follow up interview. Two of the participants were emailed their copies of the transcripts. The third participant did not use email so I dropped off a copy of the transcript to her office. Participants, as co-researchers, were asked to review the transcripts for accuracy and to elaborate on any points as desired. Once the participants had reviewed their transcripts a follow up interview was scheduled. During the follow up interviews the participants and I had the opportunity as co-researchers to clarify and expand the participant's story as needed.

As all research methodologies do, narrative inquiry has its own limitations. The factual nature of narratives has been questioned within narrative research (Chase, 2005). "Distortion of the data may occur in any research study and it presents an issue for narrative researchers in particular because they rely heavily on self-reported information from participants" (Creswell, 2005, p.484). However this challenge can be over come through practices such member

checking, field texts and triangulation. There are times when the participant may not be able to tell the real story due to the difficulty in retelling a horrific event or they fear repercussions for sharing the story. Perhaps the story is so long ago it is difficult to recall it. However as Riesmann (1993) acknowledges stories are the truths of the individual.

As I began to restory the texts, I moved between my journal pages, my reflections on each interview, and the transcripts themselves. I decided to forgo the use of a software program to help sort and categorize material. I felt the need to physically be with the material without the coldness and constraints of technology. At first the amount of material was overwhelming and I agonized over how to start. I poured over the texts striving to chronicle the stories in way that would show the self-care journey of each participant. I wrote and rewrote, constantly aware of my need and anxiety to represent the truth of each participant. With restorying there is the potential of losing the participant's voice. By using extensive quotes and the precise language of the participants I worked through this challenge of narrative inquiry (Creswell, 2005). Accurate construction of time and place of the story also assists maintaining the participants voice (Creswell, 2005). As Clandinin and Connelly (2000) suggest I strove to stay open to emerging threads and patterns as I experienced them through reading and rereading the transcripts, my margin notes and journal entries. The stories were shaped as I brought my own experiences of self-care as the researcher forward (Clandinin & Connelly, 2000).

In order to give voice to each participant, their stories are presented in separate chapters. Themes and threads were reviewed within and across the participant stories. Narrative starts with the authors autobiographical association with the research question (Clandinin & Connelly, 2000). My story follows as a means to provide context and explanation of my own experience for those who are just at the beginning of their careers as psychologists.

Once the stories were complete I once again asked the participants to review their stories to ensure they were represented accurately. As before, I emailed two of the stories and dropped off one. Only one of the participants responded with a request for a minor wording change to her story. She felt there were negative connotations to a particular word she did not mean to imply.

Verification Strategies

Morse, Barrett, Mayan, Olson, & Spiers, (2002) argue the importance of implementing verification strategies to ensure rigor throughout the study rather than only when it is complete. The responsibility is with the researcher and not the external reviewer (Morse et al., 2002). "Verification is the process of checking, confirming, making sure and being certain. In qualitative research, verification refers to the mechanisms used during the process of research to incrementally contribute to ensuring reliability and validity and thus, the rigor of the study" (Morse et al., 2002, p.9). Based on Morse and colleagues (2002) I strove to attend to investigator responsiveness, methodological coherence and an active analytic stance. As the principal researcher I considered and journaled my

observations and biases about the research, cognizant of my own effect on the work. I strove to adhere to the principles of narrative inquiry constantly thinking about the stories I had been told and how I would restory them for the reader.

I have attempted to follow the iterative nature of qualitative research "by moving back and forth between design and implementation to ensure congruence among question formulation, literature, recruitment, data collection strategies and analysis" (Morse et al., 2002). I collected and analyzed data concurrently. After each participant interview, the transcript was produced and read before the next participant was interviewed. The completion of this process allowed each interview to inform subsequent interviews.

I endeavored to remain as "responsive, open, sensitive, creative and insightful" as possible to my participant's stories and the implications of their experiences (Morse et al., 2002, p.11).

One of my research journal entries included the following pep talk:

> *The key is to stay open [minded]. I need to be careful about going in with preconceived ideas. I realize and will focus on the fact everyone is different. All the stories I hear will be unique and will provide different information. I will think about themes to come after the fact.*

Ethical Considerations

The Ethics Review Board granted permission as of December 21, 2007. Permission was granted until December 21, 2008 (see Appendix A). All participants reviewed the Consent to Share Form and Letter provided (see Appendices C and D). All participants were given the opportunity to withdraw from the study up until the submission of the thesis.

Free and informed consent was obtained throughout the research process. At the outset of the study (i.e., initial phone contact), I discussed the right of participants to not participate or to withdraw their participation at any point up until the time of completion of data collection. In addition to establishing informed consent at the beginning of the study, I revisited, explained, and obtained informed consent before commencing each interview.

Given that the population accessed was counselling psychologists, it was not anticipated that there would be circumstances that would compromise voluntary consent and indeed there were not. Psychologists are knowledgeable regarding voluntary consent procedures. They all had access to the study information letter, consent form, and the researcher which maximized their ability to provide free and voluntary consent to participate.

Pseudonyms were assigned to each participant and significant details (institution, agency, third parties and city names) of their account were changed as to limit the possibility of linking particular responses with the research participants. All documents, transcripts, and digital recordings were kept in a locked and secure location. All electronic files were password protected.

The ethical standards of the research were explained to the transcriber and she said she understood the limitations. She signed a confidentiality form of which she was provided a copy (see Appendix E).

CHAPTER FOUR

Diane's Story

I arrived early for our appointment unsure of where to park due to the road cleaning notices posted along the road. I took my chances that the crew would not be around that day and left my car in good company among the others on the road. I was excited to finally be starting my research and to talk to an experienced psychologist. I did not know what to expect but I was looking forward to the discovery.

I let myself into the reception area of Diane's agency and waited alone. The receptionist did not work in the afternoon Diane had explained over the phone. I only waited a minute or two before being approached graciously by my participant, Diane. After offering me something to drink she showed me to her office. It was a comfortable inviting space with a beautiful view of the cityscape. The walls were adorned with various pieces of art and I was struck by one drawing in particular of two children. They appeared connected and I was touched by the sweetness.

As we went over confidentiality and the details of my study, Diane shared her concerns about how I was going to achieve enough data with only one hour and a half meeting. Her dissertation had been a qualitative study and she did not think I had sufficient time to capture what I needed. I was surprised by Diane's reaction. I obviously had not been clear in my explanation over the phone and I explained to Diane I hoped to be able to meet with her two more times. I started to feel a bit insecure about my ability to "do" research, yet I realized how caring this

woman was. Diane did not even know me yet she wanted to make sure I was successful in my endeavours and in effect "taking care" of me. I would later learn mentoring is something that gives immense joy to Diane.

I. Diane and Her Practice

Diane is in her early sixties and practices psychology in Alberta, Canada. She was chartered as a psychologist in the late 1970's, which translates into over thirty years of private practice with the exception of three years when she set up a psychology department in an Alberta Hospital. Diane graduated with a Master's degree in counselling Psychology and began working part-time in private practice while starting her Ph.D. She taught at the university as a graduate teaching assistant. She also led workshops for teachers' conventions.

After four years, Diane took up the challenge of creating a psychology department at an Alberta hospital. She worked full-time and had two children at home. Her PhD course work was complete and she chose to conduct her dissertation research while working at the hospital. Diane re-married during this time, had a household of five teenagers and a newborn. Diane and her husband blended their families and between the two they have six children and eight grandchildren.

After Diane left the hospital she connected with other practitioners and created an agency which focused on family therapy. Nowadays Diane is getting very close to retirement and she has not taken on any new clients for a year and a half. Two years ago Diane and her colleagues passed the torch to four young psychologists who interned with the agency.

As the conversation continued, Diane shared what initially brought her into psychology. She was a mother of three and lived a parent's worst nightmare. Her two sons died, on separate occasions, of the same illness.

> *It was the experience of being in hospital with these two children and their being very little support for families in the medical system in the early seventies. The medical care was wonderful, but the whole experience of a family going through this was not, there just wasn't any resource for that at the time. And so that was for me kind of the catalyst to say I really wanted to understand this process, work with families in medical crisis. And so I went in with a pretty narrow focus.… I went into Family Studies and almost completed a Master's degree there and then felt like I still didn't have the kinds of skills I wanted so then transferred over into psychology and completed a Master's there.*

Diane was exposed to a variety of other issues and concerns during her graduate education and through practicum placements her interests broadened. She developed grief and loss as an area of skill and experience and eventually taught in the area for a period of time.

At the outset of Diane's career in private practice she "never worked five days a week". However, when Diane developed the psychology department she did. Other than those three years, she has "compacted [her] clinical hours into three days or four days".

> *I've always been lucky to kind of set my hours. And that was part of what was important to me about being in private practice too, was – you know, so you put in a lot of hours you don't get paid for but I put them in on my time and what fit in with family time.*

II. Making Time for Self-Care

Once I had a picture of the "busyness" of Diane's life I asked her what self-care meant to her.

> *Without repeating back the same words, right? And taking care of self. Well, balance. I guess if I just sort of throw out some words that come to mind. Finding balance. Support. Peer support. Sounding board. Nutrition, exercise. Time away. A variety of interests, you know, doing things that aren't deeply focused on relationship issues. Quilting. Reading…And doing some things that are very concrete I find are really important to me. You know, like a lot of what we do – the results are subjective, you know, people say things are different, you view things a little different, you know, clearly people make it through crises or whatever, so sometimes it's really nice to have things that, like, you know, if I plant a bulb and the flower blooms or I make a quilt and it looks the way I'd like it to be in the end*.

Diane acknowledged the importance of support in her family relationships and her friendship network because otherwise *"[work] can become pretty all-consuming*". In the early years of the agency, Diane and three of her colleagues met regularly with their partners as a couple support network. Since they were working with couples in crisis there was potential for the client's issues to trigger issues in the practitioner's lives. Diane was very clear that it was and is really important self-care for her to continuously do her own therapeutic work.

> *To be aware of what are the issues that are feeling unfinished for me, what are the issues that are difficult for me to go to and address. You know, in terms of kind of clearing away the things that we may or may not take home into our relationships or bring forward into the office. Certainly always taking time to go do my own therapy, either locally or often away from here.… I might take part in a week-long or intensive somewhere with therapists whose work I really respected or through writing or having met them or you know, that kind of thing of taking time to actually be the client. To be the journeyer. That has always been a really important part for me. And doing that sometimes individually or sometimes as a couple.*

I wondered if "*always been really important"* meant self-care had been important since she became a therapist.

> *Um hmm. As a student in the department I remember setting up some of those opportunities and asking as we were new Master's students, asking for those kinds of opportunities to explore some of the issues or some of the things that were coming up and observe."*

Diane felt the department encouraged students to take part in their own process of self-care. Students asked for opportunities and were given them.

> *I think that's a really important norm to establish as people are training to be in the field that one really important way to continue to grow is to be ever looking at your own process and taking those opportunities to explore and immerse yourself in some of the processes that you yourself are trying to work on with clients.*

I commented on the number of times I've heard people say "I'll have time for self-care later. Diane brought up the idea of developmental stages of self-care.

> *But I think self care is different at different ages and stages and we have different energy. Like, for me – I mean, for years I would do eight hours of therapy a day. I couldn't do that now. But mind you I see the young people coming out and none of them do that now, they're smarter! But I mean, that was very much the pattern for me. But – like, when I think about being in the Master's program, I had a – at that time I had a six-year old and a seven-year old. And so my day would start once I got them to school and I would go to the university and I would have someone who would meet them for lunch. An elderly person would come into the house and make lunch for them and stay 'til they came home after school. I'd be home at three-thirty and I would start my studies and my papers at nine o'clock at night 'til midnight or two in the morning or whatever. Like, that was my routine. So that it felt really important for me that I was only away from my children during the time that they were in school. And that a lot of my studies happened after they were in bed. And so for me that was the balance and I – at this age I don't think I could – I just don't have the energy to start at six in the morning and go until late at night."*

Interwoven with the stages of life are our priorities. It seemed to me priorities had an impact on the types of self-care activities Diane engaged/engages in. Diane set her priorities and her children were a priority.

> *That's right. And you kind of know it's kind of time limited for this period of time, right. So some of that shifted..... I mean, one, the family's grown and everyone's out of home, physically I don't have the same energy that I had. I don't also have the same demand back at home that I had, so there is more time to do a variety of things. Financially I'm not – I mean, I don't worry about there not being enough referrals. Like, when you first start private practice you think dare I say no to this one because what if I don't get another one. You know, and all of that ... and so it's been lovely over the years to know there's way more referrals than you could take and you could help*.

When Diane worked at the hospital she was separated and a single mom. During this time Diane would work twelve or fourteen hour days when the children with their father. I asked Diane about her "you time" during this period and what self-care and balance looked like then.

> *Saturday mornings, always at home with the kids and just playing and being slow and we had long baths sometimes when the kids were little, you know. Being involved in their sports and cycling lots with them and skiing. Doing lots of outdoor kinds of things. And that was part of every day I think. The times when the children were with their dad, I would really take those times to sleep in and read a book and go for a walk by the river or, you know, those kind of things. Lots of that. And you know, I guess certainly for me ... a lot of the years were really busy with children. And all of the kids were really athletic. And that was a very joyful time, that put lots of things into perspective for me, like it was a real shift away from the office of being really involved with soccer or hockey with kids I love, going and watching them play or getting involved, helping coach soccer or regularly planning family times away to go skiing.*

Diane would also schedule weekends and chunks of time in the summer to go away with the children. Being "*in the kids' rhythm*" was really important for Diane. When her children were still at home they needed rides here or there or help with homework and it provided a natural boundary for Diane. Now the children have grown and are out on their own and she misses their activities and has "*to think more consciously about that boundary*".

Spiritual practices were also of importance. She was a member of a community church which gave her support and she spent time meditating, reading and journaling. At present Diane and her husband are once again attending to their spiritual needs and enjoy being in an environment which allows for spiritual questioning and self-care.

Diane also enjoys travel and considers it "her own self-care". She loves exploring other cultures and knowing there is always another adventure to be had. Considering her past career as a physical education teacher it is no surprise Diane enjoys being physical. "I enjoy living in my body" and when she is not physically active she "start[s] feeling a little deadened". From the time she was a child, one of her favourites has been cycling. Cycling was never work or hard for Diane it was "freedom" and "play": two great things for self-care.

III. Boundaries

Mentoring has had a self-care effect on Diane as well. The agency always had interns or students doing research. Diane feels being able to supervise "was always a wonderful part of being a therapist." She found it energizing and a way to gain clarity about what it is she "really do[es]".

> *Like, if you're doing eight hours a day of clinical work, you sometimes need to step back and say okay, what is it that I really do. Besides be a nice lady. You know. To kind of synthesize, like what is it that I find seems to be helpful and what is that I believe about how change happens and what is it – you know, what is my role in this whole process. What is my role and what is the client's role and how do we co-create something, how do we create something that is working and really recognizing that I'm not – that they are responsible for change and the change that they want. And they are responsible for defining what would feel like a healthier way of being for them. …You don't take responsibility on what really is the client's to take on. I think that's one of the most*

> *draining things. If you feel overwhelmed by the urgency or the gravity of the situation, right? And really it is about how we walk with people and for them to find, to witness and to journey with them and to reflect options and reflect back some of their own wisdom.*

There seemed to be a two-fold benefit to mentoring for Diane. Her discussions with interns challenged her own beliefs and ideas and helped her to step back. Through times like these Diane learned client boundaries as well as a means of self-care. I reflected back to Diane this sounded like gaining perspective contributed to her self-care.

> *I think so. Like, I think if we [psychologists] feel an over-responsibility for change and outcome, then I think we burn out. And I think we also take – I don't know whether we take away the opportunity because I don't think we have that kind of power to take it away, but I think the more we move away from believing we are the expert and into a place of saying, you know, I have some skills to create perhaps some safety and some curiosity and what we journey with we witness, we reflect back, you know. …And many clients will come in saying tell me what to do. Or you're the expert. How do you shift that back? And learning what boundaries I need to have with clients too. Like, I guess that's for me an important piece of self-care too. In terms of for instance, if I see an individual and they say now, will you see us as a couple. There was a time when I would say sure. I would never do that now. Like learning that you create a safe place together with this one individual and then you bring their partner in, they feel a sense of loss as you try to shift towards balance. …I'll certainly refer [them] to someone who I think might work really well with them as a couple. And then we can hold this place as a place whenever you want to do some individual work. …So learning those kinds of, for myself, those kinds of clinical decisions that probably I wasn't as clear on when I first started into practice reflecting on it.*

I was getting the impression there are several factors or dynamics of self-care. There are balances in work and then there are balances within home or outside of work life. And then there's a balance between the two. It sounded like creating

balance and boundaries helped Diane with personal fatigue and occupational fatigue.

> *Well, I think we do need to put boundaries around the work we do. I think we need to put boundaries around preserving time for family, we need to put boundaries around preserving time for self. …Whatever that is that nourishes or renews you. You've got to put boundaries around couples and families, that we're not only parents, we're also lovers and friends and so that marital unit is a different sub-system than the parental unit. And then I think just as a clinician, it's been important for me over the years to learn … what are the boundaries I will put around what I will say yes to in terms of doing clinical work. And it could be in terms of presenting problems or what do I feel I can work with well and who else in the community works way better with some other aspect, you know, like not expecting myself to be a generalist*.

During our second conversation, Diane told me of another "wonderful way" she addresses self-care. She takes time to reflect on special and happy memories. This is a great resource when she or someone else is in crisis. I found one story especially insightful.

> *This picture up here for instance.*

Diane directs me to a large portrait on the wall behind me. A woman and child are running along the seashore on an otherwise deserted beach. I can almost smell the ocean and hear the gulls. I think it is a painting but in actuality it is a picture her husband took.

> *…I often look at this picture, it's the first time our son remembers being at the ocean and he whipped off his little pants and started running down the beach. And so I took off after him of course …that was my, around my fortieth birthday. I always look at this picture and just think – I mean, for me it's such a gift…., I never dreamed I would have this other child in my life, this healthy little boy, you know, and so I look at that and I think oh man, you know, what a fortieth birthday. .. And so – I don't know … we have lots of photographs. A zillion photographs, so just going back and looking at those are ways of – you know, I think sometimes when I might*

> *feel discouraged or when I've had some health challenges or whatever and you think I'm getting mired in that present thing, that for me it's been really wonderful to kind of say, like, if my life ended right now, what a wonderful – like, look at these amazing travels, these amazing kids we have … we've been so lucky and so blessed. Incredible people we've met in all these different places….*

IV. Self-Care Working Well

This story about recalling good memories by looking at photographs was a reflection of amazingly clever self-care; organic and simple. The first time we sat down together I specifically asked Diane to reflect and recount a time when she felt self-care was working particularly well.

> *Well, it's working particularly well right now. But that's more, I'm much more in transition out of the practice of psychology rather than in … it's really lovely to be mostly mentoring. And I've always really loved doing that.*

Eventually, Diane spoke of the development of the agency. She remembered the entire staff convening to share what was and was not going well privately and professionally for each of them. As mentioned in an earlier section, this was also the time when the therapists were meeting as couples to discuss and diffuse any of the issues which arose within couple's therapy. Diane said she had clear boundaries around her work schedule at this time and there was a balance between clinical work, mentoring and teaching. The colleagues also peer taught each other whenever one of them came back from a workshop or training event.

> *I think in the early years of the institute self-care worked really well in that there were four active partners in the practice as well as some really experienced clinicians that came into that project. …It was a really exciting time because we were doing lots of teamwork, you know, peer supervision, sharing and showing our work, families really excited about having sometimes eight professionals listening to their family concerns and in a short period of time having eight professionals kind of reflect back what*

> *they were hearing and what were the strengths. … we had this opportunity all of a sudden instead of doing individual private practice, have a really strong collective team process and – so it felt like there was lots of professional support and professional stimulation.*

I was intrigued by this story of self-care which revolved around work. I was quite surprised. For myself my time away from work is self-care but there are obviously times when self-care at work is just as, if not more, important. I spent a couple of weeks thinking about this concept and brought it up again during our second conversation. I told Diane of my intrigue and asked for elaboration. I wondered if there was a need for self-care outside of work.

> *I think there's always a need for self care but I think we built it in as a norm. In the practice … so it was really nice that it wasn't something that you had to do outside of work or – I mean, hopefully I did it outside of work too, but that peer support and we were all kind of growing together and excited about where we were going as an institute. So that was really nice having that, because I think in private practice often, you know, it's really easy just to pass in the hallway and have your door closed and every hour you see another family or whatever, and maybe only contact from another staff member when you're feeling like you need a consult or whatever, so just knowing that it was always there and that it was the norm. …there's lots of people in private practice who maybe aren't working with a team and so … and I can remember when I first started in private practice where I would really set up time with other colleagues, you know, where you could kind of set up a peer supervision group. Which was also really important for me and I think you'll find that as you talk with people, that that's really important that you set up that opportunity to talk about cases you're working on, to hear, to learn from others, to continue that process. On a regular basis, not just on a workshop basis or whatever, but just to know it's a part of your every week kind of thing. It's a safety net in many ways … you need to, you know, that you can kind of say look, you know, to kind of look sometimes at clinical issues or ethical issues or just areas all of a sudden an issue will come up that you just don't know anything about.*

V. Defining Moment

I agreed with Diane's colleague who suggested her for my research. I was impressed with her dedication to caring for herself and her keen awareness of what she needed. I wondered if there was something which contributed to this attentiveness.

> *This is going way back in time – but a real defining moment for me and that as I told you this is what probably took me into the profession – was the point in time after my second son died and kind of thinking at that point in time, this is what I want to do. I think there is a need to work with families in medical crisis, to provide support…. When it happened that my second child had this same disorder and that he was too going to die, it was like I had the opportunity in a different way to say all I have is this month for us to have a lifetime together. And I want to do it with as much consciousness and awareness and presence as I can. You know. That – as awful as that time was, it was also a time where I learned it could be different than my fear. The experience could be different. We could do it differently than what I believed it was going to be. You know. That it was – AND out of that, my decision of okay, so there's nothing predictable in life. You know. What we have is right now. And so what do I want to do with my life. What is the legacy of these children for me. And it was about making that decision to go in to – and I didn't even know, I mean, I hadn't considered being a psychologist in some way working with families who – and so that as much life and living was as possible in whatever moments we have coming, none of us know what's next. That experience really exploded a lot of fears that I had in terms of I really didn't know whether I would have this strength and if I did, lots of other people had this strength. I mean, that was kind of the awareness, like, when you get outside yourself, right? So that was a pretty defining moment for me in terms of feeling really intentional about life. And really focused and that there are no guarantees … and I remember reading our textbook in my first year in our Master's program, …. there's an Adler statement in there that really rang true for me:*
>
> *"We cannot choose the events that happen in our life, but we can always choose the posture with which we encounter them."*

> *And I think for me that's a real guiding principle in how I want to work with individuals and families. They have choices. Not about the event. But about what resources they'll bring to bear. Because we don't have control.*

I believe Diane is right. We do not have control. Sometimes the best we can do is to decide how we are going to approach what we are given and use our resources, our self-care resources to the best of our ability.

VI. The Ethics of Knowing and Doing

> *Because … hopefully [we are] helping them foster in themselves, what are the areas that I feel I can manage and what are the areas that I want to say no to and I think as a therapist we have a unique position there to be able to model that as well*.

Diane captured the ethical reasoning behind my interest in this research topic. I feel that there is this unwritten expectation that that's part of what we do- be models for healthy living I know there are times where there is a disconnect between what we do for ourselves as therapists and what we ask or encourage of our clients.

> *I think there certainly have been times [when] I need[ed] to step back from the practice if I haven't physically been well or emotionally … as a woman I found menopause a real surprise in terms of the emotional roller coaster that I went on. .. I had never anticipated that … that hadn't been an issue for me but certainly where I would feel depression and …[it] felt very unusual and strange for me and so those times of needing to step back or times where I felt like there were certain issues I didn't want to work with. You know, at sort of different developmental times in my own family. …If one of the kids was having a particularly difficult time and I wasn't feeling like we were getting through and handling it well, that wasn't a good time for me to take on more new clients with adolescent concerns. It was a better time for me to step back and do the couples work or do the early parenting work or continue as I always have with some of the bereavement and loss issues, like those kind of examples, to kind of be looking at okay, where do I need to put this energy… Maybe this is a really good time clinically to do it or maybe this is a time I need to step back*

> *and put that energy into my family. And keep that … a place where the energy and the struggle hasn't been resolved there, so … I'm sure that as you talk with other people there are times where you say oh my God, people are going to find out I'm a fraud.*

I shared my observation that all therapists seem to have the impostor syndrome when they start.

> *Well, I don't … I don't think it's just when we start, I hate to say that…I think the older we get, the more we recognize how … I think when I first graduated, I thought I could probably take on almost any clinical position! ... Really, you know. And that I should have really good answers and recommendations and you know, the longer I've practiced the more I think oh my goodness, what a pompous thought that was, you know, really, one, it's not my place to have the answers, it's to help the client. And two, that feeling of someone will find out I'm a fraud, it might … you have this couple sit with you at the very time that you've walked out the door and saying I don't know if I even want to be living with this person anymore. You know, like, we struggle in our own relationships at times. And so they say it looks like, you know, you get projected onto all these things like you manage so well and you've been through this, you know and we're just human beings too who crap happens in our lives too, right, so there are times when you have to step back from that and say hmm, this isn't one of those times when I'm feeling particularly competent right now, I'm going to step back from that*.

I wondered aloud to Diane about what helped her to step back? I wondered if there was an "ah ha" moment, or was the learning a process over time.

> *A whole lot of thoughts were coming into my mind there, like I was thinking that's a really good question. There have been times like I knew with sort of young adolescents, when I worked at the hospital, I was usually aware. I was not the best person to work with them or their families because it was my worst nightmare, it was my fear that that would be my child. Because my children were that age at that point in time. So just – I can remember very acutely becoming aware of I think I just got too many defenses up to be as productive as I need to be in that situation right there at that time. So that would be … that sort of flashed in right away when you said that. Now when did I know that? I think you just, ... you know, in your gut, like you may feel some anxiety before that client comes in, you know, like about when you start knowing what*

> *the issues are and that for me is a good clue, I either – I need to check it out, I need to work through my own therapy around that, I need to call in a colleague to consult on it or do some co-therapy and see am I getting stuck or am I not pushing through something that is obvious to help the client and work through because of my own fears, you know, that kind of thing. So I think you start – the more families, the more individuals you work with you start picking up where those places are that just don't work for you*.

Diane clearly demonstrated the ability to link the ethics of knowing and doing. She is aware that there are times when she isn't as objective as needed and takes the steps to work through it.

> *Sometimes. Sometimes. Sometimes we fool ourselves. And sometimes – the other thing I was going to say – we're always amazed, … there's a cosmic joker out there that it's like the universe sends you sometimes the issues that you need to deal with … like I think what is it, why am I …Why have all of a sudden I've got these four brand new referrals about mother-son conflict or something like that that might be what's going on. You know, so it kind of pulls you up sometimes. Or maybe that's what I notice out of the twenty-five clients, it's the four that are familiar*.

CHAPTER FIVE

Joan's Story

Joan and I corresponded back and forth via email for a couple of months before we could settle on a time to connect. Joan's interviews were conducted over the phone.

We spoke one evening. I hung around home hoping she would call but I was not entirely ready when the call came. Joan asked if was a good time and I told I would call her back in five minutes once I had everything set up. I locked myself in my upstairs bedroom, the coolest room in the house. I phoned Joan back and amidst the whir of the ceiling fan began the conversation.

I. Joan and Her Practice

Joan is in her late fifties and is in a long-term relationship. She does not have children. She has a Ph.D. in clinical psychology from a Canadian university. She has been in practice for approximately 20 years currently in an urban area of Alberta.

Earlier in her career, Joan once worked with a group of psychotherapists sharing space and expenses. However, in recent years Joan has been working in an office where she is the only therapist. Joan stated she works with "a lot of sexual minority clients" and she does "a lot of relationship work". She has a mix of short-term clients and some very long-term clients and enjoys both. She has worked in the past with adult survivors of child sexual abuse and doesn't "*do as much of that now for various reasons, some of which are self-care reasons"*.

Joan described her approach as integrative.

> *I'm a big believer in – I can't remember who said this but – one of the big names said something like learn everything really well and then forget it when you walk into your office. That's pretty much what I do*.

Joan attempts to match her therapeutic approach to what is going to work best for the client and what the client expects. She uses cognitive behaviour approaches, relational and feminist. She also uses focusing and hypnotherapy. She is trained in EMDR. She uses dynamic and dream work and *"a lot of journaling therapy and in my opinion that overlaps quite a lot with narrative therapy"*.

A typical work-week for Joan involves having three-day weekends, something she began at the beginning of 2008. Her goal is to see no more than five clients a day, preferably less, Monday through Thursday. She begins her day at the office at ten or ten thirty and she sees her last client at four-thirty. Her early mornings are reserved for walking the dogs and "*doing stuff around the house."*

> *I get to work about half an hour before my first client. I book clients with a half-hour gap between them… So generally I do sixty minute sessions, not fifty minute sessions. And then the half hour gaps – I also take my dogs to the office and so in the half hour gap, I need to go to the bathroom, get the dogs outside if they need to …or a drink of water. I check my phone messages, check my e-mails, get ready for the next session, and make a cup of tea or whatever, right. So I'm moving pretty well every second of the thirty minutes between clients. With the way that I do therapy, I absolutely cannot imagine coming out of a session with a client and stepping back in the door with another client. You know, there needs to be – you know, kind of flow through time. In between clients. And I – my personal bias is it's not even respectful to the clients to be able to do that. And I sort of assume that other people operate similarly to the way I do. But some of the people that I've consulted with essentially say you know, I don't think everybody does therapy the way you do therapy. …. but when I'm doing therapy, I'm pretty engaged. ….. At the intensity and the level of engagement that I do therapy, I can't do as many sessions as a person might be able to do if they're doing therapy a different way*

> *or if they're doing a different kind of therapy, for example career counselling. Right?*

Joan has few after work appointment times available for clients. She sometimes sees clients at six o'clock on Mondays or Tuesdays and occasionally she'll work with a client on a Wednesday night. Joan's workday is offset from rush hour. The downside is her evenings are short.

> *So if I'm finished with a client at seven o'clock, I have a drive ahead of me that is at least half an hour long. But if there's any snarl in the traffic, then I'm sometimes getting home at quarter to eight at night. Which I hate. It leaves me with a very short evening. For getting supper, eating supper, getting to bed in time to get up at, you know, six, six-thirty, seven in the morning.*

Having Friday off allows Joan to work on "*other endeavours or commitments that [she] also need[s] to be maintaining"* which is also a balance for her.

I asked Joan about what self-care means to her. "*Well, the main thing that it elicits is balance and boundaries".*

II. Balance

> *Well, a whole bunch of things need to be balanced. Work and home need to be balanced. You know, emotional and intellectual. My case load needs to be balanced, which is one of the reasons that I'm doing less work with adult survivors of sexual abuse. I was doing a lot of group work, at one point I was doing three groups a week with adult survivors and so you're exposed to a lot of people's stories and you know, I was attempting to maintain balance at that time and I was younger and had more energy, but after a while it just began to be too much. I still see some adult survivors of child sexual abuse, but they're in a minority at this point. Or at least that's not the focus of the therapy. So now I'm balancing a caseload, balancing what I do with my time*.

Joan attempts to maintain balance between and within both work and non-work activities. Joan has business enterprises somewhat separate from her work in psychology which she finds is a good balance for her. She enjoys the work that's

involved in that process. She is part of "four legal entities" all of which have their own paper work demands.

> *…really what I'm trying to do is do a part-time job in conjunction with doing a full-time job. That's not realistic. I need to actually book time out of my work week to take into account that I have this business to take care of. And so I started booking Monday mornings for that. Monday mornings for the business, Tuesday mornings for yoga, and – yeah, that didn't work out so well but I was skipping Yoga class and not actually doing business on Monday mornings but I'm still taking it off. Because I do business on Sundays, so it's good that I can go in late to the office on Monday morning. But I'm in the process of simplifying that a little bit. Because it's just too much, I just have too many plates in the air. So every once in a while there's a tinkling sound where one of them has hit the ground. So I need to get to the point where I can keep them all in the air.*

Joan also is concerned about "*making sure that there's a balance between physical self-care and relational self-care and all those sorts of things. Outside and being creative and reading pleasure books and all of that sort of thing*."

At the beginning of our second conversation Joan stated she felt she didn't stress the importance of relationships in her life.

> *And so that, what I realized is in this whole thing I don't talk about the significance of friendship and extended family. But that's a huge part of what's on the other side of the balance scales for me.*

Joan explained relational self-care to me. Upon reflection of the first transcript I felt I needed clarification of this term and what it meant to Joan.

> *So that would be primary relationship as well as extended family and friends…. You know, the friends who in my e-mail folders I actually have a folder that's called family and only two of the people in the list are related to me by blood, everybody else is kind of chosen family*.

For Joan her chosen family is people in her life that represent the roles of what family is and create safe places. Joan elaborates.

> *Well, I have a strong need to have secure places where I belong. You know, one of the definitions of family is where when you go there they have to take you in. And so I have people in my life who are not related to me but with whom I have that kind of relationship. And you know that's a big part of what self-care is for me.*
> *…Yeah, and all of the other things, you know, like having contact with important people in my life and working out and for heaven's sakes, doing doctor appointments, which increase in frequency as you get older. And yes, so balancing all of the things that are calls on one's time apart from work.*

Earlier in the discussion Joan told me about taking her dogs to the office and how part of work day involved looking after the dogs and it impacted her scheduling. During our next conversation I wondered aloud to Joan if it was self-care to have her dogs at the office.

> *Uh, yes, it's also sometimes self-care to leave them home if my partner's going to be working at home. But it's very – you may have encountered the research that being in the presence of an animal can lower blood pressure? So the dogs are good for me to be around and good for me to not have to clock watch. You know, like they've been alone at home for eight hours now. I'd better hurry up and get home. So it's way calmer for me to know that they're dozing on the chairs behind me while I do work that I need to get done before I leave the office. And they also can be good for some clients, which is a nice side effect but not the primary reason that I do it.*

III. Boundaries

> *Boundaries are about what I'm willing to do, what I want to do, what I will do, versus what I don't like, what I won't do, what I'm not willing to do. Being able to be aware of them and being able to state them and then maintain them. Like work hours, types of people I work with, how much I want to get paid. That sort of thing. I want to balance – having kind of ordinary workdays and having celebrations. You know, working hard and then playing, that sort of thing.*

In our second conversation Joan elaborated on this concept …"*So that you spend your energy and then you replenish your energy. And one of the ways I*

experience that is in the concept of celebrations, rituals, gratitude, that sort of thing."

Joan told me she journals gratitude statements and she will "*often do gratitudes to fall asleep*." Joan also likes to send what she calls "*bread and butter notes*" or thank you notes. "*Sometimes I send people notes after I've hosted them! Because I just had such a nice time!"* It's easy to see through her actions Joan does really value her friends and family, chosen or otherwise. Relational self-care is important to her.

When it comes to time off Joan mainly takes a week to a week and half at a time. She says this works well for her partly because she has well established boundaries and is able to leave work at work and not think about clients when she is away from the office. "*I don't keep my clients in my head at all*." However there are times in our lives when we cannot always get away when needed. Joan has a clever way of "taking a vacation" when she already has clients booked.

> *And so one of the things that I do for self-care is if I really need a vacation, if I really need the day off, when in fact I have clients, is I wear jeans to work. {laughs} It seems to help quite a lot! I dress as if I was having the day off. But I do therapy the way I usually do, so it seems to work.*

I also asked Joan what self-care was like when she was a student and intern.

> *I was in a good relationship that was well supported by my partner who believed in what I was doing and admired what I was doing. And I had – well, a good community, collegial relationship with the other residents at the hospital and with the other people in my class. My graduate class was only four at the Masters level. Five at the Ph.D. level, so we were pretty tight…*

After the first interview I wondered if there was anything else Joan found particularly helpful as self-care while in grad school.

> *Probably the best self-care I did as a student was to just get my work done. And I'm pretty good at playing and I started a relationship at the very same time that I started graduate school. So that's why I say my best self care was actually to get my school work done because it would have been pretty easy, it was pretty easy to neglect it….I also read a lot of novels in graduate school, which is not the first kind of self care but it was – I don't know, it must have given me something. So at one point I was reading a novel a day*.

Shortly after our first conversation Joan sent me an email letting me know she realized she did not mention going to church as a form of self-care for her. During our second phone conversation I asked her to tell me more about her connection to church.

> *Well, I go pretty regularly, like three out of four Sundays. And that gives me a lot. It gives me a period of time where I'm paying attention to myself and my thoughts and my beliefs and my spirit and my feelings and my values. And occasionally that's the only time I do that. Unfortunately. And it also puts me into a community. A belief community, a faith community, but also just good people who I then sometimes spend other time with. And I'm involved in a book club based at our church, so once a month I read a book and go to book club and I'm coordinating it, so I communicate with everybody in the book club between meetings. So anything that creates community for me is a good thing. Walking at the same time in the same dog park every day creates community.*

Church is a fairly recent aspect of self-care for Joan as a reaction to feeling like something was missing.

> *It was related to an ongoing and increasing realization that there was a gap. There was a spiritual hunger that I was neglecting and but always aware of, so it was kind of buzzing around in the back of my head and then in addition to that there were a series of incidents, personally, that led to my starting to go regularly to this church that I attend in about 2003 and actually one of the events*

> *was that a friend of mine who was previously a minister at a Moravian Church made the transition to the United Church. And I knew that from knowing him, I knew that that would be a good match for me. So I started going to that specific church at that specific time because he was the new minister there.*

IV. Self-Care Working Well

Joan spoke of a time years ago when the College of Alberta Psychologists contemplated monitoring the self-care or consultation practices of its members. The memory was foggy for Joan but she remembers the event led her and her colleagues to reflect on their self-care practices.

> *And so we kind of looked at what we were doing, as private practitioners, right? As the people who by reputation do the least of anything that prevents them from earning money. And so at that point I was meeting with a group of feminist therapists once a week. I was consulting with another group of therapists for two hours a week every week. I was talking on the phone to another psychologist in Toronto about once a month. And in my practice [we] also had breakfast meetings that were just collegial, once a week."*

As I spoke with Joan, her stories were consistent with one who is aware of what she needs, what she is doing and what is working.

> *Now, of course, again, because every decision we make has ups and downs, all of that good consultation time was taking a lot of time and then when we all were in different offices, you know, it worked fine when we were pretty much all in the same office and a few people came to our office from outside. But when our situation changed and we were now all in different offices, I was in a position where I was driving across the city, we were taking turns going to each other's offices and so I was out of my office on Wednesdays for the two hours of the case conference plus the half hour travel time at either end. At least. And I would book more time than that in my schedule because I hate being late.[laughs] So it was just taking too big of a bite out of my week and I decided I wasn't getting enough out of the case conferences to warrant that. So I shifted that, I meet on a much less regular and formal schedule with that group of consultants. But I still meet, you know, once a month with the group of feminist therapists. And I talk once*

> *a month with my consultant in Toronto. I felt very kind of – I sort of want to say networked in but in the older use of that term than the newer one. I felt like I was … I belonged in a kind of an intellectual and emotional community of therapists.*

V. Defining Moment

The following is the conversation Joan and I had about defining moments in self-care. She had some difficulty coming up with one truly definitive moment it became evident for her that it is more of a state she may fall into. Our conversation follows.

> *… I presented on self-care for therapists working with adult survivors of sexual abuse on a number of occasions, because it's a very taxing kind of therapy to do. And I always think about self-care when I'm doing that. And – I can't think of a defining time. The closest I can think of is that, it's* [self-care] *certainly not something that got talked about very much when I was in training or during my residency. Which is why I thought it was kind of neat that I was asked to talk about it to Health Region residents. And of course part of their response was we'd be quite happy to take care of ourselves, but are you kidding?! Do you know what we're expected to do! So it was like the system on one hand is paying lip service to self-care and on the other hand, you know, there's a systemic bias against it*.

I reflected back the inability to pinpoint a definitive moment yet perhaps Joan knew innately or unconsciously that self-care was something she needed to do.

> *Well, yes. It's being in a relationship with oneself and knowing that if I push myself too hard, I end up with this feeling that my skin is too thin. And it affects everything. It affects my driving, it affects my relationship with my partner, it affects my friendships, it affects what I'm doing in my private time, and you know, I can't afford to live there*.

It sounded as though being in touch with what the opposite of self-care does to her was just as important. Knowing what the consequences are and being able to recognize them.

Yes. Being in touch with the opposite of self-care, exactly. And I have a big reaction to it pretty quickly. It's – you know, all the characteristics of burnout. I mean, if you have them at a very extreme level you're at burnout and maybe you need not to work for a period of time. But everything is on a continuum and when I for example, when I was first starting in practice, private practice, one of the things that everybody says is when you first start, you make yourself very flexible with clients when they're available and you do sliding scale work and blah blah blah. And so when I very first started out, I would occasionally book clients into the evening or on a Saturday or something like that and the feeling that I had in the session is not a feeling that for me is consistent with doing good therapy. So if it even occurs to me for a second that I'm kind of pissed off that I'm in my office at this hour of the night, then I need not to do that anymore. Right? So, yeah. I don't do it and so –

Joan paused here and started talking about something I had not thought about discussing with my participants.

VI. The Costs of Self-Care

…now the other side that we haven't talked about yet is the way that I take care of myself costs me a lot of money. If I practiced the way my understanding is most people practice, I would make double the income. Right? So I see a maximum of about twenty people a week. Right? If I do my maximum would be four days of five clients. And as I said, that's maximum, that's not my ideal. So if I'm doing a maximum of five clients in four days, people who are seeing eight clients a day for five days a week, are seeing forty. Right? And they're not charging half as much, they're charging the same amount I am. So, you know, my income is different I think than most of private practitioners. Assuming that everybody CAN have a full caseload. I know that there are private practitioners who are … they don't have caseloads as full as they'd like but, you know, I fortunately haven't been in that situation for a while. And my income is significantly less than people at my level who are working in institutions.

…And occasionally I have experimented with it…. I was doing some work on self-care actually, I was presenting a workshop on self-care and one of the ways that I take care of myself is I limit the number of clients I see in a day and the number of clients I see in a week. And I take into account that my energy is greatest at the beginning of the week and then it dwindles, right. So I make sure that my days get shorter over the course of the week. And so as I was talking to people about this and researching it, it became apparent that there are people who see eight to ten clients a day,

doing therapy, and I just, I can't conceive of it! But when I read this and heard this, I was doing a workshop for interns in the Calgary Health Region. And they were telling me what they were expected to do in the Health Region and some of them had been in private practices and, you know …. And I thought, my God! I must be a wimp! You know, I thought – I started booking myself longer days, more clients, and I just could not do it. I just started to – you know, it took like, a week, or a week and a half, and I started to feel burnout feelings. And so I had to gear back real fast again. To, you know, take care of the quality of my therapy and the quality of my life.

VII. Difficulties with Self-Care

Besides the lower income, I wondered if Joan found anything else difficult in terms of maintaining self-care or being able to do it.

Oh God, yes! The fact that it's taken you and I this long to make contact would be a pretty good example of that. Yeah, I'm practically amazed but glad, yeah. I know … the more times we e-mailed and tried to connect and didn't connect, the more I thought how am I going to be able to talk credibly about self-care! [laughs] Scrape together the time and energy to talk on the phone in the evening. But actually that's partly a side effect of the boundaries, right? I don't do work in the evenings so at least it's kind of like work.

I'm feeling like I'm struggling right now to maintain balance and self-care in my life, and part of it is my practice. Part of it is, you know, the things that happens in one's life. Like my mother was ill in the winter and she died in March and so I did many, many trips to Ontario while maintaining my practice. So I was either in Ontario or I was in my office. Which meant that all my business stuff suffered. So that's all behind. Right now part of the challenge to self-care for me is that my partner is in a very stressful and demanding job and so you know, the supper table is about my partner's work, which is stressful. And – yeah. And now we're moving in August. So yeah, this is not a good year in terms of – if I were filling out the Holmes Rahe stress events I would be sick.

So this of course is the time that I need to be the most protective of it and so I'm doing the best I can. I make sure that I get myself over to the park every morning for a good walk for – my ideal is an hour, I don't think I've been in the park for an hour for a very long time but at least half to three-quarters of an hour. Every morning.

> *And I actually have a little workout room at my office. And I go through fits and starts getting myself down into the workout room when I have cancellations during the day. Which is lovely, you know, it's like time out of time. So that works well but then sometimes I just feel like I'm so far behind on pretty fundamental things like paying bills, so I should pretty much just stay in my office and open the mail and make sure that I've got the most out of date things taken care of. So yes, that's what's challenging me right now. But, you know, we do what we can, like I have a longer commute now than I ever have before but I listen to books on CDs in the car and that helps.*

I proceeded to rave about books on tape and how they saved me during my commutes when I lived on the Lower Mainland of British Columbia. I reflected back to Joan how it seemed to me she has an ideal of what she wants her self-care to look like yet there are times when life comes along and shakes us up a bit and we've got to put the pieces back together.

> *Somebody said to me one time the most important thing in your life is in your calendar and in your cheque book. Right? So that's what you have to do. You know, I keep a calendar, I book vacations or at least long weekends, and that's one of the things that helps me a lot as well, is having something to look forward to. And so I'm – the other thing that's – it's adding stress because it's out of the ordinary and it's an extra thing to do, but because this is the first year following my mother's death, what I'm doing is I'm going to Ontario to be with my sister on all of the anniversary dates. So like Easter and her birthday's coming up in August and Thanksgiving in October and my mother's birthday and it's close to Thanksgiving and we'll go there for Christmas. So I'm going to Ontario way more than I would two years ago for example. And so that's a challenge, right? Doing that much travelling. But, you know, it's also good self-care to be paying attention to the significance of the anniversary dates.*

In our second conversation I referred to the comment about filling in one's calendar and cheque book. I asked Joan if she thought if she wrote an activity down it was going to happen or she was more likely to commit to it?

> *Absolutely….Yeah, it's also – the place where it arose was one of the colleagues I consult with was challenging a client who's saying something like this isn't actually the example, but they're saying something like my family's very important to me but if you look at their schedule, they spend twelve hours a day at the office. Six days a week, right. So where's the beef here. So what's important to you actually shows up in your schedule*.

It seemed to me it was a way of recognizing what one's priorities are. They are there in black and white.

> *Yes, and it also – it's a way of grounding oneself in terms of what one says one does and what's important to one versus what's actually in the schedule. Right, so if I say it's important for me to read professional literature. And it is. But if I look in my schedule, I haven't – oh, I was going to exaggerate, I was going to say I haven't opened a professional book for weeks and weeks and weeks, but I was writing something last week and I had a pile of books out that I was looking through. But I am not reading as much as I say to myself that I do or that is important to me. Right, so that's what that quotation means. You know, look at the evidence, right, there's the value, the experience or the expressed value and then there's actually what you are doing with your time or your money*.

VIII. The Ethics of Knowing and Doing

As our time came to an end in our first conversation I asked Joan how as a psychologist she makes sense of self-care.

> *…Well, the way it makes sense to me is that we have an ethical commitment to our clients to be in good shape and to be present and to be focused. And we also have an ethical commitment to our clients to be authentic in talking to them about taking care of themselves. And every once in a while I run into a little bit of a challenge when I'm talking about self-care with a client and I'm, you know, if I'm talking to somebody about exercise for example, and I realize that I haven't actually done any weightlifting for quite some time because all of the opportunities, I'm giving my time away and so then I also get inspired by my clients' process. Sometimes and sometimes I tell them that. You know, that I'm going to do what I'm talking to them about doing. And with some of my clients we have the kind of relationship where if I say – like, if I offer somebody a six o'clock appointment because I've run out*

> *of spaces at the frequency that they usually come in, and they say are you sure that's okay for you? [laughs] So you know, we have – self-care is salient. In fact, it's on the agenda. They can make comments to me about my self-care. And you know, I've made a few mistakes, like I went back to work or at least I tried to go back to work too soon after my mother's death. I took a week off in Ontario. I came back on a Sunday and I was booked to see clients on Monday. And I woke up with a really bad headache and I just, I couldn't go. I mean, it was a – you're going to be sick to your stomach bad headache. And so I had to call the clients and cancel them for that day, which of course creates a stress of now I'm going to have to find spaces for four or five or six people in the remainder of the week or early next week if you've got a pretty full schedule that's difficult to impossible. And so I went into the office. I was better the next day and I went into the office, but I did not have enough of me back to be able to work the way I like to be able to work. And so that whole week I was in an unbalanced state and however, at that point, right, I've made the decision, I've done all the arrangements, all I can do is say ah! Apparently I should have taken two weeks off. Next time my mother dies, I'll know this!*

What I learned from Joan was that it is self-care to maintain your ethics and to practice within your comfort level. Living up to someone else's expectations may be damaging to you and your client.

I asked Joan whether or not she believed the self-care of a therapist was influenced by their world view and their approach to therapy. For example, would somebody who is more empirical be more likely to use Cognitive Behavioural Therapy and is somebody who follows a more rational worldview be more likely to use existential approaches.

> *I think that my sense is that it's over arching various approaches to therapy. And it may be that different temperaments are drawn to different approaches. I'm sure there's literature on that. So then would that be self-care, of course, if we work with the tools that feel comfortable. You know, it'd be like if I were a left-handed carpenter it'd be better for me to work with left-handed tools than right-handed tools. And so if there's a psychological equivalent to that, you know, if I were – if I were reaching way past my comfort zone. Years and years ago I worked in an agency, I was recruited*

> *into an agency that was mostly social work. And the mandate was a contract to provide therapy to families where there'd been sexual abuse. So I was the only psychologist there. And one of the phenomena of working in this context was that there was quite a lot of hugging and one of the clients that was assigned to me actually went to the director, one of the social workers who had hired me, and said that I don't hug her at the end of sessions. And the director actually said to her well, she's new here, give her time! So here's a good example of the expectation that I would conform. But that is outside of my comfort zone. It's also outside of my training, right, so I feel fairly comfortable – I mean, that's not to say that I don't ever hug a client. You know, sometimes it is completely appropriate and egocentric and authentic and safe for the client, right, there isn't going to be any question in the client's mind about boundaries or safety or anything like that. But for the most part, I don't do that, so that would be an example. You know, it would not be – it's the same as working outside my hours, right. If I work late evenings or Friday afternoons, when I used to work Friday mornings, occasionally I would think I've run out of space, if somebody needs to see me this week I'd book them in Friday afternoon, even one o'clock and through the session I would have this niggling I don't want to be here feeling. So in a similar way, right, if I go outside my boundaries in terms of approach to therapy, it's not going to feel very good to me and I think that will make it not very good therapy. Does that make sense?*

What Joan describes can be examined on two levels. First she speaks to the adage of using natural gifts and working in one's "comfort zone" as well as working within the worldview which best suits the individual therapist. If we examine this a little further Joan is speaking to authenticity. When one is being authentic one is being genuine, real, sincere and portraying an honest representation of self. In other words, "what you see is what you get". When a therapist works in his/her comfort zone s/he is being authentic. This honesty is sensed by the client and assists in building the relationship, or the therapeutic alliance, between client and therapist. There is much literature on therapeutic alliance and its positive effect on success in therapy (see, Luborsky, Crits-

Christoph, McLellan, Woody, Piper, Imber et al., 1986; Watson & Greenberg, 1998; Bachelor & Horvath, 1999). A therapeutic relationship is most enduring and helpful when it is authentic or genuine (Blow, Sprenkle & Davis, 2007). The pursuit of authenticity and genuineness is a life-long process and is assisted by self-care.

CHAPTER SIX

Barbara's Story

A few months went by from the time Barbara and I initially spoke about the possibility of her participation in my study to when we actually met. She was keen on helping me but was in a very unusual time period of her life. Her husband had suddenly passed away and she was busily trying to get all of his affairs in order. Barbara asked to be my last participant in hopes by then her life would have slowed down a little.

Barbara and I met at her office and she gave me a tour; reception, play area, assessment rooms and the other clinic offices. She found me a comfortable chair and told me how important the right chair is when you are sitting for so much of your work. I assured her I had that one taken care of at home. One of my supervisors had been a student of Barbara's so I was well informed regarding the necessities of an excellent chair.

I. Barbara and Her Practice

Once we went through confidentiality and reviewed the particulars of the study, Barbara told me about herself. She is in her early sixties and has one daughter. Barbara has been practicing psychology since 1969. She trained at Canadian university where she obtained a PhD with a focus on cognition and development. She was registered as a psychologist in 1972, after she passed her candidacy exam for her Ph.D.

Barbara worked as a hospital psychologist during the first years of her career doing mostly psychological assessments. She worked at several different hospitals

and different units within these hospitals throughout Alberta including adult psychiatry, cardiology, and pre-school clinics. She also worked in private practice for awhile during this time doing some adult assessments but she worked primarily with children.

Barbara also worked full-time for the government for five years. Eventually she became a mother and needed part-time hours while her daughter was young. The recession in Alberta meant the loss of her part-time job but in return she was able to have a variety of positions and learn new skills.

Currently Barbara works in private practice within a firm of psychologists where she sees mostly adult clients. She splits her time between assessment and psychotherapy. Barbara is grateful for the variety of work experience she has had and the "fabulous" teams she's been on as well. She feels it was great preparation for working in private practice and it gave her confidence. The experience she derived from various hospital assignments gave her the confidence to move out on her own and she feels she can make the proper referrals to medical professionals and "can deal with higher risk patients because of it."

> *I've worked on some awesome teams. And I think that was one of the things that gave me the courage to go into private practice because I don't have anymore, you know, the connections and that kind of thing, but I at least had the opportunity to work with a lot of other disciplines and see what they do."*

Barbara goes on further to say…

> *I don't think I would have been comfortable being in private practice when I started as a psychologist. I was glad to be in a hospital with a team because when you work in private practice, you are completely responsible for EVERYTHING to do with your client independently. So if your client gets into a crisis, you have to*

deal with it. And it's not always from nine to five and it used to be you could simply send somebody to emergency.

It is very – I used to hate this term – but by this stage in my career I have to say it, it's very eclectic. I use different things depending on the needs of the client, I'm well trained in cognitive behavioural things and several other different types of therapy including hypnosis…It depends on the client and you know, their style and that kind of thing. It depends on what their goal is, what they want to work on. It makes a big difference.

I work extremely weird hours. All up to the point of eccentricity almost. When I was growing up, my father was a firefighter and my mother worked as a government secretary, so we never had a sort of ordinary nine to five life. And I don't like working nine to five, I never have. I like variety in the times that I work and so some days I work longer days, some days I take off, and then I organize the activities on the times that I have available. And it takes some doing….I always take Thursdays off. We have certain contracts where we must work in the evenings and on Saturdays because I deal with people who come in from out of town... So I always work two nights of the week and I work Saturday afternoon. The thing about being in private practice is you can make it whatever you want it. But if you have contracts that say you must be here these times, then somebody's got to be here.

II. Self-Care

For Barbara self-care means:

… doing things that you do that are only for you. Like there's obviously family activities, things people will do as a couple, things people do as a family et cetera, and that's all good and can contribute, but self-care is what you do to look after yourself. … I've always had a lot of interests. I LOVE to read. … I read professional books but I also read books just for me, just for fun. And I've even used that in a behavioural way when I had to read tons of things and do all sorts of things when I was at the stage you're at doing research and whatnot, I would use that as a reward. You know, I would set aside a book that I would only read after I'd done X chapters of this or Y … she laughs*… so I would put my own behavioural principles into practice*.

Barbara elaborated on rewards during our second conversation.

> *I have some fun with some of the psychological knowledge I have in using it for myself in terms of figuring out what works for me. But also, I'm a real believer and I did not mention this I don't think, that the things I tell my clients I do myself. Because, I mean, what a hypocrite would you be if you were saying well, YOU should do this and YOU get in to do that and you didn't do it yourself! And if your clients were ever to know that. You know, you would be totally inauthentic*.
> *And some things I tell my clients to do, I do them myself every single day…These are sort of general things about living life and setting good boundaries between work and home and recognizing all the positive things you do in a day. I have sort of a whole routine about that but I tell many clients. And I do it myself. Because again, we have to be authentic in what we do. And so if we were pontificating on about you should do this and that and we didn't do it ourselves, our clients would notice in the sense of that it wouldn't … the message wouldn't have quite the same strength. And sometimes – I mean, you have to be careful in what you reveal. But sometimes I will let people know I do that myself. And I've had clients ask, do you do this? And I would honestly tell them if what was something I did or I didn't. Because there may be things I'd recommend for one person really wouldn't work as well.*

Barbara enjoys the arts as well and being social. Another important part of self-care for Barbara is being physically active.

> *One of the hardest things for me about being a psychologist is that you have to sit at a desk and you're only paid in the kind of work that we do, when your bum is in the chair and so is the client. In fact, sadly many psychologists have back problems because of it. Thank goodness, touch wood, so far I don't. But that is very, very common in psychology."*

She enjoys taking exercise classes with friends including aquasize. She loves to walk and in fact she didn't learn to drive or own a car until she was twenty-seven. We also talked about Barbara's ability to leave work at work. Barbara's husband was bound by client confidentially in his own work so they rarely talked about work at home. Barbara disclosed this ability may have come to her somewhat naturally since she observed her parents never talking about work at home either.

> *One thing I have the ability to do is when I'm not at work I don't think about it. At all. I have very firm boundaries between work and home. I'm not one who takes things from work home and thinks about them. Ever. And that's been a blessing. That in a sense I guess is a bit of self care. 'Cause I leave my work at work and my private life is my private life.*"

Barbara brought up another interesting point during our second discussion regarding the separation of private and professional identities.

> *One key thing is to see when I was in graduate school and I never wanted to be like it – is people who were acting as therapists in their personal life. I hate that! I can't stand it! And I didn't want to be one of those people. So I had to be sure I was ready to maintain that distance before I became a therapist. Because, you know, one is not a therapist with your friends, family, or … you're, you know, you're you. You're not using techniques with your family! Because it is a different relationship and you care for everybody. I mean, in a much different way. And you can never, never, never have ANY objectivity about, you know, people in your family and that kind of thing and your friends. Well, some things with a friend you can see some things a little more objectively than they might. But not the way a therapist would. Ever, ever, ever. And that's why you can't be a therapist with your own social circle and that kind of thing 'cause you would never do a good job.*

Barbara suggested "not taking on too, too much" was also central to her self-care.

> *The other thing I've always been a big believer in is not taking on too, too much. Like some people it amazes me what they're able to accomplish, absolutely amazes me. But although I work hard, I don't do a ton of things. …..*

Barbara and her husband always had high expectations professionally but they were more likely to go along with the ebb and flow within their personal lives and attending to priorities.

> *Because we realized you know, when we were working and had a daughter that we only had time to do so much. And so we set our priorities – that's probably another important part of self care is setting priorities. And deciding what things are important and what things – ah, you can get to later. …The important thing is*

> *you know, to know yourself and … knowing what makes you happy. And that's very individual to different people.*

Barbara suggested expanding oneself and what one does for self-care; it is important to try different things. I wondered if "trying different things" was congruent with changes in one's development of self-care. Barbara answered with a resounding "oh, yes" and introduced the fact of opportunities changing in one's life and taking advantages of those opportunities is important.

> *I think part of self care for me has come from the fact that I come from a simple background and I live a simple life. Yeah, I haven't lived a sophisticated life in the way that is sort of known today. And some of that is … some of the things that are available now are just great, but other things there's stresses in those sophistications. You know, the expectations that people have are very high. You know, when we were students, we lived – no joke – on peanut butter sandwiches and tuna casserole. We never – you know, I would never be expected to make a decent meal. You know, I would be expected to go to other people's places for that.*

The notion of opportunities came up again our second conversation so I asked Barbara for some clarification.

> *Well, sometimes it's the old when the bus stops – get off! Because sometimes there isn't going to be another one for awhile! You know, taking advantage of what comes up. I guess you want to call it spontaneity in a certain sense. But not thinking oh, gee, I don't know if I should do that. You know. Obviously at certain stages in your life you really have to organize things to be away or anything like that. But taking advantage of opportunities. And re-organizing things so you can do it. Like if somebody phones and says I'm in town, can we get together. Let me see what I can do. 'Cause you know, you never know when they're going to be back again or when you'll have the chance to see them.*

I wanted to check whether Barbara felt self-care was innate or learned. I believe she considers it a little bit of both.

> *Well, it's [self-care] something you learn. The other thing that I think is important in anything in life. I'm lucky to have a great*

> *sense of humour. And that does help in so many situations in life's trials. And most people have that, but I was lucky to come from a family with a very good sense of humour and my husband had a fantastic sense of humour. And that helps you to keep perspective in terms of not taking yourself too seriously. Sometimes not taking situations that aren't serious too seriously. Perspective on those.*

III. Self-Care Working Well

As I did with the other participants I asked Barbara to tell me a story about when she felt self-care was working particularly well.

> *Oh, I know exactly one. This was a time right after I'd finished my Ph.D. and I had been working at [a large city hospital] and we moved to a different city, my husband got a job there. And it was a period where I was working quite a bit and so was my husband. But we had a lot of time together and we had a lot of fun. It was an awesome period of our life. Yeah, I remember it very, very well. We didn't have children, some of our friends did, but we did all kinds of absolutely fantastic things. We worked long hours. …But that was a very good time. We did a lot of fun things.*

Barbara was from the city to which her and husband moved and so she really enjoyed living there again since she knew a lot people and they both enjoyed their work.

> *….. And that was the time when we had the fewest responsibilities – in one way. In another way – I mean, we were just beginning our careers. Huge career responsibility. But I worked on a very, very good team with excellent, excellent colleagues and my husband was working with a very fine, very, very experienced professional, almost everything that he knew he learned from that man. And so there was lots of professional responsibility but there wasn't a lot of personal responsibility. You know, we didn't own a house, a mortgage or anything like that at that time. We were renting a little house. And we didn't have our daughter yet. Oh, the other thing. We had many elderly relatives in our family. And everybody at that time, they were all still healthy.*

Barbara agreed she did not have many of the life stressors, mortgage or personal responsibilities that can bog one down. Barbara also mentioned self-care was having time just for herself. I asked her what exactly her "you" time entailed.

> *Oh, let me think. I used to walk all over the place because I love to walk. Oh, I was learning – I learned to drive. That was a biggie. I did that because I had to walk so far to visit one of my friends that I thought I think it's time to … break down and get a car. That's the only time I ever phoned my husband and said I have something that I want. I want a car. And so I got it. And I was learning to drive, that was fun, but I also did a lot of walking and things. I loved to do things like look in stores and that type of thing. And of course because I was [from the area], there was a ton of people I knew. My mother lived there … I had a couple of friends that were still there but not very many. But there were a lot of people that I met that were young professionals and their wives and that kind of thing. So we did a lot of socializing, a lot of sort of going here and there and that kind of thing.*

IV. Work as Self-Care

> *You know, I had excellent, like a lot of the colleagues I had at that time Alberta wasn't in too bad economic shape that the East was a catastrophe, so we had very high powered – or at least I had very high powered colleagues. Almost all of the people on our teams came from the eastern seaboard from some of the best universities … because there were no jobs there. And so it was a very – it was fun to meet people who'd gone to different schools and of course I worked with people that I knew as well who were also very, very bright people.*

When I reflected to Barbara that work sounded like it was fun for her, she agreed. She also agreed work contributes to self-care.

> *..You know, work does in a certain sense. And it did in that it was a lot of fun that team, but I mean, every team I've ever been on has been good. I've never worked in a place I didn't like. I'm very, very lucky in that regard.*
> *… I didn't think of this. If I was in a job I didn't like I'd leave. There is not a chance I would stay. Because that could – I never even thought of that because I haven't had that experience, but if you were in a job you didn't like, that would be terrible. And I have*

> *never had that experience. Thank God. But if I did, if I was, I would leave.*

V. Defining Moment

I asked Barbara whether there was a defining moment for her in terms of self care. The moment came to her very quickly.

> *Yes, there was. When I looked after a lot of elderly relatives. ... I went in to see my doctor once and he was a very straight-talking man. And he more or less said "What the hell happened to you?" And I said well, you know, I've been busy with the elderly and all that kind of thing. And he said and what are you doing for you? And I said well, you know, I'd always done aquasize but when we had so many people ill and dying, I had stopped going because there was a period where I would visit five hospitals a day. You know, two in my job and three elderly relatives in different hospitals. ... – and I said you know, I'm thinking of getting back into it. You know, we'll say this was about October or something. I said you know, after Christmas I'm thinking of getting back into aquasize again. And he looked at me and he said," what's wrong with today?" And I thought good point. Went out of his office, bought a bathing suit, went back to it, and have never stopped for anything since.*

Barbara's daughter was eight at the time so on top of the frequent visits to the hospital she was also looking after her own family. For seven years Barbara helped her elderly relatives live as independently as possible until they passed away.

> *...I still tell my clients exactly that. When they say oh, you know, I can't do this, I don't have enough time. I say well I'll tell you what was said to me. And you can take it in whatever way you want. And then the thing that he said to me, he said Barbara, I know that these people have been very good to you and that and you want to be good to them but he says you also have to remember to be good to yourself. That was the highest stress period ever. Well, I think, in my life*.

I wondered out loud to Barbara about what the doctor saw.

> *Oh, I can tell you! Because that's what I said, I said you can tell? And he said oh yeah, I can. He could tell that I wasn't as fit as usual… I mean, my mother was in hospital and I used to go up twelve flights of stairs, walk up the stairs to see her. I thought well, I'm not that bad. But he could tell by the difference in my physical fitness and probably in things like my heart rate and different things like that probably, yeah. And there was nothing wrong with me. I just wasn't as fit as I had been. But I was impressed that he could tell.*

I wondered if this was the opposite of self-care for her.

> *That was the time when it was – it wasn't that I didn't do things for myself, I did – but I couldn't do the physical things for myself that I usually did. I was doing physical stuff, I mean I was looking after them and all that kind of thing.*
> *… I did everything physical that I could. But I was going from one thing to another thing to another kind of thing at that time.*

It sounded as though she may not have been experiencing internal peace at that point in terms of self-care with all the things she needed to juggle.

> *Oh, absolutely…Yeah. It was the sort of thing like you never knew where you were going to have to go next and what would happen kind of thing, you're right. Also the actual time spent with a couple of the elderly was very peaceful. Very peaceful indeed. But it was the sort of getting there, you know, the to-ing and fro-ing kind of thing. And in the meantime, in my job, I'm to-ing and fro-ing between two hospitals. Sometimes as much as twice a day. Back and forth.*

However, Barbara enjoyed the travel time and considered it a bit of a break in her hectic day. Yet the pace of life at this time was not congruent with Barbara's usual pace.

> *What was happening, and that's probably part of what the doctor picked up and what you picked up Carla, is that I was on a very fast schedule. Like, I could relax while I was in the car, but I had to get from A to B in this much time. Yeah, it was busy in that regard.*

Later in the conversation Barbara told me she was not a fast paced person.

> *And that may be another thing that I haven't mentioned, that it's not a quality about me that a lot of people like, but it is the truth. I'm very slow paced. I'm the kind of person, you know, that I stop to talk to people… One of the hardest things in my life is being on time. I am not a Type A personality …I'm a fast moving person physically, but I am not a fast paced person. And I think that makes a difference too*.

VI. Difficulties with Self-Care

When her relatives were ill Barbara was forced into a life style that was not consistent with her usual pace of life and it jeopardized her self-care. I asked her what made self-care difficult.

> *When there were external variables you can't control kind of thing. 'Cause I come from a very small family. I'm an only child. My mother's an only child, my daughter's an only child. So like she doesn't even have a cousin, … and my husband had one sister. So we have a very, very small immediate family. My husband had a larger extended family. And so with certain things, there were times when there was no one else to do them. You know, it isn't that you can delegate. You're it. And that's the hardest time to maintain your self care, is when you realize there's no one else to do this but me.*
> *…. Fortunately those times are few in life. But that's the time a person has to be most aware.*
> *…So that was probably the hardest time in terms of self-care. But I was glad I did it. You know, it isn't anything I regret in any way.*
> *…. Sometimes you just, you know – a gal's gotta do what a gal's gotta do when a gal's gotta do it and there just isn't a choice. But then the important thing is to take time for you after these events. So that you have a chance to recover from them. This was the point the doctor was making too.*

The night before my second interview with Barbara, I hummed and hawed about how I wanted to proceed. During the second interview with Diane I used the time for filling in gaps and for understanding the story. I asked for expansion on self-care topics. With Barbara I wanted to address the death of her husband. We talked briefly about her husband but not of the self-care she engaged in when

he died. I fussed and fumed as to whether it was appropriate to ask. I did not want to upset her and I appreciated the emotionality of such a topic. I realized it wasn't up to me to make that decision. In the interest of research I decided I would pursue this question. I didn't have a back up plan other than for clarification of the first interview and any comments about the transcript. Barbara would have the final decision regarding our topic of discussion. I reminded Barbara of her right not to participate before I approached the topic of discussing self-care pertaining to the death of her husband. She thought the topic was completely appropriate, and we had a very candid conversation.

Barbara shared the challenges of dealing with her husband's estate. She spoke of hours on the phone changing accounts and beneficiaries and new responsibilities.

> *... I mean, I really learned a lot about things that I never, ever thought about. And so it's a hard time for self-care because there are things that have to be done, they have to be done now, and there's so many more of them than I would have thought. ... So self care is much harder because you have this whole laundry list of things that there's no question it has to be done. And it has to be done right now…But the thing that's interesting from a self-care point of view is you don't have a choice about when you do it…So finding time for yourself in that period is very, very difficult, especially when you have to keep a practice running.*

I asked Barbara about how she found time for self-care during this period and what she did.

> *…where that came in is my friends were extremely good, I was very lucky to have a really good – I don't have family much… What they would often do is call me to come out for dinner or that kind of thing. You know, the usual things we would normally do, that kind of thing… I found it's been very good to go out with people. And to you know, just get away from all the details and all that kind of thing and just do something completely different. So*

> *that's what's been very helpful. And I've tried to keep my life as similar as possible in the sense of maintaining the same schedule, doing much of the same things. I found that was helpful, I don't know that everybody would but that was helpful to me… I tried to do everything as much the same as I could. Just so that there – while I was dealing with all these changes there was stability and that helped….Everyday kinds of things. You know, right down to getting up at the same time, eating the same thing for breakfast, maintaining as much of the same schedule as I can. That I found helpful. And then as I say, my buddies have been very good about calling me, getting out and about and that kind of thing and that's important to do. 'Cause it would be very easy to get sort of stuck in it and like, oh, I must do every single detail, I must do it right now and I must not stop until it's done. And that just … you'd just crash if you did that! So doing it at a reasonable pace but taking breaks when you do it. And you know, I've kept up with my aquasize and all the usual things that I normally do I've made sure I kept those too. Stability of routine I think helps a lot.*

I shared with Barbara my own experience over the summer. I shared my story of the car accident my husband and I were in and how my friends were there for support and the feeling of being alone, because I have no family here. I could see she seemed visibly upset, but thankful Jason was okay. Barbara felt the fact that her husband's death wasn't traumatic was helpful. I felt somewhat uncomfortable afterwards sharing about the accident hoping Barbara didn't think I was comparing our two situations. I wanted her to know I understood the feeling of being alone and the value of friendships.

Barbara mentioned there were things she didn't do as a means of self-care. Awareness of self and of her needs led her to acknowledging what she needed to avoid.

> *It's very important, well of course this is always important in therapy, to tune into yourself and how you're doing. And if there was anything that didn't feel right. The other thing I found as part of self care that - in terms of tuning into your feelings and that kind of thing in the social world at this time I found there's some people*

> *that are hard to be around. And interestingly it hasn't been so much clients. But there are some people that are hard to be around when you've had a loss. And that's people who are very – for me, it would be different for other people – people that are very negative about minor things. You know. About that, it's very hard to listen to. And that was just a couple of people that I found I kind of stay away from for that reason. And that's part of self protection and boundaries.*

Barbara realized putting oneself in "*positive and reasonable*" environments is important.

> *Like, I don't have any problem if people want to talk about my husband or anything like that…. But sort of a lot of whining, as it would appear to me now, which it wouldn't at another time, about minor, minor, little things, I find that I just can't listen to it. And so I recognize that and I think ah, we'll just leave it a little bit before we get together with that person. Sometimes even means – seeing one person from a couple but not the other. Because one person may be great to be around and everything and hmmm – not so much the other one. Not right now*.

I wondered aloud to Barbara how this knowing of people who are energy giving translated into working with clients.

> *Because I have a balance between practice of sort of assessment and therapy that helped a lot. And most of my clients, I see primarily adults. I see some teenagers and stuff. And I found with most of clients I can – I've been doing okay. I've even found clients that have gone through a lot of loss. I wondered if I'd be all right with that, but actually I do okay with that. But it also may be too that maybe the people with set appointments make - speaking of self care, they may be screening for me to some degree too. And I would make them be aware of that.*
> *…Yeah, I do quite a lot of assessing. And assessment's kind of a – I mean, I get the history and that but it's kind of a more just the facts kind of thing, it's actually easier to do within a sense. You know, also I really like therapy and so I wouldn't just have restricted my practice to assessment unless I found I couldn't handle doing therapy. But I decided to give it a try and see how it went. And I thought and if I can't do it, well, I'll do assessment and then I'll get back to that later*.

VII. The Ethics of Knowing and Doing

As I had done with the other participants I asked Barbara about the ethical obligations of self-care.

> *Well, I'm always on about it with my clients. I talk a lot about it and it's very important. Because – just as you said Carla, if we don't take care of ourselves or if our clients don't, then they can't do the things they want to do regarding other people or their jobs or things like that. It's very, very important. Because otherwise you won't have the energy … I once had someone ask me fairly recently, in my time as a psychologist, have I ever lost my focus when I was dealing with a client. I said – are you joking! Of course not. Never, never, never. I said I've never missed a word a client said in my life. Because that's my job. I said you know, lots of other things. Like if I saw a movie do I focus on it – maybe, maybe not. But with my clients, you know your focus has to be there and it won't be there if you don't do good things for you at other times.*

As Barbara suggests it is hypocritical to be constantly checking in with clients about what they are doing for self-care if as a psychologist one is not doing anything for oneself. Barbara demonstrates her feelings towards the importance of self-care in maintaining competence. Her focus and presence with clients is crucial to her work and something she feels very strongly about. Barbara recognizes she would not be to do her job to her high standards without self-care.

CHAPTER SEVEN

Learning from Shared Stories

The goal in conducting this study was to get a sense of what actions, behaviours, and thoughts might sustain psychologists through clinical practice. When contemplating a response to what my participants told me, I kept thinking about how their stories influence mine and how they might influence other students of psychology and licensed psychologists. If one chooses to remain open and willing one can take the shared wisdom and experience and create a self-care edict of one's own. It was encouraging to hear their experiences of success and of challenge and to know that being true to oneself is the best place to start. I have my own story of self-care, which I began in my introduction and will continue here as I share how each participant's story has touched my own. I have chosen to ground the lessons learned within my own experiences as a testament to how this research contributes to the "how" and what" of psychologist self-care. My hope is that as the reader, you will be inspired and motivated as you move along your own path of self-care.

I. Me and My Practice

I have completed the coursework for my Masters degree in Counselling Psychology and I am in the first semester of my PhD program. I average about thirteen clinical hours a week plus I am taking two courses and finishing up my thesis. Currently I'm seeing a mix of clients; children, families, individuals and doing some group work as well. I am also mentoring two first year Master's students and I teach the seminar portion of a fourth year introduction to

counselling class. It's a busy schedule, which was difficult to adjust to at first but the routine has settled and through this research I have discovered ways to take care of myself during this busy year.

At this point in my training and clinical work, I use a mixture of therapeutic interventions from a variety of counselling theories; however, I am firmly grounded within the humanistic perspective. I enjoy working with children and use play and art therapy techniques with my child clients. I also appreciate using these techniques with adults should they fit their needs. I have been married for twelve years and have two beautiful furry children, a malti-poo named Ivy and a tabby named Nigel. I consider my pets part of my self-care regime. Joan commented on the effect pets can have on blood pressure. I believe this and can feel the positive effects on my mood as I play with them or when they interrupt me if they are craving attention. I love to watch movies and enjoy going to the theatre. I like to read and will try to alternate intensity. If I have just finished some thought provoking literature my next book might be pure escapism. After two years of saying I would, I finally hired someone to help clean my house when finances allow for it.

At first I was somewhat surprised at the difficulty I encountered establishing a universal definition of self-care. It was difficult to separate the "what" of self-care from the "how". Yet upon reflection, this lack of universality resonates with my psychotherapist self who always asks the client to define what a concept or word means to them, never wanting to assume I know their truth. All the participants carefully considered what self-care means to them and in doing so

talked about how they achieve a sense of self-care. Their stories teach the following lessons.

II. Balance

This study's participants provided insight into the subtleties of self-care. Self-care is not necessarily continual. As the participants pointed out, it exists on a continuum; one that is subject to the moments in life which are out of one's control.

Joan commented on the need for her work and non-work activities to be balanced and the differences in balancing physical self-care as well as relational self-care. Joan talked about giving time away. This created a moment of pause for me. Where do psychologists give their time? Is it nurturing? Is it supportive of their goals? Is it restorative? I am well aware of the limited time and energy resources I have. We all have limits. When we get in touch with those we learn balance. One needs to know what one is working with in order to balance it.

A lesson taught by the participants was to understand what balance means for the individual. Does it mean reconnecting with friends and family? The routine things of life are important; taking time for grocery shopping or cleaning the house and taking care of family or pets. For Diane and Barbara, their children helped to shift focus from work to home. Joan has her other business endeavors and her dogs.

When I conceptualize self-care, balance is the first word that comes to my mind. It is a word often used in the literature (eg. Baker, 2002; Dlugos &

Friedlander, 2001; Coster & Schwebel, 1997). The implications of this being all areas of one's life must be balanced (i.e. work, home, self, others) to ensure good self-care. After twenty years or so of having a chronic illness one might think I would know a thing or two about balance. Yet I am stubborn and driven. Passion sometimes gets in the way.

During the two years of my Masters degree I was very focused on school and not on my relationships. School was where I was giving my time, which was supportive of my career goals but not my personal goals. The participant's stories teach psychologists to not let one thing consume his/her time. It is all too common for me to do too much when I feel good. When I feel good I ignore my body. I urge it to continue; telling it just a little bit longer and I will give you a rest. Sometimes that rest comes too late and my body lets me know. It's a bit of a dance, a give and take. My brain wants to go, go, go but my body does not. It has taken time for me to learn the compromise needed for optimal performance. I'm still learning.

III. Boundaries

Dlugos and Friedlander (2001) consider boundaries a category of balance. It appeared to me, boundaries were certainly a critical part of self-care according to my participants and therefore, it has its own devoted section in my response.

Diane, Joan and Barbara talked about creating work schedules that fit with their lifestyles. Diane worked at home while her son was young, Joan takes time for herself and her dogs in the morning, and Barbara enjoys having a varied work

scheduled. When psychologists take their own needs into consideration when reserving chunks of time for client work, as did Diane, Joan and Barbara, they are working towards ensuring clients will work with a psychologist who is ready and willing. I took this to heart and I created a schedule that makes the most efficient use of my time at school and gives me time away to take care of my home, my health and my husband. I work an average of a ten-hour day Monday through Thursday so I can have a three weekend. As Joan noted she knew something was not right in a session if she was begrudging having to be at work.

Diane talked about the natural boundary helping her children with homework or giving them rides created between work and home. She realized when they left home she needed to create that boundary for herself. Diane discussed client boundaries and realizing the onus does not just lie on the therapist. The client has responsibility for the changes he/she makes in his/her life. Joan astutely remarked that her boundaries incorporate what she is willing to do, wants to do and will do. Barbara discussed being able to leave work at work She also pointed out the potential for disaster in attempting to incorporate the therapist role into personal relationships. These pearls of wisdom can help psychologists relax their attitude of taking full responsibility for client change.

IV. Relationships

The common elements for sustaining passion as a psychotherapist are professional and personal relationships such as peer support, supervision, spouse, and friends (Coster & Schwebel, 1997; Stevanovic & Rupert, 2004). This is

congruent with my participant's statements that collegial relationships as well as personal relationship were part of what self-care meant to them. Diane debriefed with her colleagues for many years at her agency. Her familial relationships are very important to her. Joan spent many years connecting with colleagues and spoke of her chosen family. These are people who are not related by blood but who make up her community and offer safe, supportive spaces. Barbara spoke of how important her friends were to her when her husband passed away. They helped to keep up her routine and to know she was not alone.

I too have learned there is a social and relational aspect to self-care. My husband is my greatest support. He moved from his home and works hard to support my dream. He was not thrilled about moving here but he kept his word and followed me to Edmonton after he finished his own studies in Vancouver. Our families and friends are in British Columbia and we only see them a few times a year but the miracle of modern technology has us talking over the Internet via web cams and messenger. Relationships help with balance and I am slowly learning to leave work at work, school at school. Due to the confidential nature of my and my husband's work, it rarely gets talked about at home. Both Barbara's and Diane's husbands worked in professions that enforced confidentiality as well. They both agreed that this situation was helpful and provided a necessary need to engage in different topics and remove oneself from work.

Besides having incredibly supportive friends and family, one particular benefit of life as a student therapist is being surrounded on a daily basis by an extensive collegial support system. More advanced students are important sources

of support, as well as professors and supervisors. My former and present classmates are incredibly important to me. They are my extended family here in Edmonton; we share a common bond of graduate school experiences. Mine were incredibly helpful when my husband was in the hospital. The support of families and friends chosen or otherwise fosters self-care. The lesson in these stories is that psychologist self-care will be bolstered by creating and maintaining personal and professional support systems.

V. Recreation

Physical activity, hobbies and interests outside of psychology as well as vacations are important recreational activities (Stevanovic & Rupert, 2004). Barbara is clear about the need for psychologists to get out of their chairs and be as physical as possible. She would walk for hours as her means of transportation and is faithful to attending aquasize classes. Joan is out with her dogs every morning and Diane loves to cycle and to engage in concrete activities like quilt making. Diane also spent many years involved in her children's physical activities and sports teams.

I like to create and have found card making relaxing. It does not take a lot of time and it allows me to have a creative outlet. Finding sources of fun in which I can become engrossed and let school fall to the recesses of consciousness is a priority but has been difficult to do. The participant's stories reflect the importance of having interests outside of psychology.

VI. Priorities

There is no explicit mention of setting priorities in the literature I have reviewed yet I think it appears implicitly in relation to balance and boundaries. Weiss (2004) recommends her readers "get a life" (p. 69) and recognizes the motivation of money for some psychologists to ignore self-care. She provides an assessment for evaluation of the costs of striving for financial gain and encourages readers to be aware of the costs of this priority. Not everyone will prioritize one's life activities in the same way. The participant's stories inform on prioritizing in a way that promotes self-care.

Joan commented about giving her time away and how she chooses to do so**.** A psychologist's time belongs to her and she has a choice as to what she does with it. Life is full of choices. Self-care is a choice but it is also a necessity in a life that involves holding the stories of others; their sorrows and joys, the good and the bad, the horrendous and unbelievable. As psychologists we choose to make this our life and we can choose how we live with it. Joan talked about the most important things being in your calendar and your cheque book. When I first attempted to schedule classes and clients I realized there was no time for homework let alone me time and time with my husband. It was shocking. Here was a black and white example of what was being given importance in my life.

Barbara also realizes the importance of setting priorities. Her husband and she had to set priorities once they had their daughter because they realized they did not have time to do everything. She stated the importance ok knowing what

would make her happy. Diane's children were also her priority. She scheduled school around her children's activities and when they were grown priorities shifted. Diane reflected on how stage of life can change priorities. She no longer worries about having enough clients and needing to take every referral that comes along. She realizes that she has time to do a variety of things. Diane recognized that busyness with children or with school is for a limited amount of time and circumstances will change, priorities will change.

During the Fall I had the opportunity to act on what I had learned from my participant's about priorities. My husband's grandmother turned 85 at Thanksgiving. We decided we couldn't afford not to go even though it meant airfare and losing a few precious days to do school work. I have enough work to last me a couple of weeks. I'm behind. I think I was behind before I even started. But Grandma only turns 85 once and I don't know how many more birthdays there will be. My own grandmother has been gone for over 12 years now and I am thankful to have been able to know my husband's two grandmothers. The point is celebrating with Grandma and sharing my time with her was a priority. Again, where I, where any of us, give time is a choice.

VII. Opportunities

Barbara spoke of ceasing opportunities when they arrive, "*when the bus stops get off*". Barbara likens it to spontaneity and suggests psychologists take advantage of opportunities that arise since one never knows when another will

come along. Diane talked about the importance of taking the opportunities in graduate school to explore different aspects of the psychotherapeutic process.

Through the search of the literature there was no clear recognition of taking advantage of opportunities as a part of self-care. Perhaps through awareness of our environs we become more open to opportunities that arise. Dlugos and Friedlander recognized that passionately committed therapists "do not close themselves off from experiences that are potential source of energy" (2001, p.303).

I like to think I have spent a lifetime seizing opportunities that arise. It is certainly what has helped me to arrive at this point in my life. Those opportunities have lead me to my PhD. Granted I have turned down opportunities some of which may have altered my course drastically. The pursuit of various opportunities is influenced by confidence. A psychologist's level of self-awareness will help to decipher which opportunities will lead us to her goals and those that will not.

VIII. Self-Awareness

Several authors have pointed out the wisdom and helpfulness of closely monitoring one's own well-being; of being aware when things were not going well (Maslach & Goldberg, 1998; Schwebel & Coster, 1998; Norcross, 2000; Baker, 2003, Weiss, 2004). My participants talked about opposites of self-care: when they do things that don't fit well with who they are and go against what is restorative. They became aware through their own reflection or the observations of someone close to them that they were in distress. For Diane the opposite of

self-care was not being in her body. She is very physically active and needs to be to feel complete. For Barbara it was neglecting her own physical health when she was caring for elderly relatives. Barbara needs to be physically active and to follow a fairly slow pace of life. Barbara talked about keeping life simple and letting go of extraneous details. I am learning to let go and simplify my life.

I was struck by each participant's awareness of their own limitations and making the necessary changes – which is a commitment to clients and to themselves. There are societal pressures, professional and personal ones as well. And I learned from each participant how important it is to set realistic expectations for yourself, not what others expect for you. For me self-awareness is learning what rejuvenates and restores me and staying away from what does not. It's paying attention to my reactions to situations and reflecting on and learning from those reactions. Joan pushed her work schedule beyond what was healthy for her. She attempted to see more clients in a week because she felt the pressure and tried to keep up with what other professionals were doing. She quickly learned it was not for her and it took time for her to recuperate from that experience.

After spending some time pondering Joan's experience with taking on a larger case load and thinking about Barbara's desire to simplify her life, I wondered about having realistic expectations of ourselves. It is challenging to not be influenced by our own, our peers and society's vision of what psychologists should be able to accomplish. Joan told me she resisted being a sheep and following the crowd, something taught to her in childhood. It helped her to be

okay with being different; to do things for her. She spoke of the reality of social comparison and how we as humans think we need to be able to do something just because someone else can.

There are commonalities in the participant's pursuit of being self-aware which provide valuable lessons. They work hard at listening to their bodies and minds, discovering the gaps in self-care and committing to filling them to create the whole.

IX. Work as Self-Care.

When I asked Diane about a time when self-care was working well she described a work related event. It caught me off guard. I was not sure that I heard her right or perhaps Diane hadn't understood my question. I became aware of my pre-suppositions of what self-care means to me. I never thought of self-care involving work. I had this discussion with my supervisor and was reminded of the quote from Freud when he was asked for his interpretation of the meaning of life. Translation has it as "to work and to love" (Freud Museum). We find meaning in work. It gives us a sense of purpose. Psychologists find meaning in the work they do. We do it because we want to help people, but we also need to consider how we are going to sustain ourselves.

Work can be up to 10 or 12 hours of our day depending on how we set our schedules. This influences our mood and attitude on self-care greatly. Barbara was surrounded with talented supportive people. So was Diane. Joan knew how to organize her schedule in regards to her own style of therapy.

All the participants talked about being able to leave work at work. I'm having trouble leaving school at school. I think about my clients. I think about my practicum placement. I think about my assignments and what I can do to enhance my learning. I am faced with new situations constantly and certainly feel the stress of being a novice psychotherapist. I work at showing up and being present for my clients.

Over the months I have had time to reflect on the idea of work being self-care. During a recent conversation with a practicum supervisor work as self-care started to make sense. We were talking about living and working in the "here and now". When we live a full life there are many demands on our time. My current schedule is probably the busiest I have ever been. By using the psychological skills we learn, as Barbara does, psychologists concentrate on the "here and now" in our work, schooling and personal lives. This relatively simple idea can be rather challenging. Yet by focusing on what's in front of one, whether it is a client, an assignment, teaching, family or friends, one can slow down and live in the moment. Not tomorrow's moment or even the moment an hour from now. When I get stressed or overwhelmed one of my good friend's always says to me "what do you have to do in the next five minutes". Living consciously through these moments enhances self-awareness, reveals our priorities and keeps us balanced.

The literature review also reflects the situational differences that can affect one's self-care practices and susceptibility to burnout. Both Diane and Barbara spoke of the differences between hospital and private practice work. Barbara was

grateful for the varied experience because it gave her confidence in going into private practice. Variety in work can be helpful but I was confused when I discovered Diane's description of work as self-care. This is a fascinating concept and it contributes much to the idea of being passionately committed and warrants further exploration as a part of self-care.

X. Defining Moment

For Diane it was learning that things that can be different in the face of adversity. In the moments when we need to take care of ourselves the most, self-care can be the hardest. She realized after the death of her second son she could live through the experience differently. The challenged changed her life; it didn't define it. Diane learned to live intentionally. She recognized she ultimately had no control over life events but she did have control over how she approached and dealt with life events. Psychologists need to realize they do not have control. They cannot fix. They have the power of choice and the awareness that comes from living outside of themselves.

Barbara's health was jeopardized looking after elderly relatives and it took her doctor to stop her and tell her change needs to happen now. "What's wrong with today?" he asked her. This is poignant question. What *is* wrong with today? Psychologists as do other professionals can have very busy schedules that may have them saying things like, "I'll start tomorrow". Well sometimes life goes by so quickly that tomorrow comes and goes and we've forgotten what it was that we were going to do because other people's need's come first. Barbara openly shares

this story with clients to encourage them about making healthy choices and to stop putting off their lives.

At the beginning of my "Thesis Summer" my husband and I spent some time on the lower mainland of B.C.. On the drive back to Edmonton my husband and I were in a single car accident. For the next two days we had aches and pains and thought we would be fine. I was. Unbeknownst to us my husband had injured his spleen. After a harrowing evening and a sleepless night, he ended up having emergency surgery. His veins had collapsed and he was close to death by the time he was admitted to the hospital. In a panic in the hospital I tried to reconcile what this meant for us. What it meant for me? Do I continue with school? Do we move back home where we have a larger support network? How am I supposed to write my thesis? Nothing like this had ever happened to me. My friends, my classmates, were amazing and rallied around us in such a tremendous surge of support. My supervisor was only concerned about my health and my husband getting better. My thesis slipped down my priority list. I took the six weeks off that my husband needed to recuperate. He went back to work and life carried on. My thesis did not. Not for a while. My husband had almost died. This was a defining moment for me. How incredibly ironic that I should be given this test at a time when I was writing about self-care.

Is it not times like these, when everything a psychologist has learned about self-care is crucial? What if one has not learned? What then? I asked for what I needed. I sought out my friends and family. As Barbara had when her husband passed away, I searched for some semblance of routine and attempted to keep it. I

was pulled in different directions wanting to hide in bed and be at the hospital 24/7. I learned first-hand why it is psychologists help establish client resources first. Mine were the people in my life. I was armed with the knowledge of knowing that in order to help Jason meant I needed to help myself first. I took the time to take care of myself. I asked myself what matters to me at this moment. What was my priority? Is this the question psychologists need to continually ask themselves? I believe my participants do. They are clear on the priorities in their lives.

Sherman and Thelen (1998) discovered high correlations between what they referred to as "life events" (i.e., serious illness of self or other, change in financial status, divorce) and distress and impairment. These life events may serve as defining moments; Jason's surgery, the death of Diane's children. These defining moments are also the times when self-care may be most difficult.

XI. The Difficulties of Self-Care

Sometimes what may seem to be self-care is not. Barbara thought she was taking care of her physical needs by walking up the stairs to her mother's hospital room. This was not enough. It was not the separate "me time" she needed. This was not something she was doing just for her. She was trying to make the most out of a difficult situation but it wasn't the same and her doctor noticed. Self-care has to be deliberate and purposeful.

Barbara was familiar with both having a support system and not. She did not come from a large family and found that the hardest time to maintain self-care

was when there was no one to delegate tasks to. This is what was happening when her elderly relatives were ill. At this point in her life her self-care had to be different to reflect the external demands for which she could not control.

Joan sacrifices income to have a better quality of life. Being in private practice everything is her responsibility. There are no health and dental benefits from an employer or a pension plan.

The participant's stories reflect the need for self-care to be deliberate and purposeful. They also let us know that self-care is not easy. It does take effort and psychologists need to be aware sacrifices may need to be made in order to care for self.

XII. The Ethics of Knowing and Doing

When discussing the ethics of self-care, my participants brought up authenticity and hypocrisy. Barbara talks about being honest with clients about whether or not she's tried the self-care techniques she has recommended. She understands the importance of being present for her clients of making sure she has the energy she needs to work with them.

Diane is aware of a psychologist's unique position of being a model of appropriate care. She spoke of recognizing the times in our lives when we are not at our best and thinking about what we need to do for our clients and ourselves. It's one thing to know we are challenged at any given time it is another to take action.

Joan spoke about a psychologist's responsibility to be focused and present in her work. She is open and transparent about self-care with her clients. Joan

shares her belief that it is self-care to maintain your ethics and to practice within your comfort level. Living up to someone else's expectations may be damaging to a psychologist and to her client.

The participants acknowledged the importance of self-care in maintaining an ethical practice. I was impressed by Diane's attention to self-care even from the point of starting graduate school. Diane commented on how supported she felt in graduate school and the difference it made in her learning. Joan recounted an experience of talking to interns about self-care and their wish for self-care but distress over not having the time based on the expectations of their program. These comments echo Christopher et al.'s, (2006) conclusion that it is worthwhile for graduate counselling programs to undertake modeling of self-care practices through instruction.

My own challenge with ethics comes from being a student, a novice psychotherapist. Besides regular life pressures I am confronted everyday with how little I know about therapy. I worry about my competence. I focus on the importance of therapeutic alliance when I feel like I do not know what I am doing. I know I am very competent at creating a safe place in which my clients can work. At times I feel as though I am so busy I do not have time to think about what I am doing. I only have time to be in the moment. My schedule is jam packed yet self-care is a priority. I know I am most effective, most competent when I take care of me.

XIII. Implications for Further Research

The stories of the participants are snapshots of self-care; portraits of psychologists who strive to care for themselves. The stories can provide a place for discussion, catalysts for change and growth. Several of the themes (balance, self-awareness, relationships, recreation) discussed are introduced in previous research (Weis, 2004; Baker, 2003; Coster & Schwebel, 1998). Coster and Schwebel (1998) found that the highest ranked items for self-care among psychologists were: self-awareness/self-monitoring, personal values, preserving a balance between personal and professional lives, relationship with spouse/partner/family, vacations, relationships with friends, and personal therapy, concepts discussed by my participants. It is not clear whether or not my participants ranked certain self-care practices higher than others. Considering the literature on broad categories of self-care, perhaps it would be helpful to shift the focus of self-care research to more specific acts of self-care. The participants of the present study offered interesting specifics within in the broad categories, a benefit of qualitative research. Of course there is not a one-size fits all or even a one size fits most. However, the more ideas and lessons shared the more information psychologists have to try on to see what fits.

The developmental nature of self-care and how it may change based on life experience or "defining moments" is an area that may shed further light on how self-care becomes an intentional part of a psychologists life. Diane and Barbara were able to share moments that influenced them. Joan’s story brought to light the implications of social comparison. At one point in her life Joan wondered

if she was working hard enough when she heard the number of clients other psychologists saw in a day. Joan altered her work practices in order to "keep up" with other psychologists, which unfortunately led to negative consequences. Another area for future research may be the effect of societal or professional pressure on one's self-care. Perhaps it is possible that professional and societal pressures lead psychologists to ignore their own self-care needs and the practices that would foster self-care. My participants talked about recognizing the opposite of self-care and how this self-awareness led to more intentional and effective self-care.

Carroll, Gilroy and Murra (1999) wrote an article entitled "*The Moral Imperative: Self-Care for Women Psychotherapists*". This article calls for a shift in attitude from one of care of others before care of self to one that recognizes we are no good to others if we do not take care of ourselves first. Women are concerned about nurturance and giving and will often feel selfish when putting themselves first (Carroll et al., 1999). One can often be judged by how productive one is by how many clients one schedules or how much money one is making, outside commitments or research. All of my participants are women who are successful psychotherapists who have managed to care for themselves and others, perhaps to the point where caring for others may have been a means of caring for themselves. Caring for her children and husband helps Diane to shift focus away from work. Joan cares for her dogs every morning. Barbara found understanding in caring for herself while looking after aging relatives. The care of others as a

means of self-care has interesting implications for the work of psychologists who spend a lifetime working towards improving the lives of others.

The ethical component of self-care inspired this study as well as the belief that self-care practices have a positive effect on psychologist competency. The participant's stories did not definitively answer whether or not they were more ethical than other psychologists based on their self-care: that is not the question I asked. However, the participants were aware and spoke of the need to care for themselves in order to remain competent for their clients. Would it be accurate to say psychologists who engage in regular self-care are more ethical? It seems an ethical act but not one that automatically indicates competence or ethical behaviour. This curiosity and the research on passionately committed psychologists led me to other possible research questions. Do passionately committed psychologists engage in more ethical behaviours? Does self-care mean psychologists stay committed to their work thereby practicing longer? Are passionately committed psychologists more engaged with their work? As mentioned previously in the literature review, Myers (2000) points out the literature focused on negative states outnumbers the positive state focused literature. Perhaps the future is looking at what keeps people engaged in their work as opposed to wanting to leave it. Those who study burnout have given the world a tremendous amount of knowledge of what burnout looks like and what can cause it. It may be time now to build on this wealth of information by following our colleagues who study positive psychology. It is important to let psychologists know what they can do to prevent burnout so they can stay engaged

and passionately committed.

XIV. Concluding Comments

I began this study hoping to provide a better understanding of self-care for psychologists, students and licensed professionals. I end it believing the participant have offered insight into self-care. I am a few years away from registering and beginning my career as a psychotherapist, yet as a student the lessons shared with me are just as useful. Student therapists, experience much of what a licensed psychologist experiences with the added pressure of being novices. Sustaining a career begins in graduate school not only when exams are passed and licenses are received.

Before I started this study I often thought balance was the key to self-care. Perhaps it is, but the participants have shown self-care is much more than this. Their stories demonstrated the importance of perspective. Psychologists can benefit from asking "What really matters to me?" and can learn from the conscious effort Diane, Joan and Barbara put into self-care. It is not something that just happens. At times it is a struggle. Routines may become difficult to continue. Opportunities change, schedules change as one tries new things. Just as one develops through the phases of one's life, one's self-care will change to accommodate these phases. It reminds me of fitness routines. Switching up a weight routine is important as muscles become accustomed to the exercises and no longer grow.

Self-care may be dictated by one's pace of life and the external events one has no control over. These events test our commitment to self-care. It is the

combination of drive, determination and tenacity that gets us through graduate school that gets us through any tough time. Applying this same combination to taking care of ourselves just might be a winning combination.

This has been a humbling yet informative process. I have learned. I have grown and I am thankful. I hope you have learned as well from these shared stories of self-care.

References

Ackerley, G. D., Burnell, J., Holder, D. C., & Kurderk, L. A. (1988). Burnout among licensed psychologists, *Professional Psychology: Research and Practice, 19*, 624-631.

Bachelor, A. and Horvath, A. (1999). The therapeutic relationship. In M.A. Hubble, Duncan, B. L. & Miller, S. D. (Eds.), *The heart and soul of change: What works in therapy*. (pp. 133-178). Washington, DC, US: American Psychological Association.

Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.

Bakker, A. B., Schaufeli, W. B. (2008). Positive organizational behavior: Engaged employees in flourishing organizations. *Journal of Organizational Behavior*, 29, 147-154.

Bakker, A. B., Schaufeli, W. B., Leiter, M. P., Taris, T. W. (2008). Work engagement: An emerging concept in occupational health psychology. *Work & Stress*, 22, 187-200.

Barnett, J. E. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology:Research and Practice, 38*, 603-612.

Blow, A.J., Sprenkle, D.H. & Davis, S.B. (2007) Is who delivers the treatment more important that the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family Therapy*, 33, 298-317.

Bickley, J. (1998). Care for the caregiver: The art of self-care. *Seminars in Perioperative Nursing*, 7, 114-121.

Buckner, M. O. (1992). New professionals in private practice. *The Counseling Psychologist*, 20, 10-16.

Canadian Psychological Association. (2000). Canadian Code of Ethics for Psychologists, (3rd ed.) Ottawa, ON.

Carroll, L., Gilroy, P. J., & Murra, J. (1999). The moral imperative: Self-care for women psychotherapists. *Women & Therapy*, 22(2), 133-143.

Caudil, M.A. (2002). *Managing pain before it manages you*. New York: The Guildford Press.

Chase, S.E. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In N.K. Denzin and Y.S. Lincoln (Eds.), *The sage handbook of qualitative research*, 3rd ed., (pp. 651-659). Thousand Oaks, CA:Nelson Education Ltd.

Christopher, J. C., Christopher, S. E., Dunnagan, T., & Schure, M. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology*, 46, 494-509.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research.* San Francisco, CA: Jossey-Bass.

Connelly, F. M., & Clandinin, D. J. (2006). Narrative inquiry. In J. L. Green, G. Camilli, & P. Elmore (Eds.), *Handbook of complementary methods in education research* (3rd ed., pp. 477–487). Mahwah, NJ: Lawrence Erlbaum.

Cooney, J. F. (2007). Psychotherapist self-care: An introductory handbook for psychologists who practice psychotherapy. Psy.D. dissertation, Pepperdine University, United States -- California. Retrieved December 30, 2008, from Dissertations & Theses: Full Text database. (Publication No. AAT 3287739).

Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology:Research and Practice, 28*, 5-13.

Courtois, C. A. (1992). Personal and professional issues for the counseling psychologist in private practice: 7-20 years postdoctorate. *The Counseling Psychologist*, 20, 17-23.

Creswell, J. W. (2005). *Educational research : Planning, conducting and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Pearson-Merrill Prentice Hall

Davis, M., Robbins Eshelman, E., & McKay, M. (2000). *The relaxation and stress reduction workbook*. Oakland, CA:New Harbinger Publications, Inc.

Denzin, N.K., & Lincoln, Y.S. (2005). *Handbook of qualitative research* (3rd ed.). Thousand Oaks, CA:Sage.

Dlugos, R. F., & Friedlander, M. L. (2001). Passionately committed psychotherapists: A qualitative study of their experiences. *Professional Psychology: Research and Practice, 32*, 298-304.

Elman, N. S., & Forrest, L. (2007). From trainee impairment to professional competence problems: Seeking new terminology that facilitates effective action. *Professional Psychology: Research and Practice, 38*, 501-509.

Faunce, P. S. (1990). Self-Care and wellness of feminist therapists. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 37-40). New York: Springer Publishing Company.

Fishman, D.B. (1999). *The case for a pragmatic psychology*. New York:New York University Press.

Frequently asked questions. Freud Museum, London (n.d.). Retrieved December, 3, 2008, from http://www.freud.org.uk/fmfaq.htm

Freudenberger, H. J. (1975). The staff burn-out syndrome in alternative institutions. *Psychotherapy: Theory, research and practice*. 12, 73-82.

Goldfried, M.R. (2000). *How therapists change*. Washington, DC:American Psychological Association.

Guy, J.D. (1987). *The personal life of the psychotherapist*. NewYork, NY:Wiley.

Johansson, R. (2007). On case study methodology. *Open house international, 3,* 48-54.

Kabat-Zinn, J. (2005). *Full catastrophe living: Using the wisdom of you body and mind to face stress, pain and illness*. New York: Bantam Dell.

Leiter, M. P. (1993). Burnout as a developmental process: Consideration of models. In W.B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 237-250). Washington DC: Taylor & Francis.

Luborsky, L., Crits-Christoph, P., McLellan, T., Woody, G., Piper, W., Imber, S., et al. (1986). Do therapists vary much in their success? Findings from four

outcome studies. American Journal of Orthopsychiatry, 56, 501-512.

McLeod, J. (2002). Case studies and practitioner research: Building knowledge through systematic inquiry into individual cases. *Counselling and Psychotherapy Research*, 2, 265-268.

Mahoney, M. J. (1991). *Human change processes: The scientific foundations of psychotherapy*. New York: Basic Books.

Mahoney, M. J. (1997). Psychotherapists' personal problems and self-care patterns. *Professional psychology: Research and Practice, 28*, 14-16.

Mahoney, M.J. (1998). Essential themes in the training of psychotherapists. *Psychotherapy in private practice. 17,* 43-59.

Mahoney, M. J. (2005). Suffering, philosophy, and psychotherapy. *Journal of psychotherapy integration*, 15, 337-352.

Maslach, C. (1976). Burned-out. *Human behaviour,* 5, 16-22.

Maslach, C. (1993) Burnout: A multidimensional perspective. In W.B. Schaufeli, C. Maslach, & T. Marek (Eds.), Professional burnout: Recent developments in theory and research (pp. 19-32). Washington DC: Taylor & Francis.

Maslach, C. & Jackson, S.E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour, 2*, 99-113.

Maslach, C., & Leiter, M.P. (1997). *The truth about burnout*. San Francisco, CA: Jossey-Bass

Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and preventive psychology, 7*, 63-74.

Maslach, C., Shaufeli, W. B. & Leiter, M.P. (2001). Job burnout. *Annual review of psychology,* 52, 397-422.

Mate, G. (2003). *When the body says no*. Toronto, ON:Alfred A. Knopf.

Merriam, S. B. (1998). *Qualitative research and case study applications in education.* San Francisco, CA:Jossey Bass.

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), Article 2. Retrieved October 17, 2007 from http://www.ualberta.ca/~ijqm/

Moursand, J. (1993). *The process of counselling and therapy* (3rd ed.), Englewood Cliffs, New Jersey: Prentice Hall.

Myers, D.G. (2000). The funds, friends and faith of happy people. *American Psychologist*, 55, 56 67.

Norcross, J.C. (2000). Psychotherapist self-care: Practitioner-tested, Research-Informed Strategies. *Professional Psychology: Research and Practice, 31*, 710-713.

Pope, K. S., &Vasquez, M. J. T. (2005). *How to survive and thrive as a therapist: Information, ideas and resources for psychologists in practice*. Washington, DC; American Psychological Association.

Pope, K. S., & Vasquez, M. J. T. (2007). *Ethics in Psychotherapy and Counselling; A practical guide*. (3rd ed.) San Francisco,CA;Jossey-Bass.

Porter, N. (1995). Therapist self-care: A proactive ethical approach. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 247-266). New York: Springer Publishing Company.

Riessman, C.K. (1993). *Narrative analysis*. Newbury Park, CA:Sage.

Rupert, P. A., & Kent, J. S. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology-Research and Practice*, 38, 88-96.

Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology, Research and Practice*, 36, 544-550.

Schoener, G. (1999). Practicing what we preach. *The Counselling Psychologist*, 27, 693-701.

Schwebel, M., & Coster, J. (1998). Well-functioning in professional psychologists: As program heads see it. *Professional Psychology, Research and Practice*, *29*, 284-292.

Service, R. (2006). *The cremation of Sam McGee*. Toronto, ON: Kids Can Press.

Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional psychology: Research and practice*, 29, 79-85.

Skovholt, T. M. & Ronnestad, M. H. (1992). *The evolving professional self: Stages and themes in therapist and counselor development*. New York, NY:Wiley.

Skovholt, T. M. & Ronnestad, M. H. (2003) Struggles of the novice counselor and therapist. *Journal of Career Development,* 30, 45-58.

Stevanovic, P., & Rupert, P. (2004). Career-sustaining behaviours, satisfactions, and stresses of professional psychologists. *Psychotherapy: Theory, research, practice and training, 41*, 301-309.

Tribe, R., & Morrissey, J. (2005) *Handbook of professional and ethical practice for psychologists, counselors and psychotherapists*. New York: Brunner-Routledge.

Truscott, D. & Crook, K. H. (2004). *Ethics for the practice of psychology in Canada*. Edmonton, AB:University of Alberta Press.

Van den Broeck, A, Vansteenkiste, M., De Witte, H., & Lens, W. (2008). Explaining the relationships between job characteristics, burnout, and engagement: The role of basic psychological need satisfaction. *Work & Stress,* 22, 277-294.

van Dierendonck, D., Schaufeli, W. B., & Buunk, B. P. (1998). The evaluation of an individual burnout intervention program: The role of inequity and social support. *Journal of Applied Psychology,* 83, 392-407.

Watson, J. C. & Greenberg, L. S. (1998). The therapeutic alliance in short-term humanistic and experiential therapies, In Safran, J. D. & Muran, J. C. (Eds.), *The therapeutic alliance in brief psychotherapy*. (pp. 123-145). Washington, DC, US: American Psychological Association.

Weiss, L. (2004). *Therapist's guide to self-care*. New York: Brunner-Routledge.

Whelan, K. K., Huber, J., Rose, C., Davies, A., & Clandinin, D. J. (2001). Telling and retelling our stories on the professional knowledge landscape. *Teachers and Teaching: Theory and Practice*, 7, 143-156.

White, M. (2007). *Maps of narrative practice.* New York:W.W. Norton & Company.

Zapf, D., Seifert, C., Schmutte, B. ,& Mertini, H. (2001). Emotion work and job stressors and their effects on burnout. *Psychological Health,* 16, 527-545.

Appendix A

FACULTIES OF EDUCATION, EXTENSION AND AUGUSTANA
RESEARCH ETHICS BOARD
(EEA REB)

I. Application for Ethics Review of Proposed Research

(revised June 25, 2007)

Principal Investigator -
Carla Petker
Complete mailing address -
3251 119 St Edmonton AB T6J 5K7

Department/Faculty -
Educational Psychology
E-mail - petker@ualberta.ca
Supervisor's email (if applicable) – derek.truscott@ualberta.ca

Co-applicant(s) -
Co-applicants *not* under the jurisdiction of the EEA REB are required to consult with their own REB.

Project title - Stories of Self-Care: Lessons Learned and Shared

ANTICIPATED Data Collection Timelines
Start Date **2007/12/10**
End Date (end of data collection) 2008/09/30

Status (if student) -
( ) Master's Project (x) Master's Thesis ( ) Doctoral Dissertation ( ) other (specify)

Funding Source (if applicable) _____

►Do you plan to gather data in University of Alberta units other than Education, Extension or Augustana? No
If yes, name the unit(s). It is the Applicant's responsibility to ensure that proper permission is sought. Please elaborate in Sections III and IV of this application.

►Is another post-secondary educational institution involved in this project? If yes, name the institution(s) and the nature of the involvement. It is the Applicant's responsibility to consult with the REB of all involved institutions to obtain ethical approval. See Section IV of this application. No CP.

►I, the applicant, agree to notify the EEA REB in writing of any changes in research design, procedures, sample, etc. that arise after the EEA REB approval has been granted. A *Request for Change in Methodology* form must receive approval from EEA REB before the modified research can proceed.

►I also agree to notify the EEA REB *immediately* if any untoward or adverse event occurs during my research, and/or if data analysis or other review reveals undesirable outcomes for the participants.

►I have read the University of Alberta Standards for the Protection of Human Research Participants [GFC Policy Manual, Section 66 http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm] and agree to comply with these Standards in conducting my research.

Signature of Applicant — Date: Dec 10/07

►As the supervisor/instructor, I have read and approve submission of this application to the EEA REB, and ensure that the proposed project is compliant with the University of Alberta Standards for the Protection of Human Research Participants [GFC Policy Manual, Section 66 [http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm].

Dr. Derek Truscott — Printed name of Supervisor/Instructor
Signature of Supervisor/Instructor
December 10, 2007 — Date

ETHICS REVIEW STATUS

☑ Application approved by EEA REB member ☐ Application approved by EEA REB ☐ Application not approved

Signature of EEA REB Member or Chair

ETHICS APPROVAL HAS BEEN GRANTED FOR ONE YEAR FROM THIS DATE:

December 21, 2007
Date of Approval

Distribution of approval page: Original to EEA REB file; Copies to Applicant, Supervisor/Instructor (if applicable), Unit student file (if applicable)

II. Reviewer's Checklist for Research Application

(PI Name and Project Title to be filled in by applicant)
Principal Investigator -
Project Title -

REVIEWER ASSESSMENT	YES	NO	N/A
1. Does the researcher provide a clear statement of what is to be done?	☑	☐	☐
2. Is there a clear explanation of the involvement of human participants?	☑	☐	☐
3. Is it clear that the study will not be harmful or threatening to the participants or others?	☑	☐	☐
4. Has the matter of informed written consent of participants been attended to?	☑	☐	☐
5. If there is any circumstance which could compromise the voluntary consent of participants (e.g. incentives, captive populations, second relationship), has this been satisfactorily accounted for?	☐	☐	☑
6. Is the process of recruiting participants and obtaining permission(s) clearly described?	☑	☐	☐
7. Are the data collection procedures clearly specified?	☑	☐	☐
8. Have copies of instruments or samples of items to be used, including tests, interview guides, and observational schedules been provided?	☑	☐	☐
9. Have information letters, consent forms, and other attachments as appropriate been provided?	☑	☐	☐
10. Has the right to:			
(a) not participate been provided?	☑	☐	☐
(b) opt out without penalty, harm or loss of promised benefit, and the time frame for opting-out (e.g., up to completion of data collection activities, two months after the completion of data collection activities).	☑	☐	☐
11. In the event of a participant opting out of the study have the opportunities for withdrawal of data been clearly specified?	☑	☐	☐
12. If underage, legally incompetent, or other "captive" subject are used, is there provision for the right to opt out for			
(a) the subjects	☐	☐	☑
and			
(b) their parents/guardians?	☐	☐	☑
13. Has provision been made for explaining the nature, length and purpose of the research to the participants and/or guardians?	☑	☐	☐
14. Are the procedures for providing privacy, anonymity and confidentiality acceptable?	☑	☐	☐
15. If there are limited and/or temporary exceptions to the general requirements for full disclosure of information, is there clear provision for debriefing of participants?	☐	☐	☑
16. If inducements or promises are offered for participants, are they of such a nature that they do not compromise freedom of consent?	☐	☐	☑
17. Are all aspects of the study that need special ethical consideration specified and acceptable?	☑	☐	☐

Notes:

Appendix B

What's Your Secret?

Stories of Successful Self-Care

My name is Carla Petker and I am a Master's student in Counselling Psychology at the University of Alberta. For my thesis I would like to study the self-care of counselling psychologists.

During my first semester of grad school, I was struck by how, as psychologists, we are called upon to act as role models for our clients and to promote effective self care. As therapists we must take care of ourselves in order to be effective and present for our clients. At times however, the nature of our training and eventual practice can make it very difficult for us to create and maintain adequate self care: family, school and work often come before oneself.

My interest in this topic is further compounded by the fact that I have a chronic condition that demands me to listen to my body and to take care of it. I will be continuing on to my PhD and have often thought, "How am I going to make this (further training and eventually private practice) work for me?"

I am proposing to do an in depth case study on a therapist's self-care experience. I am looking for therapists who feel that they are particularly good at maintaining self-care. If you are interested in sharing your story with me I would be honoured to hear it.

My hope is that through sharing our experiences with one another we can help each other and our clients.

Please contact me by email, **petker@ualberta.ca** or phone, 780-934-6864

Appendix C

Participant Information and Consent Letter

Title of Project: Stories of Self-Care: Lessons Learned and Shared

Persons in Charge: Carla Petker

My name is Carla Petker and I am a second year student in Counselling Psychology at the University of Alberta. This project is my master's thesis research. During my first semester of grad school, I was struck by how, as psychologists, we are called upon to act as role models for our clients and to promote effective self care. As therapists we must take care of ourselves in order to be most effective and present for our clients. At times however, the nature of our training and eventual practice can make it very difficult for us to create and maintain adequate self care with family, school and work often coming before time for ourselves. My interest in this topic is further compounded by the fact that I have a chronic condition that demands me to listen to my body and to take care of it. I will be continuing on to my PhD and have often thought, "How am I going to make this (further training and eventually private practice) work for me?"

The focus of the study in which you will be participating is to deepen the understanding of the self-care practices of psychologists. By conducting this study I hope to learn information that will lead to counselling psychologists improving self-care and becoming better models and teachers of self-care for clients. I also hope to inform professional training programs and regulatory bodies about how psychologists can remain competent so that recipients of their services receive the best possible care. I am interested in the insights you can provide me as an experienced counselling psychologist who personally and professionally must balance care for self and care for others. I am especially interested in your lived experience of self-care as a psychologist.

If you agree to take part in this study you will be asked to participate in at least two semi-structured digitally recorded interviews that could last up to ninety minutes and will cover such topics as your views of self-care, and how self-care has been and is present in your daily life. You'll be asked to describe your thoughts, feelings and experiences and to reflect on the meaning they have for you in light of your values and philosophy of life. Within two weeks of each interview, you will be mailed and asked to read and comment on verbatim transcriptions of each interview. You will also be asked to participate in a meeting, lasting up to one hour, with the researcher to reflect on the analysis of data generated by your interviews and responses to the transcripts. I might also, with your consent, briefly contact you by telephone at some point during the study to clarify or gather further information. Your digitally recorded interviews will be transcribed so that your responses may be carefully considered. Your answers will help to provide information about psychotherapist self-care.

If this research is accepted for publication, no personally identifying information will be disclosed. To make sure your participation is confidential only a code number or pseudonym will appear on the completed digital recordings and interview transcriptions of these recordings and any other identifying information will be removed during the transcription process. Only the researcher can match names with these code numbers or pseudonyms.

I may require the assistance of a transcriber. If I do hire a transcriber, they will sign a confidentiality form stating that they agree to comply with the standards of ethical research.

The study involves minimal risk that is, no risks to your physical and mental health beyond those encountered in the normal course of everyday life.

You have the right to withdraw at any time without penalty and any collected data will be withdrawn from the data base and not included in the study.

After the study is complete you may receive more detailed information if you wish.

In the case of concerns, complaints or consequences please contact:
Carla Petker petker@ualberta.ca or 780-934-6864
Derek Truscott, PhD, Supervisor derek.truscott@ualberta.ca
Robin Everall, PhD, Department Chair

I am providing two copies of the letter and consent form, one to be kept for your records and one to be signed and returned.

"The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

Appendix D

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Consent Form

Project Title: Stories of Self-Care: Lessons Learned and Shared

Principle Researcher: Carla Petker
Research Supervisor: Dr. Derek Truscott

Thank you for your interest in participating in this study. The purpose of this study is to deepen our understanding of counselling psychologist's effective self-care practices. This information could benefit other practitioners, graduate student training and further research. Ultimately, it is hoped this research will contribute to better psychotherapist self-care and client care as we learn from these experiences.

As previously indicated in the information letter, I understand that my participation in this study will involve the following:

1) I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.

2) I will participate in up to three interviews that will be digitally recorded and transcribed. The interviews will occur at the University of Alberta, Education Clinic or a mutually agreed location. They will be approximately ninety minutes in duration. The interviews will be of a conversational nature and will explore my self-care experiences including my thoughts and feelings about self-care. I will be asked to review and comment on the content of the transcribed interviews.

3) All information collected (i.e., digital recordings, and transcriptions) will be sorted so that my name is not associated with it. A coding system will be devised to organize the data. This will be done to ensure my privacy, confidentiality, and anonymity. The write-up of the findings will diligently attempt to avoid including any information that can be linked directly to me. Transcripts, and recordings will be secured in a locked filing cabinet and will be kept for at least five years following the completion of the study. Any research personnel that may be involved in this study will sign a confidentiality agreement and will comply with the University of Alberta Standards for the Protection of Human Research Participants http://www.ualberta.ca/~unisecr/policy/sec66.html.

My understanding of self-care issues may be enhanced through the telling of my experiences. It may also help to reinforce self-care activities that are going well. While it is not anticipated that I will experience distress, referrals to counselling agencies in my area may be provided.

Given the importance of this research, the findings of this study may be reported in academic journals and presented at conferences. My name, and other identifying information will not be used in any presentations or publications of the study results. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculty of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, I can contact the Chair of the EEA REB at (780) 492-3751.

My participation in this study is completely voluntary and I am free to withdraw my involvement at any time. I have every right to opt out of this study without prejudice and any collected data up until the end of the data collection period will not be included in the study.

Having read and understood all of the above, I, _____ agree
to participate freely and voluntarily in this study.

_____ _____
Signature of Participant Date

_____ _____
Signature of Researcher as Witness Date

NB. Two signed copies of the consent form are required. One copy is to be kept by the participant, and one returned to the researcher.

Thank you for offering to participate in this study. Please feel free at any time to bring up any questions and/or concerns regarding your participation in this study. Contact information is as follows:

Principle Researcher:
Carla Petker
University of Alberta
Department of Educational Psychology
(780) 492-3746

Supervising Researcher:
Dr. Derek Truscott
University of Alberta
Department of Educational Psychology
(780) 492-1161

Appendix E

Confidentiality Agreement for Research Personnel

Project title - Stories of Self-Care: Lessons Learned and Shared

I, _____, the TRANSCRIPTIONSIST
have been hired to TRANSCRIBE_____

I agree to -

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*.

2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.

3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.

4. after consulting with the *Researcher(s),* erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive).

_____ _____ _____
(Print Name) (Signature)
(Date)

Researcher(s)

Carla Petker _____ _____
(Print Name) (Signature)
(Date)

Appendix F

Guiding Questions/Interview Protocol

I. Warm up and establishing rapport

   a. General demographic questions

      i. Age
      ii. Years of practice
      iii. Client population; description of practice
      iv. Therapeutic approach
      v. Single/family?

II. What does the term self-care mean to you?

III. I'd like you to think of a time when you felt like self-care was working well for you. I'd like you to describe that in as much detail as you can. Perhaps the people involved, where you were, what was happening will help you in this description.

IV. Is there a definitive moment for you in terms of self-care? (was there a break through in your learning) If so please describe it.

   a. Why does that particular moment stand out?

V. What aspects of self-care are most helpful to you? What has been difficult?

VI. Considering everything we have talked about today, how do you make sense of self-care as a psychologist?

VII. Is there anything else you would like to share regarding your experiences of self-care?