

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

Bell & Howell Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

An Exploration of
The Importance of Self-Care to the Drama Therapy Intern

Mary Elizabeth Burns

A Research Paper
in
The Department of
Creative Arts Therapies
(Drama Therapy)

Presented in Partial Fulfilment of the Requirements
for the Degree of Master of Arts
Concordia University
Montreal, Quebec, Canada

September, 2000

© Mary Elizabeth Burns, 2000



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file *Votre référence*

Our file *Notre référence*

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-54353-6

Canada

There were times when I could not afford to sacrifice the bloom of the present moment to any work, whether of head or hands. Sometimes, in a summer morning, having taken my accustomed bath, I sat in my sunny doorway from sunrise till noon, rapt in a reverie, amidst the pines and hickories and sumachs, in undisturbed solitude and stillness, while the birds sang around. I grew in those seasons like corn in the night, and they were far better than any work of the hands would have been. They were not time subtracted from my life, but so much over and above my usual allowance.

Henry David Thoreau

ABSTRACT

An Exploration of the Importance of Self-care to the Drama Therapy Intern

Mary Elizabeth Burns

This paper is an investigation into the self-care practices and attitudes of a small number of drama therapy interns. After a review of the literature, the paper examines my own process of discovery of the importance of self-care as part of my training. I have also described the ways in which I used drama as part of my self-care regimen, and how this has impacted my development as a drama therapist. A discussion of the use of one's art as a method of self-care offers some comment on the concept of the drama therapist as practicing artist.

The study goes beyond my own exploration to include the experiences of other drama therapy interns. The research was conducted using phenomenological methods in a heuristic framework. Twenty-four students in a creative arts therapies graduate training program completed a survey on self-care attitudes and practices. In addition, in-depth interviews were conducted with three students in the second year of their drama therapy training.

Finally, the paper offers some tentative conclusions regarding the importance of self-care during the drama therapist's training, and offers suggestions for further areas of research. By examining my own process and the experience of these students, the paper offers some insight into the relationship between self-care and healthy student life for the drama therapy intern.

ACKNOWLEDGEMENTS

I would like to thank all the students in the Creative Arts Therapies program who responded to the survey. I am particularly grateful to the three interview participants, for their honest and thoughtful input as well as their time and enthusiasm. I would also like to thank Elizabeth Anthony for her help and guidance with my research methodology, and for her support for my topic. Finally I wish to thank my advisor, Christine Novy, for her invaluable guidance and wisdom, and not least of all for being a wonderful role model in the area of self-care.

Table of Contents

Introduction	1
Chapter One - Literature Review	5
Overview	5
Burnout	6
Therapist Self-Care	8
Feminist Theory	11
Self-Care and the Creative Arts Therapies	14
Drama Therapy	15
Popular Culture	16
Chapter Two - Research Model	18
Heuristic Research	18
My Own Process	23
Second Year Bereavement Practicum	26
Creative/Artistic Activity as Self-Care	27
Chapter Three - Class Survey and Interviews	32
Overview	32
Survey Results	33
Comments	37
In-Depth Interviews	41
Introduction	41
Definition of Self-Care	42
Self-Care Activities	43
Guilt and Rewards	45
Creative/Artistic Activity as Self-Care	46
Role of Training Program	50
Summary	52
Conclusion	54
Bibliography	60
Appendices	64

INTRODUCTION

I became very interested in the idea of self-care as I pursued my studies in the drama therapy program. Returning to school after several years out in the working world was a huge adjustment for me. I realized in the early weeks of my first semester that I needed to take special care of myself if I was to survive the rigours of graduate school and a demanding practicum. Meanwhile I was participating in extracurricular theatrical activity, and wondering if I had to give up this pastime in order to fulfill my scholastic requirements. As I struggled with this difficult choice, I gradually realized that my theatrical pursuits, although adding to my hectic schedule, were providing me with a much needed balance in my life. I became aware that this was a self-caring activity for me. I became fascinated with the paradox: that doing something separate from school was in fact helping me become a better student.

For purposes of this study I have defined self-care as: any activity that is engaged in for the purpose of achieving a balance, relieving stress, or otherwise contributing to one's mental, physical, or emotional well-being. I used this definition in my survey and for my own process.

My primary research question regards the importance a drama therapy intern places on self-care as part of the experience of one's training. I have found from my own experience that self-care has played an enormous role in my training process. I believe that my conscious efforts to include self-care in my routine have helped me to not only survive, but rather thrive, in my journey as a drama therapy intern. I am curious to know if other drama therapy interns place the same importance on self-care. In addition, I am

interested in the ways in which interns take care of themselves. In my case, I find I am using my art and my chosen modality, drama, as part of my self-care regimen. I have been participating in community musical theatre productions as extra-curricular activity during my studies. I have found that this experience has provided me with the means to relieve stress which has been essential for my sense of well-being. It has offered me the opportunity to practice my creative skills in a purely performative frame, and has served to nourish my soul as well as balance my energies. By this I mean I have had an important focus in addition to my training and practicum experience, which has provided a balance in my life.

I have also noticed that the ways in which I take care of myself, using drama and music, also feed my skills as a drama therapist in training. Not only does this activity relieve stress and afford me a balanced lifestyle, but it also provides me with further expertise as a theatre practitioner. I am honing my acting skills, learning new dramatic techniques, and immersing myself in the world of theatre, all to my advantage as a future drama therapist. Many theorists have commented on the value of the drama therapist as creative artist (Jennings, 1992; Landy, 1993; Emunah, 1994). Jennings in particular has written about her conviction that a drama therapist is first and foremost an artist (Jennings, 1992).

This examination of my own process and the use of my art as part of my self-care has led me to wonder about the experience of my fellow drama therapy interns. In addition to exploring my own process, this paper looks into the personal experiences of three fellow students. Through the means of in-depth interviews, I have attempted to

discover what self-care means to them, and its importance in their journeys as drama therapy interns. My subsidiary research question has been to examine whether other drama therapy interns use drama or other creative arts in their self-care activities. I am interested to know if they find a relationship between their methods of self-care and their development as drama therapists.

I have conducted my research in a heuristic framework. I have examined my own process as a drama therapy intern through heuristic steps of immersion, incubation and illumination (Douglas & Moustakas, 1985) with regards to my attitudes towards self-care. To that end, I have conducted an in-depth interview with myself, in which I examine my beliefs about the role of self-care in my development as a drama therapist in training. Beyond my own personal exploration, I also conducted the same in-depth interview with three other second year students in a university graduate program of study in drama therapy. The three students were recruited on a volunteer basis. These interviews were conducted on a one-to-one, in person basis, and they were audiotaped. The interviews lasted from one to two hours, and involved a series of open-ended questions (see Appendix A). In addition to the questions, the students had the opportunity to address any points they found relevant, which were not included in the questions. I invited my three collaborators to use their own individual definitions of self-care in the interviews. Indeed, my first question to each of them was to ask them to define self-care in their own words. The paper includes excerpts from the in-depth interviews. From the information in the interviews, I have examined the personal experiences of myself and my collaborators, in an attempt to understand the process of these individuals. I will

endeavour to highlight common themes which emerge. I will compare and contrast my experience with the experiences of the three other students. My paper will offer insight into the relationship between self-care and the drama therapist in training, through the subjective and personal experience of four individuals undergoing this process.

I also distributed a questionnaire/survey to most first and second year students in the program, which was created to gain information about their attitudes toward self-care. I used the same definition of self-care described earlier in this survey. The results of the survey are included and discussed in this paper. Finally, the paper will offer some tentative conclusions regarding the importance of self-care in the drama therapy intern's life. By examining the personal experience of a small number of drama therapy interns, my paper may offer some insight into the relationship between self-care and healthy student life for the drama therapy intern.

CHAPTER ONE

LITERATURE REVIEW

Overview

The literature concerning self-care in regard to the helping professions is limited, and the majority of the literature I found was written in the last twenty years. There is an abundance of literature related to the flip-side of self-care: burnout. Burnout is a topic that is covered extensively in the areas of education, psychology, nursing, social work and therapy. Some literature focuses on professional burnout, particularly with regard to the helping professions. Miller (1998) and Sussman (1992, 1995) have written about the stresses of practicing psychotherapy, and the prevalence of burnout in this field. Burnout is addressed in works on ethical issues in the helping professions (Corey, Corey, & Callanan, 1992; Farber, 1983; Porter, 1995; Stamm, B. Hudnall, 1996). It is also the subject of many writings on specific areas of pathology, such as AIDS, Post-Traumatic-Stress-Disorder, and grief counselling. Several authors have focused on burnout in caregivers working in bereavement (Johnson, 1987; Rawnsley, 1989).

The literature does provide a number of writings on therapy for therapists, and the value of personal therapy for caregivers. It is generally believed that therapists' mental and emotional well-being is a foundation of their craft, and that personal therapy can aid in this process. Most psychoanalytic institutes and postgraduate training programs recommend some form of personal therapy for their students, and many programs require it (Norman & Rosvall, 1994). The literature includes studies on the attitudes of therapists toward seeking personal therapy (Blau, 1994). Other studies have examined the effect of personal

therapy on therapist efficacy (Macran, Stiles & Smith, 1999; Norcross, 1990), and the demands of providing therapy for other therapists (Kilburg et al, 1986). Personal therapy can be considered a self-care activity for many therapists and therapists in training. However, for purposes of this study, the area of therapy for therapists and therapy as a form of self-care, is beyond the scope of my paper.

Burnout

Geldard (1989) devotes a section of his counseling training manual to burnout and the well-being of the counselor. He considers burnout an inevitable by-product of the counseling profession. However, he contends that if it is recognized in its early stages, one can take remedial action. He believes that burnout is the result of the stress of the interpersonal counseling relationship. This is an unbalanced relationship, with the counselor doing most of the giving and the client doing most of the taking (1989, p. 176).

This process is likely to have emotional consequences for the counselor that can lead to fatigue and burnout. Other factors are disillusionment with the counseling process, overwork, an increased inability to see the value of one's work, and the difficulty of working in isolation. Counselors working with suicidal or violent clients can be even more susceptible to burnout, as can people working with life-threatening illness and bereavement.

Geldard has devised a questionnaire, the Geldard Burnout Inventory (GBI), to help counselors recognize and identify their level of burnout. He believes that acknowledging and owning up to burnout is difficult for many counselors, but that it is an important step in dealing with it. He created this inventory to help counselors evaluate their level of

burnout, and from there to take the appropriate steps to attend to their own needs. He recommends that counselor training programs include education for trainee counselors about the certainty of burnout occurring, at times, even in the most dedicated counselor. If counselors realize that burnout feelings do occur in normal, competent, capable and caring counselors, then they will be able to start accepting their own burnout feelings and to share those feelings with their peers and other professionals (1989, p. 178).

Suran and Sheridan looked at burnout in the training of psychologists and concluded that it is a career risk inherent in professional development (1985). They advocate the value of self-care in preventing burnout:

...the individual's movement toward professional competence must, again, be balanced and paralleled by a developing sense of adequacy in the effective management of one's own personal-social life and identity. Such experiences of adequacy as independent from professional identifications can arise in any number of ways: from forming intimate relationships and friendships, from hobbies and recreational interests, from the ability to enjoy oneself apart from work, from caring about one's home - all in all, from cultivating one's personal-social side...Through these experiences, a person can find self-worth and value that is not incumbent upon professional achievement.

(Suran & Sheridan, 1985, p. 747)

The authors also contend that graduate schools should be helping students anticipate some of the likely difficulties they will encounter. They believe if there is to be a balance between work and personal happiness in the life of the professional, there must be a balance between study/training demands and personal happiness during the course of

formal preparation. Their recommendations include integrating courses into the curriculum which deal with the problems of the profession for which the candidate is being trained. This would address the pitfalls of burnout and the value of self-care for emotional well-being. They contend that standards of excellence in academic pursuits should be balanced with standards of excellence in personal/social development. Through these measures, total or partial burnout can be reduced, and important inroads could be made to ensure a better quality of professional life for psychologists (p. 751).

In Ratliff's examination of stress and burnout in the helping professions, she attributes a major source of burnout to the fact that it is difficult to assess the degree of therapeutic success in the helping professions (1988). Other factors include performance of work that is emotionally demanding and draining; unrealistic expectations of therapists; and organizational and environmental factors in human service settings. Her article looks at various ways to prevent burnout, including personal therapy, the setting aside of free time for exercise, non-work activities, or contemplation, and associating with well-adjusted, healthy individuals, including family and friends. She recommends separating the home and work environments by setting aside a period of relaxation that allows one to unwind from one set of stressors before facing another. Other suggestions are jogging, listening to music, meditation and walking. She also encourages discussion of burnout issues in graduate training programs and in further professional development workshops.

Therapist Self-Care

In the past decade, several studies have been done which examine well-being and self-care patterns in professionals in the field of psychotherapy. Coster and Schwebel have

looked at what they call well-functioning (the ability to function well), in professional psychologists, through a study involving the use of questionnaires and interviews (1997). They asked experienced professional psychologists to identify factors that contributed to their ability to function well in their work. The results showed that the psychologists highlighted self-awareness and monitoring; support from peers, spouses, friends, mentors, therapists and supervisors; values; and a balanced life, including vacations and other stress-reducers. The study points to the value of self-care and a sense of personal well-being as an important element of well-functioning:

One psychologist said we should write the following words on our office wall: "Rest, relaxation, physical exercise, avocations, vacations". These avenues to well-being need to be paved very early, preferably in graduate school and early in the career. This objective is not easily achieved, not if the demands of the graduate curricula and the early postdoctoral years are so demanding that they establish a workaholic habit of life instead of a balanced one.

(Coster & Schwebel, 1997, p. 11)

The study concludes with a recommendation for a profession-wide plan to design a coherent, career-long program of experience that works toward prevention of impairment in professional psychologists.

A similar study also conducted by Coster and Schwebel (1998) seeks responses from heads of graduate programs in professional psychology. They administered a questionnaire designed to learn their views about well-functioning in psychologists, and what they had done and would like to do to maintain it. Again, the results pointed to the importance of self-awareness, a balanced lifestyle, relationships and personal values. The

program heads also placed an emphasis on the importance of supervision in the well-functioning psychologists. The authors suggest that a lifelong style of well-functioning should be promoted, and that the curriculum should have the well-functioning of students as one of its major purposes. They recommend that the content and mode of instruction contribute to self-understanding, habits of lifelong learning, and a supportive environment.

Mahoney's study (1997) looked at personal problems and self-care patterns in psychotherapy practitioners. He devised a self-report questionnaire which focused on their personal problems, self-care patterns and attitudes towards personal therapy. The study revealed that pleasure reading, physical exercise, hobbies, and recreational vacations were the most common forms of self-care reported by respondents. Peer supervision, prayer or meditation and volunteer work were also frequently reported. In a group of 155 respondents, half the respondents reported practicing meditation or prayer, and three out of four engaged in regular physical exercise. Pleasure reading, vacations, hobbies and artistic enjoyments were pursued by more than 80% of the sample. More than 40% reported doing volunteer work, and one out of five kept a personal diary. Mahoney believed his results suggested that the psychotherapy practitioner may be less troubled and unhappy than has been suggested by previous investigations (1997, p. 16). His respondents used self-care in a deliberate attempt to maintain balanced lives.

Kramen-Kahn and Hansen (1998) conducted a study examining the occupational hazards, rewards and coping strategies of psychotherapists. They designed a survey which was completed by 208 psychotherapists. The respondents were asked to rate the hazards and rewards of their work, as well as their coping strategies. The most frequently

endorsed items on the coping strategies scale involved maintaining a sense of humour, using case consultation freely, participating in leisure activities to balance work stresses, attending continuing education seminars, perceiving client problems as interesting, and using interpersonal supports. These coping strategies echo the results of the previous studies. The authors conclude that clinicians need to reduce hazards, increase rewards and practice more coping strategies in order to feel better about their job. However, in many cases the clinician has little latitude to alter job-related hazards and rewards. In these instances, they recommend utilizing effective coping strategies, including self-care: "Practicing what we, as clinicians, often preach to clients about prioritizing leisure activities will help create a renewing balance between work and play." (1998, p. 133).

Again, the authors advise that trainers of psychotherapists emphasize the importance of personal maturity and the ability to balance work and leisure when evaluating graduate student applications. They recommend that training programs include a focus on effective time management and other coping strategies. They suggest that introductory clinical seminars or ethics courses should include these topics.

Feminist Theory

Feminist theory places a great deal of value on the concept of therapist self-care. In 1987, the Feminist Therapy Institute included self-care guidelines into its Code of Ethics (Feminist Therapy Institute, 1987). Clause IV (4) reads:

A feminist therapist engages in self-care activities in an ongoing manner. She acknowledges her own vulnerabilities and seeks to care for herself

outside the therapy setting. She models the ability and willingness to self-nurture in appropriate and self-empowering ways.

(as cited in Worell & Remer, 1992, p. 307)

The inclusion of this clause represents an attempt to move beyond the view of self-care as merely a form of self-indulgence or personal luxury (Carroll et al, 1999). Porter (1995) delineated the following three primary functions served by self-care: a) protection of the therapist by reducing occupational hazards such as burnout; b) enhancement of therapy by modelling healthy behaviour; and c) protection of the client by reducing risks of ethical violations. Feminist theory argues that therapists have an ethical obligation to practice self-care:

I believe that I have an ethical responsibility to myself to become the best that I can be as a human being. When I think of myself in my role as a therapist, the ethical imperative towards wellness becomes even more crucial, because the degree to which I take care of myself often reflects directly on my ability to foster the well-being of my client.

(Faunce, in Lerman & Porter, 1990, p. 123)

Faunce defines "wellness" as being integrated physically, mentally, emotionally, and spiritually and being congruent; that is, who one is on the inside matches who one is on the outside (1990, p. 124). She believes that how we care for our selves, our self-care outside of the therapy setting, impacts on our wellness, which in turn impacts on our interactions, therapeutic modes, and ethical behaviour with clients. The moral imperative

of self-care refers not only to a therapist's right to take care of oneself, but the obligation to the client. Feminist theory advocates that therapists who practice self-care are helping themselves, and also providing positive role models for their clients. Faunce says we can serve as models of self-nurturing women developing toward optimal functioning; as such, we serve as images of what is possible, images that may not be otherwise immediately available in our clients' lives (1990, p. 123).

Faunce and Carroll et al write about the perception of self-care as a selfish activity. They caution that women often regard the practice of self-care as self-serving, and that women have been socialized to prioritize other-care over self-care (Carroll et al, 1999, p. 137). In addition, psychotherapists engage in activities, which emphasize the care and well-being of others. Client needs are considered paramount, regardless of the emotional and physical consequences to the therapist. Mainstream practices discourage and even stigmatize self-care (p. 136). Feminist theorists advocate an awareness that self-care on the part of the therapist serves to enhance growth and self-care on the part of the client. They believe that to not practice self-care is to risk harming the client. They suggest that self-care strategies include exercise, meditation, peer supervision, personal time, relaxation, proper sleep and nutrition. Faunce advocates play as a rich form of self-care that can consist of recreation and personal creative endeavours such as attending, visiting and/or participating in theatre, concerts, art, art galleries, travelling, dancing, and dining with friends. She places value on play as an activity we engage in for our amusement or enjoyment, which serves to combat stress, burnout, anger, loneliness and isolation (Faunce, in Lerman & Porter, 1990, p. 129). Again, she argues that a therapist who

engages in play is more likely to encourage clients to learn how to play as part of their own self-nurturance.

Carroll et al recommend that the commitment to self-care and the call to action within the mental health profession must occur at both individual and systemic levels. They propose that professional organizations assume a more proactive stance in terms of mandating self-care. They suggest that organizations follow the lead of the Feminist Therapy Code of Ethics, and include reference to self-care in their codes of ethics. At the institutional level, they believe that trainees should be aware of their own personal issues and be willing to engage in self-care activities, including personal therapy. They see a need for training programs to address self-care in ethics courses and in supervision. The authors conclude with a simple yet insightful quote: "Your competence as a therapist cannot exceed your competence as a human being" (Moursund, as cited in Carroll et al, 1999, p. 142).

Self-care and the Creative Arts Therapies

The literature provides very little information on self-care with specific regard to the creative arts therapies. There are a limited number of studies, which examine the use of creative arts therapies as a method of intervention for caregivers dealing with burnout. Belfiore (1994) conducted an art therapy group for nurses and doctors providing home-care assistance to terminally-ill patients. The group used art therapy to prevent burnout. They participated in interactive projects, guided imagery and group stories to help make their inner and emotional life accessible to consciousness. The art therapy provided participants with more viable modes of relating to others, to the life/work experiences as

well as to themselves. The author concluded that the art therapy offered the participants another "language" to enable them to express the deepest and hidden levels of their personal experience in the fulfilment of their duties (1994, p. 119).

Thacker (1985) writes about the use of psychodrama for relief of burnout, or role fatigue, in the helping professions. She argues that it is useful for prevention and remediation since it is an effective intervention strategy at all stages of the burnout cycle. She suggests that psychodrama has the advantage of being adaptable for role training, as well as a highly supportive method of group psychotherapy. Psychodrama provides an adaptive method for coping with occupational stress, and reinforces for helping professionals the necessity of maintaining their own mental health in order to work effectively with their clients. Her article describes her experience conducting a staff support group for counselors working in a county jail. The psychodrama work emphasized the commonality of problems by sharing; in addition it reduced feelings of alienation and promoted self-esteem (1985, p. 19).

Drama Therapy

Given that drama therapy is only approximately thirty years old, research in the field is fairly recent and limited. The literature is centered on theory, and research is client-focused. At this point there is very little written about the life of a drama therapist, and very little research on drama therapy from the perspective of the therapist's experience. My literature search revealed minimal reference to self-care of the drama therapist. However, some theorists have addressed the importance of self-care in their writing. Jennings promotes the notion of self-care in a recent work:

Because there are such physical demands made upon art therapists and dramatherapists, it is essential that professional people have time and space to re-experience art and drama for themselves. It is also important that they have sufficient "time out" to allow their own bodies to regenerate. It is easy to become automatons without sufficient physical nurturing and replenishment.

(Jennings & Minde, 1993, p. 132)

Ann Cattanach also writes about the dangers of burnout for drama therapists, and the importance of maintaining a balanced lifestyle. She cautions that helping can become addictive to the exclusion of everything else, and this can lead to total burnout (Cattanach, 1992). Therapists can become afraid of making mistakes and think that taking care of themselves is somehow bad for their clients. Cattanach suggests that therapists need to understand and acknowledge the emotional effects of their work on themselves, and recognize the importance of self-care:

To keep the children safe the therapist must also stay safe. She must seek help and supervision, share and burden, know when to stop and rest. Have time away from the work, other things to do and enjoy. Find a safe place to stay contained; a place to travel towards in the imagination and in reality.

(Cattanach, 1992, p. 147-148)

During a class discussion, Cattanach offered the following words of advice to a group of drama therapists in training: "Number one: look after yourself!" (Cattanach, 1999).

Popular Culture

The idea of self-care as an important element of healthy living has entered the

mainstream public consciousness. On the shelves of the larger chain bookstores, one can find several self-help books advocating the importance of self-care in daily life. One such book, entitled "Self-Nurture" (Domar, 2000) suggests that we need to learn to care for ourselves as effectively as we care for everyone else. Other books offer constructive methods for incorporating self-care into our lifestyles (Gandy, 1997, Jackson, 1997, Muller, 1999, Tubesing, 1992).

A recent issue of Dalhousie University's Alumni Magazine (2000) includes an article describing a new music program that has been established for medical students, called *Music-in-Medicine*. The program is the newest initiative in the school's department of medical humanities, created in order to let aspiring doctors broaden their training and develop a better understanding of the human condition. The purpose of this program is to balance the humanistic and scientific sides of medicine. An additional aim is to offer the medical students a relaxing alternative to their gruelling schedules:

A change is as good as a rest. For an hour and a half, they don't have time to think about their exams or a sick patient. They become totally immersed in the music.

(Badley in Beaton, 2000, p. 14)

The program director emphasizes his objectives thus:

Medicine is about caring. The surgeon does a lot more than just cut. Our future doctors, no matter what they do, must be more than technicians...
The good physician has a balanced life.

(Murray in Beaton, 2000, p. 15)

CHAPTER TWO

RESEARCH MODEL

In this chapter I will present the model that was used in designing my research, and provide a brief explanation of the framework of heuristic research. I will discuss the question that guided my investigation. Finally, I shall present a discussion of my own process of discovery into the meaning and importance of self-care in my development as a drama therapy intern.

Heuristic Research

According to Douglas and Moustakas (1985), heuristic research is a search for the discovery of meaning and essence in significant human experience. It requires a subjective process of reflecting, exploring, sifting and elucidating the nature of the phenomenon under investigation. The word heuristic comes from the Greek word, *heuretikos*, meaning "I find". It is related to the familiar cry of Archimedes: "eureka" (Craig, as cited in Parker, 1983), and it contains within it the "aha" or sudden revelation of a discovery. The Oxford Dictionary defines heuristic as "serving to discover; using trial and error; teaching by enabling pupil to find things out" (1978, p. 406). This reflects the personal and subjective nature of heuristic research. Parker says:

The heuristic design is personally meaningful, usually beginning with one's own experience, the calling of one's own self to search within through reflection, inquiry and self-examination. The researcher's internal processes are awakened in the experience of inquiring.

(Parker, 1983, p. 56.)

Heuristic research begins with a subjectively felt question and utilizes the necessary methods to discover its meaning (Parker, 1983). The roots of a heuristic endeavour often begin to grow long before the emergence of a research question. In my case, I became interested in my relationship with self-care as a research question after a lengthy association and interest in the topic. Parker believes the driving force in heuristic research is the spiritual and intellectual passion of the investigator to discover something that already exists but is unknown. Heuristic inquiry begins with immersion, self-dialogue, and self-exploration, and then moves to explore the nature of others' experiences. Douglas and Moustakas (1985) say that embracing the subjective in this way clears the path for personal knowing, tapping into the nuance and variation of experience, crawling inside the self and eventually making contact with the tacit dimension, the basis for all possible knowledge. Tacit knowledge describes knowledge that is understood, implied, or existing, without being stated (Polanyi, as cited in Douglas and Moustakas, 1985, p. 44). When examining my question, I knew self-care was important, but I did not know how I knew. However, knowing that I know is enough to enable me to move forward in my search. As Moustakas said, "we know something but we do not know how we know. It is something we cannot verify or explain or account for - it just is." (Moustakas, as cited in Parker, 1985, p. 68). Douglas and Moustakas believe that to curtail the tacit in research is to limit the possibilities of knowing, to restrict the potential for new awareness, and to truncate experiential meaning (Douglas and Moustakas, 1985, p.44).

Douglas and Moustakas outline three basic steps of heuristic inquiry. They are:

1. Immersion (exploration of the question, problem or theme)

Indwelling

Internal frame of reference

Self-search

2. Acquisition (collection of data)

Tacit knowing

Intuition

Inference

Self-dialogue

Self-disclosure

Signitive-symbolic-representation

3. Realization (synthesis)

Intentionality

Verification

Dissemination

The first phase of this model, immersion, carries the sense of total involvement in a research theme or question in such a way that the whole world is centered on it for awhile.

Vague and formless wanderings are characteristic in the beginning, but a growing sense of meaning and direction emerges as the perceptions and understandings of the researcher grow and the parameters of the problem are recognized. My process of inquiry began with the immersion phase as I explored the meaning and importance of self-care in my life as a drama therapy student.

The next phase involves the collection of data. In heuristics, data are broadly construed to mean that which extend understanding of or add richness to the knowing of the phenomenon in question. Heuristics permits and even encourages spontaneous creation of methods that will evoke or disclose experiential meanings (Douglas & Moustakas, 1985, p.49). During this phase, I conducted in-depth personal interviews with three fellow students, as well as distributed a survey to other students in the creative arts therapies program. I used tacit knowing, intuition and inference to help me understand the subjective world of those who collaborated in my study. In dialogue with the collaborators, I encouraged each to describe their experiences with self-care. As investigator, I listened, sensed and attended to the meaning and structure of their descriptions. I used self-disclosure to encourage interchange and true dialogue between myself and my collaborators. Douglas and Moustakas contend that an emphasis on disclosing the self as a way of facilitating disclosure from others lies at the heart of heuristics (1985). The heuristic researcher places high value on the depth and sensitivity of interchange and on the steady movement toward a true intersubjectivity. The concept of intersubjectivity is drawn from existentialism and refers to a communal flow from the depths of one self to another self. I viewed myself as an instrument and a guide, trusting my own sense of openness and my sincere interest in the experiences of my collaborators. I attempted to enter directly into their experience, and to be receptive and sensitive to their input.

In the third step, called realization, the fragments and disparate elements are assembled into a whole. The challenge is to examine all the collected data in creative

combinations and recombinations, sifting and sorting, moving in and out of appearance, looking, listening carefully for meanings within meanings, attempting to identify overarching qualities that are inherent in the data (1985, p. 52). This is a quest for synthesis through realization of what lies most undeniably at the heart of all that has been discovered. Intentionality refers to a concept of moving from the specific to the general, from the individual to the universal, from appearance to essence. The theme, question or problem being explored is recognized as having a life of its own. Douglas and Moustakas caution that the challenge is to nurture that life, letting it grow and mature in a way that is consistent with its true nature, as it is revealed experientially through the researcher's own internal processes and those of intimate collaborators (p.53).

The power of heuristic research, according to Douglas and Moustakas (1985), lies in its potential for disclosing truth. Through exhaustive self search, dialogues with others, and creative depictions of experience, a comprehensive knowledge is generated, beginning as a series of subjective musings and developing into a systematic and definitive exposition (p.40).

This heuristic process was the basis for my understanding of my own experience, and the experiences of my collaborators. I immersed myself in the question of my own relationship with self-care, and I attempted to enter the world of my collaborators through dialogue and sharing of subjective responses to the subject.

MY OWN PROCESS

I first became aware of the need for self-care as part of the process of my drama therapy training when I was asked at my initial interview, "how do you handle stress?" I answered rather glibly that I do relaxation exercises and that I sing. At the time, I did not place much importance on the question. How stressful can it be? I thought, in my naivety. At the orientation for new students just prior to the beginning of the semester, we were addressed by the second year students. One of them said, "be sure to pamper yourself". For some reason this comment stayed with me. I had a vague sense that this was excellent advice. At the same time I was trying to decide whether I should participate in a musical production with a community theatre group with which I was involved. The play would be presented in November, and rehearsals would take up two evenings a week and Sunday afternoons throughout the fall. I really wanted to do it, but I was afraid that it would take up too much time, valuable time, that I needed to devote to my studies. I asked one of the second year students for advice, and she recommended that if I could fit it in, I would benefit from the balance it would provide me. I felt the same way, and so I committed myself to the show.

I gradually became aware that the only time I did not think about school or my practicum was when I was at rehearsals for the show. I was totally absorbed in singing and dancing, and learning my role. I noticed that no matter how tired I was upon arrival at rehearsal, I invariably left feeling refreshed and invigorated. The stress seemed to evaporate with the combination of physical exercise and creative expression I engaged in.

I realized that spending some time away from the demands of school was having a positive effect on my performance as a student. I became fascinated with the paradox; that stepping back from the work and nourishing myself in other ways, I was actually helping myself to be a better student.

In my first semester, I found the program incredibly intense and demanding, moreso than I had imagined it would be. I was returning to school after sixteen years, and I did not have good study habits and familiarity with academia at my fingertips. I was struggling with brand new subject matter as well as adjusting to student life. In addition, I was beginning my practicum (as we all were) with no previous experience or training in drama therapy. All these factors contributed to major stress and fatigue.

Within the first few weeks, I felt overwhelmed by it all, and began to feel that I should quit the play. I didn't think I could afford to spend the time it required away from my studies. But at the same time I had a vague sense that leaving the play was not an optimal solution. I could not articulate it, but I think I realized even then that the play was providing a life-line for me. That although it made my schedule extremely hectic, it was going to help me get through the semester. I found myself telling friends and classmates, "the only time I'm not thinking about school is when I'm in rehearsal." At this point I began to realize that doing the show was a self-caring activity for me. It was providing a much needed balance between school and the rest of my life. It was offering me a creative outlet, and an opportunity to hone my skills as a performer. I was also able to experience the sheer joy of singing and dancing to glorious music. Secondary benefits were the camaraderie and sense of purpose among the cast as we prepared the show. I experienced

the strong sense of community that builds through the common goal of producing a piece of theatre.

In the second semester of first year, I made a point of continuing this type of self-care by singing with the company's vocal group. We met once a week to rehearse, and did a small number of concerts in the spring and summer. I also participated as an actor in staged readings of a new play by a local playwright. My extracurricular activities were less time-consuming, but provided the balance I craved. By this time I was keenly aware of the importance, for me, of creative expression as a way of caring for myself. Music has been a large professional focus for me over the past ten years, especially through my work touring and recording as a member of an *a capella* vocal trio. My involvement with the trio naturally diminished as I entered my drama therapy training program. I knew I needed an outlet to keep me singing on a regular basis, and the vocal group provided this outlet. Music in itself is such a major component of self-care for me, both music-making and listening. I find it difficult to describe the direct emotional impact that music has on my sense of well-being. Much has been written on the emotional power of music, and about its function as a language shared by all humans. Ackerman writes:

Like pure emotions, music surges and sighs, rampages or grows quiet, and, in that sense, it behaves so much like our emotions that it seems often to symbolize them, to mirror them, to communicate them to others, and thus frees us from the elaborate nuisance and inaccuracy of words... Our pupils dilate and our endorphin levels rise when we sing; music engages the whole body, as well as the brain, and there is a healing quality to it.

(Ackerman, 1990, p.206, p. 217)

Music is an integral part of my life, and I have been able to use it as part of my

self-care during my two years as a drama therapist in training.

Throughout the first year I struggled with feelings of guilt associated with the time I devoted to self-care activities. As I discussed earlier, I felt guilty about taking time away from studies in order to participate in the play. When I took the time to relax, do something for myself, or attend rehearsals, I felt a pervasive sense of guilt. There was always an inner voice saying, "you should be reading an article or working on a paper". This voice continued even as my awareness grew of the importance of taking time for self-care. In my experience, a turning point came after the first semester. The fact that I turned in my assignments on time and received good grades seemed to slowly alleviate the feelings of guilt. I began to realize that I could give myself permission to incorporate other activities into my schedule without feeling guilty. I became aware that doing something for myself wasn't taking away from my abilities as a student, but rather feeding them and perhaps even contributing directly to my scholastic success. By the end of the first year, I felt convinced of the importance of self-care, and prepared to make room for self-care throughout my second year of training.

Second Year - Bereavement Practicum

After my positive experience incorporating self-care into my student regimen last year, I did not hesitate to get involved with the theatre group this year. I knew that it would provide me with a healthy balance, and help me get through the second year of the program with less stress and anxiety. This year my practicum experience was at a loss and bereavement centre. I worked with groups and individuals who were experiencing grief over the loss of a loved one through death. I also worked with some individuals on non-

bereavement loss issues. During the first several weeks at my practicum site, I found myself in a constant state of sadness and emotional heaviness. Through the drama therapy I was containing the grief and pain that my clients experienced. I realized that I was carrying this pain with me outside the therapeutic setting. I did not know how to put it down, how to "leave it in the room". I began to pay attention to my emotional responses, and I realized that I felt most balanced and relieved of this burden when I was singing with my vocal group and rehearsing for our musical production. This feeling continued after my rehearsals, so that I could go home and feel rested, relieved of the burden until the next day. Consequently I was in a better emotional state to continue to work with my clients. I found a way to hold the grief and pain for the clients during the sessions, and to put it down afterwards so that I could function in a healthy way. It became extremely clear to me that my self-care activities doing musical theatre gave me that balance. The self-care was contributing directly to my effectiveness as a drama therapist, as well as to my own mental health. This led to my decision to explore self-care as a research topic.

Creative/Artistic Activity as Self-Care

The benefits of self-care in my process as a graduate student were clear to me. It was obvious that making room for self-care was a key component to my success in this program. I began to wonder about the relationship, if any, between my self-care activities and my abilities as a drama therapist. As I pondered the importance of self-care to my development as a drama therapist, I became interested in the fact that I was using creative and artistic pursuits as part of my self-care activities. I was engaging in my modality for the purposes of self-care. Did this have an impact on my evolution as a drama therapist?

Many theorists have written about the drama therapist as creative artist. Jennings states equivocally that a drama therapist is first and foremost a creative artist. She emphasizes that a grounding in movement, improvisation, script, performance, masks, myth, and an ability to work as an actor, director and choreographer is the foundation of being a drama therapist (Jennings, 1990). She believes that drama therapists must have a well-developed creative imagination, to have opportunities to practice their art form, and to continue to return to the root base of theatre to understand drama therapy. To that end, she recommends that drama therapists go to the theatre as frequently as they can. She says:

The dramatherapist needs to be able to call upon any of these skills and processes as part of their practice and needs to be able to select the most appropriate way forward. Knowledge and practical experience of theatre provides the working base of dramatherapy so that we need to constantly be involved in the theatre in one way or another. We should not as drama-therapists only make use of theatre for our therapeutic work, otherwise we could lose our objectivity, or be merely satisfying our own artistic needs. All dramatherapists need to have their own means of developing their artistry in a continuing and active way. To be involved in a continuing experimental theatre group is a very rewarding way of doing this.

(Jennings, 1998, p. 138)

Emunah, like Jennings, believes that the drama therapist's training in acting equips him/her to manifest the kind of empathy that every client needs (Emunah, 1994). Landy, with his role theory, sees the drama therapist functioning as a theatre director, attempting to help an actor find a way to connect personal experience with the demands of a scripted

character. The main difference is that in theatre, the personal serves the fictional; in therapy, the fictional serves the personal (Landy, 1993). David Read Johnson believes firmly in the importance of a strong theatrical background for drama therapists, particularly for practitioners of his model of Developmental Transformations (Johnson, 1996). This is necessary in order to:

...effectively guide the client into the playspace, and then to improvise freely with the client, taking on and then shedding numerous roles and images. They must be comfortable with physicalizing emotional states and images, as well as being the objects of observation, judgement and projection by their clients. Overall, they must be capable of tolerating high levels of intimacy.

(Johnson, 1996, p. 296)

These are all qualities that come with training and experience as an actor. It stands to reason that a drama therapist must be familiar with the modality within which he/she works. One would assume that ongoing theatrical experience will enhance the development of a drama therapist.

It was clear to me that my theatrical activities were contributing to a general sense of balance, emotional well-being and release of stress. Were they also contributing to my learning process as a drama therapist in training? Could I see any direct link between my extra-curricular theatrical activities and my work as a drama therapist? Certainly my acting skills were improving through the process of rehearsing and performing a piece of musical theatre under the guidance of a talented director, musical director and choreographer. My creative imagination was being stimulated and challenged. The experience also validated my belief that drama can have intrinsic

therapeutic value. Using theatrical activity for my self-care was also therapeutic for me. Therefore, my theoretical exploration of drama therapy, through readings and classes, was enhanced by practical, hands-on theatrical exploration. My practicum experience naturally provided me with hands-on experience utilizing drama therapy. But I believe that my ongoing experience as a theatre artist enhanced my practicum experience.

I found that I derived another benefit from using theatrical activity as self-care. This was an increased sense of confidence when trying to convey to clients my belief in the therapeutic benefits of drama, and my trust in the process. I felt more sure about asking my clients to participate in drama therapy because I have faith in the process. I could feel confident about suggesting that the creative act is inherently therapeutic. I use creativity for my own personal self-care; I know it makes me feel better. Therefore I can offer this to clients with the security of knowing that I have experienced it myself. There is nothing hypocritical in our relationship. I could take assurance knowing that I "practice what I preach".

In terms of my abilities as a student, I was aware of a connection between my self-care activities and my performance in certain classes. My ongoing practical experience with acting and performing gave me increased confidence and facility in courses such as *Improvisation* and *Creative Process*. I believe that both experiences fed each other. My extra-curricular activities were providing me with valuable hands-on experience that I could bring to the classroom situation.

There were times when I learned a new skill, activity or practice in rehearsals that I was able to apply to my work in drama therapy. Since most drama therapy techniques

derive from the theatre, it is not surprising that my theatrical experiences provided me with material for the drama therapy setting. Most of all, it gave me a keen awareness of how my client feels when "in role" or "acting". I believe the therapeutic relationship was stronger as a result of this common ground between us. My self-care activities reinforced my identity as a creative artist, which is essential to my emerging identity as a drama therapist.

Dramatherapists need to remind themselves constantly that they are first and foremost creative artists within the theatre and drama art forms which includes actor, director, scenic designer and writer and that the art form is a constant renewal of creativity for the therapist as well as the client.

(Jennings, 1990, p. 130)

CHAPTER THREE

CLASS SURVEY

Overview

I distributed a short survey/questionnaire to most of the students in the art therapy and drama therapy training program. The distribution was random; I gave the survey to students as I encountered them in my classes. I handed out 34 questionnaires and received 24 responses, for a total response rate of 70%.

The survey results indicate that 88% of the respondents participate in self-care activities. 79% participate in activities that they consider to be creative or artistic for the purposes of self-care. 38% of respondents spend more than five hours per week on self-care activities; 33% spend from three to five hours, and 25% spend one to three hours. 67% felt that the time they spend on self-care activities is not enough time. 92% of respondents indicated that they had engaged in self-care activities before entering this program of study.

75% of respondents strongly agreed with the statement that their self-care activities contributed to their development as creative arts therapists. One respondent agreed somewhat; two were unsure; one disagreed somewhat, and one strongly disagreed. One respondent did not answer this question.

In terms of actual self-care activities, the five most mentioned activities were: seeing or talking with friends (50%), walking (45%), drawing or painting (38%), reading for pleasure (34%) and dancing (25%).

The results of the survey/questionnaire appear on the following pages.

SURVEY RESULTS

Number of surveys distributed: 34

Number of responses: 24

Percentage of responses: 70%

Breakdown of respondents by year and option

First year students: 12

Art Therapy: 5 Drama Therapy: 3 Unspecified: 4

Second year students: 12

Art Therapy: 4 Drama Therapy: 8

Responses to questions

1. Do you deliberately engage in activities for the purpose of self-care?

Yes: 21 No: 3

2. What kind of activities do you do? (see attached)

3. Do you engage in activities that are artistic or creative for the purpose of self-care?

Yes: 19 No: 5

art 16

music 10

drama 4

dance 10

other writing 2

movement work with a therapist 1

visualization 1

interior design and sewing 1

cooking 1

4. How much time do you spend on self-care activities per week?

less than one hour: 0
 one to three hours: 6
 three to five hours: 8
 more than five hours: 9 (did not specify: 1)

5. Do you feel that it is: enough time: 5
 not enough time: 16
 too much time: 1 (watching TV)

did not specify: 1
 most of the time enough, sometimes not enough: 1

6. Prior to entering this program, did you engage in self-care activities on a regular basis?

Yes: 22 No: 2

7. Please rate the areas in which you feel self-care activities contribute to your development: (on a scale of one to five: one=highest, five=lowest)

	1	2	3	4	5
stress management	12	6	2	2	1
emotional balance	11	6	5	0	1
learning process	7	7	3	3	3
other:					
physical health		2	1		
creativity	1	1			
spirituality	3				
self-esteem	1				
friendships	1				
living a good life	1				
(did not respond: 1)					

8. Do you feel that your self-care activities contribute to your development as a creative arts therapist?

strongly agree	18
agree somewhat	1
unsure	2
disagree somewhat	1
strongly disagree	1

(did not respond: 1)

Responses to Question 2 (What kind of activities do you do?)

◆ see or talk to friends	12
◆ walking	11
◆ drawing, painting	9
◆ reading for pleasure	8
◆ dancing	6
◆ hot bath	6
◆ listening to music	6
◆ watching movies	5
◆ watching TV	5
◆ yoga	5
◆ journalling	3
◆ making music	3
◆ meditating	3
◆ chanting	2
◆ cycling	2
◆ cooking	2
◆ cross-country skiing	2
◆ go to museum	2
◆ go to the bar	2
◆ jogging	2
◆ physical workout	2
◆ spending time with family	2
◆ swimming	2
◆ writing	2
◆ aromatherapy	
◆ computer games	

- ◆ cross-trainer machine
- ◆ deep breathing
- ◆ drumming
- ◆ eat really good food
- ◆ going to the country
- ◆ go to sleep early
- ◆ hiking
- ◆ knitting
- ◆ lying down and resting
- ◆ long suppers with good wine
- ◆ make things
- ◆ making love
- ◆ massage
- ◆ naps in the middle of the day
- ◆ prayer
- ◆ playing cards
- ◆ skip class
- ◆ spending time alone
- ◆ stretching

Comments

The survey contained a section that invited comments from the respondents. Out of twenty-four respondents, sixteen surveys included additional comments. The comments covered descriptions of personal attitudes towards self-care, the difficulty of finding time for self-care, and individual definitions of self-care. Several comments addressed the connections between self-care and the development of the creative arts therapist.

Some common themes emerged from the comments of the respondents. The most prevalent theme was the relationship between self-care and one's development as a creative arts therapist. Six of the comments addressed this topic, and all remarked upon the importance of self-care in the student's growth as a therapist:

I firmly believe that taking care of myself is part of being able to take care of my clients. If I can't set healthy limits to what I will take on and what I will sacrifice, how can I expect them to? If I neglect myself and burn out that isn't going to help anyone either.

...Self-care is crucial for anyone, especially those who give so much of themselves to others (therapists in order to help others achieve their full potential as well.)

I think self-care activities are crucial...if we wish, as creative arts therapists, to communicate a well-being to participants of our workshops.

As therapists in training - I feel it is essential that students participate in self-care. Due to the nature of our future profession I believe we need self-care in order to adequately work with our "clients".

...I think these "self-care" activities are an essential part of being a therapist where we "process" the stuff that we contain for our clients during this time. So, although it is what I do in my "free" time I also see it as an integral part of the therapeutic process and it is more than me caring for myself. I am also caring for my clients in this effort.

In order to be available to others in an effective way and to pursue my learning, self-care is essential.

These observations are consistent with my own, in finding a very strong connection between my level of self-care and my progress as a drama therapist.

Another theme that emerged was the difficulty of finding time for self-care while in training. Several respondents elaborated on this dilemma. They also reflected on the benefit of self-care as a way of coping with the demands of training:

The schedule for the first year makes it very difficult to practice self-care and when the stress increases and time is of the essence, the first thing that gets cut out is self-care.

Unfortunately, the demands of the masters program at times, and sometimes for extended periods, necessitates the forgoing of activities of self-care essential to my optimal performance. This results not only in diminished productivity and effectiveness, but also in negative impacts on my health. It's easy to get caught up in the academic demands/pressures of this kind of program. Self-care activities help me keep things in perspective, so I can keep my sense of self strong in the midst of having many responsibilities

to others, and in the program.

I feel that if I do squeeze in the time to do physical activity, it doesn't serve as a relaxing technique because the pressure of TIME takes over...I would rather not be on such a tight schedule, however the program demands it.

It's very important to engage in self-care, to ensure good emotional/mental health and to sustain energy in such a demanding program.

One respondent commented specifically on using the creative arts as a method of self-care. This student seems to share my belief that using the creative arts as a self-care activity helps the learning process:

Ideally, I would spend way more time involved in my own creative process - this would not only bring more balance to my life, but help me learn CAT from the inside.

A few students remarked on the concept of self-care, and addressed the question of isolating "self-care" from the notion of living:

I have some ambivalence or confusion about this notion of "self-care" because I see it as more than this.

In order not to be taken hostage by the program self care is a matter of "life".

What is living without caring for the self?

One student reflected on the lack of self-care activities in her experience, and on the consequences that resulted:

Most of the time I would spend all my time reading/studying in schoolwork - moving from somewhere else, I first did not have much of a support system here and was not familiar with places/activities in which I took part at home for self-care. I therefore surrounded my whole life with school and took no time for self-care until I fell apart completely.

This comment would seem to reinforce my contention that self-care is an important, if not crucial, element in the development of a drama therapy intern. However, one comment offers a different perspective:

I get more from completing a task - homework, papers, etc., than I do from any self-care type activity.

Attitudes towards self-care appear to be varying and uniquely personal. The comments included in my survey reflect the diversity of the student respondents. The comments do indicate, however, that most respondents feel that self-care is an integral component of their process as creative arts therapy interns.

IN-DEPTH INTERVIEWS

Introduction

The three participants for the interviews were students selected from a drama therapy training program. All three participants were female, and in their second and final year of the training program. Since all full-time students in the second year of this program were female, the issue of gender was not a factor in my selection process. I recruited the three participants simply by asking if they would be interested in taking part in my research and participating in an in-depth interview. I had no special criteria in mind beyond the fact that I had a friendly relationship with each one. I did not have any prior information about their attitudes towards self-care. Each of them volunteered willingly to be a part of this study, and signed the appropriate consent form (see Appendix B). The participants were informed that confidentiality would be maintained, and that they would not be identified in this paper. The interviews were conducted in the final two weeks of classes, at the end of the final year of study.

The interviews took place on a one-to-one basis, and were audiotaped. Each interview lasted from one-and-a-half to two hours, and was open-ended. The length depended on the needs and responsiveness of participants on their attitudes towards self-care. The interview was conducted in a different room for each participant, all on university grounds. Each interview took place in a quiet room in which there was no potential for interruption. I had a set list of open-ended questions which I asked the participants. I also encouraged the participants to add any comments they wished beyond their responses to the questions. Indeed, one of my questions was framed to elicit any

information which the participants wished to cover that had not been touched upon by my questions.

Definition of Self-Care

I began each interview by asking the participant to define self-care and describe what it means to them. The three participants had similar definitions of self-care, which also bear similarity to my own definition. All three referred to self-care as something that you do for yourself, for your own sense of well-being:

I think it's just doing things that protect myself physically, emotionally, intellectually...it means knowing the limits that you cannot go beyond without jeopardizing...either your physical or emotional health.

Self-care is giving back to yourself, it's giving to myself and taking care of myself..just being alert to what you need....listening to yourself and your body and what it needs, and then providing and following through with that need and providing for yourself. I think tuning in to what you need is the most important part of it.

It's accepting what I need to look after myself, not what I think other people expect me to do...looking after your soul, essentially, looking after your physical body, but also just checking in with yourself..

The participants referred to motivation as an important factor in self-care. The reason why one does something constitutes the difference between self-care and mere survival:

What am I doing this for, why am I taking the time out to eat this lovely brie and crackers and fruit? Am I doing it because I enjoy it or am I doing it because I need to just feed myself? Well, both, but also because I enjoy it

and I need to take this time out of my day to just enjoy myself and enjoy the day and not be preoccupied. So I guess it goes to motivations, the difference between survival and self-care.

...But now it's part of everything I do so that part of the criteria of doing something is looking after myself.

These comments speak to the issue of separating the notions of "self-care" and "survival" or "living". My definition of self-care addresses the quality of life, and defines self-care as something that enhances living, but that is not necessary for survival. One could argue this point, and maintain that self-care and survival cannot be separated. Two participants felt that their attitudes towards self-care had shifted, and that now they see self-care as an indispensable ingredient for survival:

It's part of my life; it's what I have to do. It's part of going to my practicum, it's part of getting my schoolwork done. So it's not really a condiment anymore, it's like a piece of the bun.

Self-care, I don't even think is a luxury in this program, it's survival.

Self-Care Activities

All three participants agreed that they deliberately engage in activities for the purpose of self-care. They spoke of reaching an awareness of a need to stop, to relax, to do something to take care of themselves. Some of these activities included physical exercise, socializing with friends, eating good food, writing, and taking long baths.

I think, for me, exercise is one of the most obvious....yoga, once a week, go to the gym, run, ride the bike, and stretch....and swimming. Swimming's good...Friendships are incredibly important...Reading a lot of stuff that's unrelated to the program, which is really nice.

My breaks are very short...I rent a movie, that's the best way...it's something I'm absolutely sure that it's going to take my mind off something....sometimes I'll go for a walk...talk with friends. Call friends, go for coffee...that helped a lot, having a support system. That's part of self-care, I think, ...friendship.

... just stretching, sometimes with music...just stretching and really deep breathing, and sort of meditation.... Exercise, but not in terms of working out, but walking....And nourishment became a big thing, when did I have time to eat and what did I have time to eat?...and I started to read non-school books, just allowed myself the hour before I went to sleep at night, all curled up with my cat, and read a novel.

The participants made an effort to incorporate these activities into their weekly routines. They spoke of an awareness of the benefits of these activities on their physical and emotional well-being. They believed that their self-care activities contributed to their productivity and enabled them to cope with the demands of school and their internships:

I know it, physically, coming back (from visiting friends)...I'm just going to feel lighter, and feel like my body is more relaxed, and I feel like giggling... my mood is lighter as well as my body, so that I feel the stress has been alleviated....And I go back home and I work....

So I go to yoga because I need to feel better, and I go to the gym and I go

to a movie because I need to feel better, I'm quite conscious of it...there's such an obvious difference for me after things, and sometimes I have to remind myself, "you will be more productive if you just stop staring at this computer screen and stop stressing and go for a swim or just leave the house and go for a walk...so I'm very aware of it.

Guilt and Rewards

The participants spoke about feelings of guilt, which accompanied self-care. Particularly during the first year, the participants found themselves feeling guilty when engaging in self-care activities. Despite being aware that self-care was important, they felt guilty about the time it took away from their studies. In addition, they perceived the self-care activities as a kind of reward for work well done, or a luxury that they could not really afford, but indulged in anyway. This attitude contributed to the guilt. They described this as follows:

I felt like it was more a privilege rather than a right...It was almost like I wouldn't allow myself - yeah, maybe it was sort of punishing, "well, you didn't get that paper done so you can't go to yoga"...so it was like self-care was a reward for being a good worker. And now, it's not a privilege, it's not a luxury, it's a right. It's part of my life; it's what I have to do.

I think, last year especially, I would've felt guilty about doing that (reading for pleasure)...I did self-care last year but I didn't make it a priority...whereas this year it was very much like a priority. I made time for myself.

I feel like I'm really giving to myself, and I'm really saying, "okay you deserve this, because you've worked hard this morning on your paper, or you deserve

this because...you've had a difficult internship, and this is a treat for you".

Two of the participants were very aware of a shift in attitude towards self-care from the first year to the second year of study. After the first year, they began to perceive self-care as an integral part of their lives, as a priority, and not as a luxury or reward. They felt less guilty about engaging in self-care as they realized how it contributed to their well-being, as well as to their success as students and interns.

(it is) part of the criteria of doing things, and putting myself first, because I didn't really realize that the quality of things that I've done in the past might have been better if I'd looked after myself first....It's integrated...(now) I don't reward myself with self-care. It's part of my life.

And so out of survival again, I had to learn to take care of myself...Because I won't be any good to anyone if I don't. But it makes me feel happy and it makes me feel the more that I do that, the more that I'm worth doing that for.

Creative/Artistic Activity as Self-Care

All three participants engaged in some form of creative or artistic activity as part of their self-care regimen. One participant felt she used very little of this kind of activity, and the other two felt they used some. All three indicated a desire to use more of this type of self-care. All three used visual art, in the forms of sketching, painting, or working with clay. Two participants used writing, and one used theatrical activity in the form of Playback Theatre.

I've discovered the joy of writing...sometimes I'll pick up my journal...this past year I've been doing a lot of writing and a lot of drawing. And I was really

inspired by the Creative Process class to reconnect with my creativity...
And I've been writing these letters to the editor. It's like my purging...and I
dance too.

...the biggest creative outlet for me this year has been being involved in
Playback (Theatre) and the workshops...I joined Playback for that purpose,
because I wanted to do something that I enjoyed, that was extra-curricular...
I also used a lot of clay, at home...just listening to music and making little
(things)...it was good to get the tension out.

I use that (art) when the stress is not too much. Then I can draw or I can do
acrylic...or sculpt. Sometimes I would just take a piece of paper and do like I
say to the clients to do, just play with colours, just scribble on a sheet and just
let it out, and that I did a few times....And going to do some narrations in
Toronto....to find yourself with the headphones and the microphones, and do
something that you know you're good at, it comes easy and it's rewarding.

The participants found a positive relationship between these creative/artistic self-
care activities and their development as drama therapists. All three agreed that these
activities fed them as creative artists, and contributed to a deeper understanding of the
creative process. They also spoke about gaining an appreciation of the client's experience
in drama therapy through their own involvement in these activities. It helped them
empathize with their clients in terms of recognizing possible resistances towards the
modality. It also gave them increased confidence in the modality as a therapeutic form. It
allowed them to feel authentic when speaking to clients about the benefits of creative arts
therapies. They could feel genuine because they participated in creative activities and

experienced the benefits first-hand.

...the more I became in touch and accepted my creativity, and gave myself permission to be creative, the easier it was to go into my internship and give other people permission and security to be creative...And for me to let myself trust the creative process, it's essential, because that 's what we're asking our clients to do... how can we expect anyone to trust the creative process, and to participate in this type of work, when we ourselves haven't?

...because I know the therapeutic value of it. So how can I sell something if I don't believe in it?...I give myself therapeutic art-making time, so I see the value in the creative arts as being therapeutic...Sometimes I want to say, "I promise you, this will feel better, after you've drawn this picture", because I know that it feels good to have the creative arts.

In terms of self-care generally, the participants also noticed a relationship between their attitudes towards self-care and their development as drama therapists. The self-care activities helped them to be better therapists in that they felt more balanced as individuals and were therefore more helpful to their clients. They were more able to tolerate difficult situations with clients, and could cope better with issues of transference and countertransference. They could also behave as positive role models for clients, by acknowledging the importance of self-care in their own lives.

I think you cannot ask your client to take care of themselves if you are not able to do that. I think it's like a parent who would say, "do as I say and not what I do"....So in that sense there's definitely a connection and there's also a connection that if you're totally tired or stressed or you don't know how to put it somewhere on the shelf, you cannot listen to the client, you cannot be

entirely there....I think there's a huge connection between, I don't know if it's just self-care or the way you live your life, and what kind of therapist you are.

But they're linked through the fact that I've allowed myself to have more self-care, or not allowed myself but made it a part of my daily living and less of a luxury, then that's sort of accepting my humanity. You're not a super-therapist with a cape and boots, you're a human being and you need to look after yourself.

I think in general it got my juices flowing, so to speak, and I was able to integrate theory with practice more easily. Because I was practicing what...I was trying to facilitate. I can see now why that's so important because I'm in the position, it's like role-reversal, I'm in the position of the client...in participating that way I'm able to say okay, for me this works and this doesn't work, and if I don't like it...I can't begin to ask someone else to do it.

One of the participants elaborated on the difference between engaging in creative/artistic self-care activities and exploring creativity in the classroom setting. Both have a positive impact on her development as a drama therapist, but she found an important distinction:

It's not the same at all. In the classes...this was not therapy for us. So I think it was a constant struggle, how much do I commit to this process? So I never felt comfortable in freely expressing myself creatively...within the context of the classes...These classes weren't about our creativity, they were about learning techniques to use to get other people's creativity going...So the difference is, when I'm in Playback...it was about me.

This student found that creative/artistic self-care activities provided her with a personal context that she found useful in augmenting her training as a drama therapist.

Role of Training Program

The participants were asked whether they felt a drama therapy training program had a role to play in advocating self-care for its students. All three agreed that training programs have a role to play, but each participant differed in their opinions as to what these roles should be. All three felt that it is important for training programs to acknowledge the importance of self-care, and to try and encourage students to take care of themselves while pursuing their studies. The participants all mentioned their practicum supervisors in this regard, and they thought that this relationship was an ideal place to address self-care. In reflecting on their own training experience, all three participants felt that they received adequate focus on self-care from their supervisors.

Looking at their own experience, two participants felt that self-care was not suitably addressed in their training program, and one participant felt that it was:

When they interviewed me I remember clearly them saying, "you know it's a very intense and demanding program, do you think you can sustain that? You also realize we encourage you to see a therapist and try to find time for yourself?" At least we were told...and this one (program) is very flexible, compared to others...I think it's really warning students that yes, they do have to take care of yourself (sic), but I think they did that to a certain extent.

...coming into the program when I did the interview, the student asked me how do I deal with stress?...But that was about the extent of it being stressed to me...I think it's essential that they not only emphasize, but require and

provide an outlet for students.

I think it's not really something that's really discussed, unless you have the privilege of certain teachers who believe in it. But I wouldn't say that everybody believes in it per se, or believes that it's necessary to talk about it.

Two participants felt that, especially in first year, they would have benefited from more focus on self-care from their program. One participant recommended that teachers could mention it in early classes, and that students would benefit from a general acknowledgement that they need to take care of themselves:

...Professors recognizing and saying, "hey, we know you're human. If that could be on the front of the handbook: We realize that you're all human!

Another participant recommended that training programs could offer a workshop or course in creative expression for the purpose of self-care. She suggested that it be non-directive, and provide a variety of materials for people to use the creative arts for self-care. Another suggestion was to incorporate the topic of self-care into certain courses, such as ethics courses. This participant also emphasized that students would benefit from being given permission from the faculty to take care of themselves:

I felt in the second year, that I was given permission to take care of myself. I needed that the first year...So I would say basically in the first year really emphasize permission to give back to yourself. Constantly, not just once at the beginning of the year, but throughout, even in every class...And in doing that they're also recognizing that it's a difficult process.

The participants felt that a training program could emphasize to its students that self-care

is an important element of therapist-training. There is a direct link between an effective therapist and her attitudes towards self-care:

I'm really grateful that I had the experience this year, that that's what was emphasized, taking care of yourself, you'll grow and (gain) strength and be more confident in your role as therapist.

...more solid feedback to students, and an emphasis that the more you take care of yourself,...you'll be a better person, a stronger, healthier person, and a better therapist.

Summary

The interview participants had strong feelings about the importance of self-care during their training as drama therapy interns. They all deliberately engaged in activities for the purpose of self-care. Two of the participants believed that self-care is inextricably linked with life itself, and see it as part of the way they live. They did not make the distinction between mere survival and quality of life that I did in my definition. These two participants stated that their attitude towards self-care shifted between their first and second year of study. In their first year they considered self-care a luxury, and in the second year they realized it had become a right, even a necessity. This corresponds with my experience.

The participants engaged in some form of creative or artistic activities as part of their self-care regimen. They all indicated a strong desire to use more of this type of activity. As I did, they found a positive relationship between these activities and their development as drama therapists. Participating in creative self-care activities offered many

benefits for them as emerging drama therapists. All agreed that self-care activities in general contributed to their efficacy as drama therapists, by providing them with balance in their lives.

The participants felt that training programs have a role to play in advocating self-care for their students. Two participants believe that it should be incorporated into the curriculum in some way. The timing of the interviews may have influenced their responses regarding training programs, as the interviews took place during the final weeks of study. However, their attitudes are consistent with the literature, which supports the philosophy that self-care should be promoted in graduate training programs.

The participants experienced an evolution in their relationship with self-care. This is similar to my process. We all went through personal journeys of discovery that were unique and individual. However, our experiences share many common elements, in particular the belief that self-care has been an important component in our development as drama therapists.

CONCLUSION

The results of my research indicate that students in a drama therapy training program consider self-care to be important. The survey showed that 88% of respondents deliberately engage in self-care activities, and are aware of its benefits. The three interview participants use self-care quite consciously, and feel that it is a crucial component of their lives as drama therapy interns.

Based on my own response and the responses of the three interview participants, self-care is considered integral to the learning process. Self-care enables us to better cope with the demands of an intense program of study combined with a practicum experience. The results of the survey distributed to first and second year creative arts therapies students support this conclusion. Seventy nine percent of respondents agreed that self-care contributed to their development as creative arts therapists.

The students surveyed and interviewed considered personal relationships to be a key form of self-care. This is consistent with findings in the literature through studies conducted by Coster and Schwebel (1997, 1998). The results of my survey highlighted pleasure reading and physical exercise among the top five self-care activities, which is similar to the findings in Mahoney's study (1997) on self-care patterns.

In terms of self-care generally, the participants as well as myself noticed a relationship between our attitudes towards self-care and our development as drama therapists. The self-care activities help us to be better therapists in that we feel more balanced as individuals and are therefore more helpful to our clients. We are more able to

tolerate difficult situations with clients, and can cope better with issues of transference and countertransference. We can also behave as positive role models for clients, by acknowledging the importance of self-care in our own lives. This is supported by feminist theory, which promotes an ethical responsibility towards self-care in healing professionals. Feminist theory maintains that we have a responsibility to include self-care in our lifestyles, in order to make us more balanced individuals, and therefore more effective therapists.

My experience, and the experience of the interview participants, revealed some negative consequences associated with engaging in self-care activities, specifically feelings of guilt. We all went through a phase, particularly in the first year of our studies, when self-care felt like a luxury, an indulgence, or a reward for having worked hard. The literature touches on guilt in caregivers and women, particularly, as a result of social conditioning (Faunce, 1990). Those who do the helping are somehow expected not to need help. Women have traditionally been conditioned to focus more on the care of others, even to the exclusion of caring for themselves. Women have also traditionally been encouraged to pursue careers of a helping nature. The fact that the Feminist Therapy Code of Ethics (1987) is currently the only code that includes self-care, seems to imply that self-care is an area of particular interest to women. However, traditional roles for women are changing and expanding, as well as societal perspectives and values. This raises questions for the drama therapy profession. At this time women outnumber men in the field, and especially in the training programs. What are the implications of this in relation to self-care? Do men and women have different attitudes towards self-care? My

survey did not differentiate between male and female responses; however, the majority of respondents were female, which reflects the makeup of the student population. The three interview participants were female, selected from a group consisting entirely of women. These questions are outside the scope of this paper, but provide interesting material for further research.

These may have been factors in the feelings of guilt we experienced, along with a sense that in order to succeed we had to work hard all the time, and could not afford to stop and relax. However, we all seemed to go through a process of realization that self-care was not a privilege, but a right. At various points in the process, we understood that our self-care contributed to our success as students, and that we needn't feel guilty about taking care of ourselves. On the contrary, we learned to incorporate self-care into our daily and weekly routines. As our training progressed, we became aware of the direct benefits of self-care on our development as drama therapists.

Two of the participants were very aware of a shift in attitude towards self-care from the first year to the second year of study. This is similar to my experience, as well, although my shift in attitude began midway through my first year. After the first year, they began to perceive self-care as an integral part of their lives, as a priority, and not as a luxury or reward. They felt less guilty about engaging in self-care as they realized how it contributed to their well-being, as well as to their success as students and interns. This reflects my experience as well. One of the participants believed that this was a necessary part of the journey for her. Although it was a difficult process, she found it ultimately more rewarding because she had made the discovery herself. There was also a sense

among the participants that during their second year the training program offered greater permission for students to take care of themselves, and greater acknowledgement that self-care is important. This raises questions about timing and perception. This study cannot conclude whether students were more receptive to advice about self-care in the second year, or if in fact the program did promote self-care more in the second year. It appears that the participants and myself underwent a personal process of discovery over the two years. This personal process led to heightened awareness of the value of self-care in our development as drama therapists. Perhaps this process is a necessary step in the journey, one that each student undergoes in a unique and individual way.

The three interview participants used creative/artistic activities as part of their self-care, as I did. Although we used these activities to different degrees, we all found a positive relationship between our creative/artistic self-care activities and our development as drama therapists. We have all discovered that these activities feed us as creative artists, and contribute to a deeper understanding of the creative process. The participants spoke about gaining an appreciation of the client's experience in drama therapy through their own involvement in these activities. It helped them empathize with their clients in terms of recognizing possible resistances towards the therapy. It also gave them increased confidence in the modality as a therapeutic form. It allowed them to feel authentic when speaking to clients about the benefits of creative arts therapies. They could feel genuine because they have participated in creative activities and experienced the benefits first-hand. This is consistent with my experience and perceptions as well.

Personal therapy was mentioned as a method of self-care by the three interview

participants, and by some of the survey respondents. The issue of personal therapy for therapists in training was beyond the scope of my study, and I did not pursue this topic in my research. However, it would be a useful focus for further research into self-care.

The participants had some ideas about the role of drama therapy training programs in advocating and promoting self-care for students. One of the interview participants felt that mentioning self-care at the initial interview for admission was adequate reference for her. The other two participants, and myself as well, believe that continued emphasis on self-care within the training program would be helpful. They feel that, particularly in the first year, students would benefit from being encouraged to participate in self-care activities. Perhaps this encouragement could come from practicum supervisors, or be included as course material in ethics courses. The literature supports this philosophy, as studies by Coster & Schwebel (1997, 1998) and Ratliff (1988) indicate that there is a place for the promotion of self-care in graduate training programs. Carrol et al (1990), Suran and Sheridan (1985) also refer to the responsibility of training programs to advocate positive self-care attitudes and practices in students. The timing of the interviews may have influenced the participants' responses to this question. As the interviews took place during the final weeks of study, the participants were coping with overwork and fatigue, along with the myriad of emotions that accompanies the final stages of a long, intense process. It would be interesting to ask the same questions at a later date, when participants have had some distance from their training, and may have gained other perspectives. This could be an area for further research into self-care.

This study focused entirely on the experience of drama therapy interns and their

attitudes towards self-care. There are many possibilities for further research in this area, including examining attitudes of professional drama therapists working in the field. As mentioned earlier, further exploration of gender differences would increase our understanding of the topic. It would also be useful to examine the attitudes and practices of the people providing instruction to students, as well as the philosophies of the training programs and institutions. This could shed more light on the function of self-care in training.

This study can be of benefit to students entering the field of drama therapy, and to the professionals who offer training. Self-care played a vital role in the personal journeys that the participants and myself went through in our experience as drama therapy interns. Our relationships with self-care were unique and individual, but shared many common elements. It may not be surprising that we perceived this as a process of discovery; because we are students in a relatively new field, we do not have many role models yet. Just as we are learning from the pioneers in the field of drama therapy, we may be pioneers in developing awareness of the importance of self-care. In the words of Sue Jennings, a true pioneer in the field of drama therapy:

I have become increasingly aware of the needs of dramatherapists themselves if they are to be these 'frontierspeople' waiting at the threshold of human experience on the stage of life. Because the dramatherapist is both actively and interactively engaged within the therapeutic drama, it places enormous demands all their resources -resources that need constant replenishment and nourishment.

(Jennings, 1990, p. 130)

BIBLIOGRAPHY

Ackerman, D. (1990). *A Natural history of the senses*. New York: Random House.

Beaton, V. (2000). Medicinal Mozart. *Dalhousie University Alumni Magazine*, 16 (3), 12-15.

Belfiore, M. (1994). The group takes care of itself: art therapy to prevent burnout. *Arts in Psychotherapy*, 21(2). 119-126.

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

Cattanach, A. Personal communication. October, 1999.

Cattanach, A. (1992). *Play therapy with abused children*. London: Jessica Kingsley.

Corey, G., Corey, M.S., Callanan, P. (1993). *Issues and ethics in the helping professions*. Pacific Grove: Brooks/Cole Publishing Co.

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

Coster, J. & Schwebel, M. (1998). Well-functioning in professional psychologists: As program heads see it. *Professional Psychology: Research and Practice*, 29(3), 284-292.

Domar, A. (2000). *Self-Nurture*. New York: Viking Press.

Douglass, Bruce G., & Moustakas, Clark. (1985). Heuristic inquiry: The internal search to know. *Journal of Humanistic Psychology*, 25(3), 39-55.

Emunah, R. (1994). *Acting for real: Drama therapy process, technique, and performance*. New York: Brunner/Mazel.

Farber, B. (1983). *Stress and burnout in the human service professions*. New York: Pergamon.

Gandy, D.J. (1997). *Sacred pampering principles: African American womans' guide to self-care and inner renewal*. New York: William Morrow & Co.

Geldard, David, & Anderson, Garry. (1989). *A training manual for counselors: Basic personal counseling*. Springfield: Charles C. Thomas Publishers.

Guy, J.D., Poelstra, P.L., & Stark, M.J. (1989). Personal distress and therapeutic affectiveness: National survey of psychologists practicing psychotherapy. *Professional Psychology: Research and Practice*, 20, 48-50.

Hofschild, A. (1997). *The time bind: When work becomes home and home becomes work*. New York: Metropolitan Books.

Jackson, J. (1997). *The magic of well-being*. DK Publishing.

Jennings, S. (1990). *Dramatherapy with families, groups, and individuals: Waiting in the wings*. London: Jessica Kingsley.

Jennings, S. & Minde, A. (1993). *Art therapy and dramatherapy - Masks of the soul*. London: Jessica Kingsley.

Jennings, S. (1993). *Theatre, ritual and transformation*. London: Routledge.

Jennings, S. (1998). *Introduction to dramatherapy: Theatre and healing. Ariadne's ball of thread*. London: Jessica Kingsley.

Johnson, D.R. (1996). The theory and technique of transformations in drama therapy. *The Arts in Psychotherapy*, 18, 285-300.

Johnson, S. (1987). *After a child dies: Counseling bereaved families*. New York: Springer Publishing Company, Inc.

Kilburg, R., & Nathan, P. (Eds). *Professionals in distress: Issues, syndromes, and solutions in psychology*. Washington, DC: American Psychological Association.

Kramen-Kahn, B., & Hansen, N.D. (1998). Rafting the rapids: Occupational hazards, rewards, and coping strategies of psychotherapists. *Professional Psychology: Research and Practice*, 29, 130-134.

Landy, R. (1993). *Persona and performance*. New York: Guilford Press.

Lerman, H. & Porter, N. (Eds.), (1995). *Feminist ethics in psychotherapy*. New York: Springer Publishing Company.

Macran, S., Stiles, W., & Smith, J. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychology*, 46 (4), 419-431.

- Mahoney, M.J. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice*, 28, 14-16.
- Maykut, P. & Morehouse, R. (1994). *Beginning qualitative research: A philosophic and practical guide*. London/Washington, D.C.: Falmer Press.
- Miller, L. (1998). Our own medicine: traumatized psychotherapists and the stresses of doing therapy. *Psychotherapy*, 35(2), 137-146.
- Moustakas, Clark. (1961). *Loneliness*. London: Jason Aronson Inc.
- Moustakas, Clark. (1994). *Phenomenological research methods*. London: SAGE Publications.
- Muller, W. (1999). *Sabbath: Restoring the sacred rhythm of rest*. New York: Bantam Books.
- Norcross, J.C. (1990). Personal therapy for therapists: One solution. *Psychotherapy in Private Practice*, 8 (1), 45-49.
- Norman, J., & Rosvall, S. (1994). Help-seeking behaviour among mental health practitioners. *Clinical Social Work Journal*, 22, 449-460.
- Parker, Fran Klein. (1983). *Dominant attitudes of adult children of holocaust survivors towards their parents*. Unpublished doctoral dissertation, Saybrook Institute.
- Payne, H. (Ed.). (1993). *Handbook of inquiry into the arts therapies: One river, many currents*. London: Jessica Kingsley.
- Ratliff, Nancy. (1988). Stress and burnout in the helping professions. *Social casework: The Journal of Contemporary Social Work*, March, 147-154.
- Rave, E., & Larsen, C. (eds.). (1995). *Ethical decision making in therapy: Feminist perspectives*. New York: The Guilford Press.
- Rawnsley, M. (1989). Minimizing professional burnout: Caring for the care givers. *Loss, Grief and Care*, 3 (1-2), 51-57.
- Stamm, B. Hudnall (Ed.) (1995). *Secondary traumatic stress: Self-care issues for clinician, researchers, and educators*. Lutherville: Sidran Press.

Suran, B.G., & Sheridan, E.P. (1985). Management of burnout: Training psychologists in professional life span perspectives. *Professional Psychology: Research and Practice*, 16, 741-752.

Sussman, M. B. (1992). *A curious calling: Unconscious motivations for practicing psychotherapy*. Northvale, NJ: Jason Aronson Inc.

Sussman, M.B. (1995). *A perilous calling: The hazards of psychotherapy practice*. New York: John Wiley and Sons.

Thacker, J.K. (1984). Using psychodrama to reduce "burnout" or role fatigue in the helping professions. *Journal of Group Psychotherapy*, 37(1), 14-26.

Tubesing, D.A. & Tubesing, N.L. (1992). *Seeking your healthy balance*. Whole Person Associates.

Winiarski, M.G. (1991). *Aids-related psychotherapy*. New York: Pergamon Press.

Worell, J., & Remer, P. (1992). *Feminist Perspectives in Therapy*. West Sussex: John Wiley & Sons, Ltd.

APPENDIX A

Questions asked during personal interviews

1. What is your definition of self-care?
2. What does self-care mean to you?
3. Do you deliberately engage in activities for the purpose of self-care?
4. What do you do?
5. Are these activities part of your daily or weekly routine?
6. Can you describe the benefits you get from these activities?
7. Do you engage in activities that you consider "creative" or "artistic" for the purposes of self-care? If so, what are these activities?
8. Have you noticed a relationship between your self-care and your development as a drama therapist? Can you describe this relationship?
9. Have you noticed any connection between the creative activities you do for self-care and your work as a drama therapist? Can you describe this?
10. Did you practice self-care activities before you entered this program?
11. Would you say your attitude towards self-care has changed since you entered the program? If so, in what way?
12. How important has self-care been in terms of your practicum experience?
13. How important has self-care been in terms of the program in general?
14. Do you think the department has any role to play regarding students' self-care?
15. What recommendations, if any, would you make to the department regarding students' self-care?

CONSENT FORM
for research conducted by
Mary Burns
Drama Therapy
Masters in Creative Arts Therapies
Concordia University

on

An Exploration of the Importance of Self-Care to the Drama Therapy Intern

I, _____ agree to participate in the research conducted by Mary Burns on the importance of self-care to the drama therapy intern, for inclusion in her Master's course paper in the Creative Arts Therapies Programme at Concordia University. I understand the purpose of this study and choose voluntarily to participate. I understand that this participation involves an audiotaped interview of approximately two hours. I give my permission for any data collected to be used in the preparation of this research paper. I have been assured that all the information gathered during the interview is confidential and will be presented anonymously within the context of the narrative of the paper. I have the right to review my interview materials to ensure that what is written portrays accurately what I have expressed. I also have the right to withdraw my consent at any time before the paper is completed, without explanation, by contacting Mary Burns.

I have had an opportunity to ask questions about the implications of this consent, and I am satisfied with the answers I received.

I have read and understood the contents of this form and I give my consent as described above.

Signature _____

Date _____

Researcher _____

Date _____

SELF-CARE SURVEY

This survey is intended to get some response from students in the Creative Arts Therapies Masters Program regarding the importance of **self-care** in your experience as a graduate student. For the purposes of this survey, the term "**self-care**" refers to any activity that you engage in for the purpose of achieving a balance, relieving stress, or otherwise contributing to your mental, physical and emotional well-being while a student in this program.

Please feel free to add any additional comments. Thank you for your time in completing this survey.

1. Do you deliberately engage in activities for the purposes of self-care?

YES _____ NO _____

2. What kind of activities do you do?

3. Do you engage in activities that are artistic or creative for the purposes of self-care?

YES _____ NO _____

IF YES: (please check those that apply)

art _____ music _____ drama _____ dance _____

other (please specify) _____

4. How much time do you spend on self-care activities per week?

less than one hour _____

one to three hours _____

three to five hours _____

more than five hours _____

5. Do you feel that it is: enough time _____

not enough time _____

too much time _____

6. Prior to entering this program, did you engage in self-care activities on a regular basis?

YES _____ NO _____

7. Please rate the areas in which you feel self-care activities contribute to your development:

On a scale of one to five: one = highest, five = lowest

stress management	1	2	3	4	5
emotional balance	1	2	3	4	5
learning process	1	2	3	4	5
other _____	1	2	3	4	5

8. Do you feel that your self-care activities contribute to your development as a creative arts therapist?

1 2 3 4 5
strongly agree agree somewhat unsure disagree somewhat strongly disagree

Student Information:

1st Year _____ 2nd Year _____ Art Therapy _____ Drama Therapy _____

Any additional comments.

Return to envelope marked "Mary Burns" in CATGSA lounge.

If you wish to discuss this further or have any other questions, feel free to call me at 484-3137.

Thanks again for your time and feedback.