The Experience of Self-Care as a Beginning Art Therapist:

A Heuristic Exploration

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ABSTRACT

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This research paper aims at understanding the author's experience of self-care as a beginning art therapist through a heuristic exploration. The existing literature on the risks and hazards of being a therapist and a therapist-to-be as well as the therapists' self-care is first presented. Then, the heuristic methodology is introduced and all its stages are explained. In the process and findings section, the author explains her fifteen weeks process with a variety of self-care activities and strategies. The author's most important findings and insights about the topic are presented before providing a deepened analysis of her explorations.

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Chapter 1. Introduction

The term self-care is largely known in the field of helping professional, and yet its essence seems to be misunderstood by most professionals and students. I got to realize this in two times. The first one was when I attended a workshop at my practicum site with my colleagues' professional therapists and social workers. When the workshop' facilitator asked us to share about our self-care strategies to cope with heavy and difficult caseloads, I was disconcerted to hear that most people were not able to name effective strategies of self-care, knowing that these were all people practicing their professions for many years.

The second situation happened on a self-care' workshop organized by the creative arts therapies students' association at my university. At first, I was surprised to see that we were only five students out of the approximatively forty persons in the cohort to attend the workshop. The workshop was well-thought and conducted; a few art materials and music instruments were available for the students to freely engage in the creative process as a means to care for themselves. At some point during the workshop, a student entered in the room, without knowing about the workshop. When the facilitator explained her what it was about, the student cried out, almost contemptuously: "Oh! Self-Care…that's cute! But I have no time for this!" and she abruptly left the room. When typing the term "self-care" in an Internet browser, I actually got a lot of dodgy hits such as pink hearts written "I love me", pictures of coffee cups, cats, green smoothie and ladies getting a massage…If this is representative of what self-care looks like to most professionals, no wonder it is misunderstood!

This research aims at understanding the essence of self-care from a heuristic lens; my personal experience. More precisely, the question that I will try to answer is "How can my experience of self-care as an art-therapist in training be explored through a heuristic methodology". Behind this question resides a passionate interest to find about the specific constituents that makes the essence of an effective self-care experience, which is the subsidiary question of this research paper. After presenting multiple authors' point of view about the risks and hazards of being a therapist, the specificities of being a therapist in training, and the practice of self-care, this research paper will look at the foundational aspects of the heuristic methodology, as originally created by Moustakas (1990). The following section will be dedicated to discuss my own journey with the heuristic process as well as to present my findings about the essence of self-care. Then, the discussion section will present deepened reflections about some

striking findings I made throughout my exploration of the topic before bringing closure to this deeply personal and passionate inquiry.

Chapter 2. Literature Review

For those who enter the psychotherapy profession, the role of accompanying people through their therapeutic process is often viewed as very rewarding and professionally fulfilling (Baker, 2003; Norcross & Guy, 2007). However, even though the therapist profession offers many rewards, it also entails many risks which have to be acknowledged in order for the therapists to better cope with them. This could possibly leave them with more chances of having sustainable careers and preventing their impairment (Figley, 1995; Norcross & Brown, 2000; Norcross & Guy, 2007; Pope & Vasquez, 2005). This literature review aims at listing the potential risks and hazards of being a professional therapist as well as a novice therapist, addressing the conceptual framework of self-care and exposing four of the most acknowledged self-care strategies in the field, therefore helping therapists in coping with the mentioned negative occupational consequences.

Risks and Hazards of Being a Therapist

Examples of hazards encountered by therapists in their daily practice are related to an array of realms in their lives, be it their physical health, emotional well-being, social relationships or mental health (Baird, 2008; Baker, 2003; Kottler, 2010; Norcross & Guy, 2007; Skovholt, 2011). Related to physical health, many authors reported that the sedentary nature of the therapists' work can lead to several physical issues (Baker, 2003; Guy, 1987; Baird, 2008). Indeed, even though therapists are spending mental energy while working with their patients, the "lack of motion" implied by their work can lead to "clogged arteries, atrophied muscles, weight gain, low back pain and other physical ailments" (Baird, 2008, p. 116). Thus, because of the physical hazards added to the high level of concentration required by their work, therapists have to make sure they get "regular, and regulated, eating, drinking, sleeping, and exercise" (Baker, 2003, p. 89), without which the quality of their therapeutic services can be jeopardized.

Moreover, the fact that therapists constantly "witness and vicariously experience a cumulative barrage of raw emotions" (Baker, 2003, p. 20) can impinge on their emotional well-being. As Baker (2003) pointed out, this exposure to intense emotional material can result in "a range of negative stress effects, […] in increasing order of severity, as emotional depletion, distress, burnout, and impairment" (Baker, 2003, p. 20). Even though emotional depletion is not a synonym of therapists' impairment, its symptoms are nonetheless difficult to bear, as it

includes "disrupted sleep, depleted physical and mental energy, emotional withdrawal from family, less interest in socializing with friends, and fantasies about mental health days or paid vacations or about being taking care of" (Baker, 2003, p. 20). The therapist's emotional well-being is therefore at risk if the stress from constant exposure to emotionally charged material is not addressed properly.

Social relationships is another affected element in therapists' lives. Norcross and Guy (2007) added that the resulting emotional depletion after an exhausting day at work often prevents therapists "from having emotional contact with loved ones" (p.42), which can negatively affect these relationships. In fact, the effects left by the emotional demands of the therapists' work on their social relationships seem to represent a risk factor for burnout (Rupert, Stevanovic, & Hunley, 2009, p. 55). In addition to impact interpersonal relationships, the confidential and personal nature of therapy often creates an effect of psychic isolation in the therapists' lives (Norcross & Guy, 2007; Baker, 2003), which can also decrease their emotional well-being. Fortunately, supportive relationships were found to represent an important factor of therapists' personal and professional well-being according to several authors (Guy, 2000; Norcross & Brown, 2000; Stamm, 1999). In order words, positive emotional stimuli from therapists' social network may improve their emotional well-being, mental health, and enhance their work performance.

It was also found that the stress caused by helping traumatized persons can be a risk factor to the helper's mental health (Figley, 1995; Skovholt & Trotter-Mathison, 2011; Stamm, 1999). In fact, three mental health effects are directly related to an excessive exposure to traumatic stories from patients: secondary traumatic stress, compassion fatigue, and vicarious traumatization. A last mental health condition, called burnout, is related to the hazards of practicing the therapist's profession, although it is not directly related to the work with traumatized patients. As mentioned by art therapy graduate Suzanne Cloutier (2006), the field of traumatology research being relatively new, the definitions of these conditions are not always clear-cut. The following paragraphs aims at defining these four mental-health conditions related to the hazards of the therapist' profession based upon the information available.

In the past twenty years, Figley (Figley, 1995, 2002; Kleber, Figley & Gersons; 1995) made an important contribution to the field of therapy by researching on the psychological impacts of the therapists being exposed to the traumatic material expressed by their clients. More

precisely, the term "secondary traumatic stress" (STS), was coined by this author to refer to "the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experience" (Figley, 1999, p. 10). Again according to Figley (1995), this condition is in fact very similar to the DSM definition of "post-traumatic stress disorder", also referred to as PTSD (American Psychiatric Association, 2004). The major difference being that the traumatized person may develop PTSD, whereas the one hearing about the trauma may develop STS disorder (Figley, 1995). The symptoms associated with secondary traumatic stress are threefold: "(1) re-experiencing of the primary survivor's traumatic event; (2) avoidance of reminders and/or numbing in response to reminders; and (3) persistent arousal" (Jenkins, 2002, p. 424). Moreover, the conceptualization of STS is based on Figley's assumptions that "empathy and emotional energy are the driving force in effective working with the suffering in general," but that "being compassionate and empathic involves costs in addition to the energy required to provide these services" (2002, p.1436). This statement shows that every therapist who works with traumatized patients may be at risk of developing this condition.

"Compassion fatigue" is another term used by Figley (1995) to refer to the risks and hazards associated with the therapist' exposure to client's traumatic material. In fact, the author argues that both terms, compassion fatigue and secondary traumatic stress can be used interchangeably, but states that he prefers the term "compassion fatigue" because it is less stigmatizing. Furthermore, Figley (1995) contends that STS and compassion fatigue should not be seen as "a problem but, more, a natural by-product of caring for traumatized people" (p.11).

Similar to secondary traumatic stress and compassion fatigue, "vicarious traumatization is another potential effect associated with the therapist's work with trauma survivors" (Pearlman & Saaktvine, 1995, p. 281). Mainly conceptualized by McCann & Pearlman (1990), vicarious traumatization (VT) refers to profound changes in the therapist's sense of meaning, identity, world view, and beliefs about self and others as well as salient "psychological needs relevant to trauma: trust, safety, control, esteem, and intimacy" (Pearlman & Saaktvine, 1995, p. 289). Unlike STS, vicarious traumatization emphasizes on "alteration in frame of reference schemas" (McCann & Pearlman, 1990, p. 142) which leads therapists to feel highly disoriented and distressed. The condition of VT grows over time (McCann & Pearlman, 1990) and is the result from a "cumulative exposure to traumatized clients" (Jenkins & Baird, 2002, p. 425), whereas secondary traumatic stress can "emerge suddenly and without much warning" (Figley, 1999, p.

17). However, as vicarious traumatization often includes the symptoms of secondary traumatic stress addressed earlier, the two conditions' conceptualizations overlap (Figley, 1995). According to Pearlman and Saaktvine (1995), it is of prime importance to address the therapist's vicarious traumatization as soon as possible, since it can have serious and permanent impacts on his or her mental health if left untreated. Factors such as therapist's "high ideals, rescue fantasies, and overinvestment in meeting all of his or her client's needs" (Pearlman & Saakvitne, 1995, p.152) were found to represent conductive elements to VT, especially because they all lead to inadequate self-care, which worsens the scenario.

The phenomenon of burn-out represents another risk for therapists' mental health, which has been exhaustively researched by many authors for the past forty years (Maslach & Jackson, 1981; Maslach, 1982; O'Halloran & Linton, 2000; Oerlemans & Bakker, 2014; Skovholt & Trotter-Mathison, 2011). Maslach (1982), known to be one of the pioneers in burnout research, contends that the symptoms of burnout are threefold: a state of "emotional exhaustion," "depersonalization" and a "reduced personal accomplishment" (p. 5). In comparison with secondary traumatic stress, compassion fatigue, and vicarious traumatization, burn-out is mostly caused by the emotional stress, organizational aspects, and daily stressors of one's job, whereas the former ones are caused by the an exposure to client's trauma material (Figley, 2002; Maslach, 1982; Pearlman, L.A & Saaktvine, 1995; Young & Lambie, 2007). Beyond the fact that burn-out impairs the therapists' sense of wellness, authors demonstrated that it can also have serious consequences on their ability to make ethical decisions and to provide adequate care for their clients (Barnett, Baker, Elman, & Schoener, 2007; El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012; Young & Lambie, 2007).

This is exactly why many codes of ethics in the field of therapy address the therapists' responsibility to take care of themselves in order to offer the best services possible to their clients (Association des arts-thérapeutes du Québec, 2005; Canadian Counseling and Psychotherapy Association, 2007; North American Drama Therapy Association, 2014). For example, the Canadian Counseling and Psychotherapy Association (CCPA) dedicated an article to "professional responsibility" within which it is stipulated that counselors should "maintain high standards of professional competence and ethical behavior, and recognize the need for continuing education and personal care in order to meet this responsibility" (Canadian Counseling and Psychotherapy Association, 2007, p.5). In the field of art therapy, the ethical

code of *Association des art-thérapeutes du Québec* also dedicated an article addressing the art therapists' responsibility regarding their mental status. Indeed, in the article 3.6, it is written that "art therapists shall refrain from practicing their profession while in a state that could impair the quality of their services" (Association des arts-thérapeutes du Québec, 2005, p.3). Professional therapists are not the only ones affected by the previous hazards. Indeed, novice therapists also experience these hazards, as well as some other ones that may challenge them in many ways at the beginning of their careers.

On Being a Therapist in Training

In addition to the previously mentioned effects of the therapists' work on their physical, emotional, social and psychological well-being, the mere fact of being a therapist in training seems to exacerbate these risks as well as to create new ones (Baird, 2008; El-Ghoroury et al., 2012, Skovholt & Ronnestad, 2003). Authors such as Baird (2008) pointed out how the therapist's training process can be "highly anxiety provoking for most interns" (p. 121). In fact, the combination of learning a set of complex new skills added to the stress of being evaluated under supervision was identified by Farber (1983) as an important source of tension for beginning therapists. Moreover, "as interns become aware of their own dynamics while beginning to fill the role of therapist, they must cope with two sets of issues that are fraught with ambiguity and anxiety" (Baird, 2008, p. 121). In addition to these stress factors, novice therapists are generally known to have difficulties regulating emotions and setting emotional boundaries because of their lack of experience (Skovholt & Ronnestad, 2003). Indeed, being new to the field and feeling a strong desire to help, therapists in training are found to be often overinvolved in their client's cases, which puts them more at risk of suffering from burnout, according to Skovholt & Ronnestad (2003). It is also known that an important amount of therapists choose their profession because of their past histories of trauma and/or vulnerabilities (Barnett et al., 2007; Figley, 1995). Due to their lack of experience and their developing awareness about their own material, therapists in training tend to be confronted with their unresolved trauma, which can be activated by a client's report of similar trauma (Figley, 1995, p. 16). This unprocessed material represents an added vulnerability factor for therapists in training (Baird, 2008, p. 117).

Fortunately, the previous occupational hazards are preventable. To be looking at the potential hazards implied in the therapist's profession stresses the importance for

psychotherapists to develop self-care strategies. According to several authors, self-care is too often overlooked in therapy graduate programs and should be more emphasized in order to better equip future therapists so they can respond to the demands of their careers (Baker, 2003; Coster & Schwebel, 1997; T. M. Skovholt & Ronnestad, 2003). The following paragraphs aims at defining self-care, explaining the importance of choosing the right strategies, and exposing the four most acknowledged self-care strategies that therapists can use to manage various hazards.

About Self-Care

Self-care is a broad concept which can have multiple meanings depending on who is defining it (Godfrey et al., 2011). In their in-depth research on the meaning of self-care, Godfrey et al. (2011) retrieved 139 definitions of self-care from an array of health-related fields. For the purpose of this literature review, the concept of self-care will be considered within the framework of what therapists or mental health professionals do to care for themselves (Baird, 2008; Baker, 2003; Kottler, 2010; Norcross & Brown, 2000). Wilkinson and Whitehead (2009) articulated a definition that can easily be applied to therapists. Indeed, they defined self-care as "people being responsible for their own health and well-being through staying fit and healthy, physically, mentally and where desired, spiritually. This includes taking action to prevent illness and accidents, the appropriate use of medicines and treatment of minor ailments" (Wilkinson & Whitehead, 2009, p. 1145). As noted by these authors, behind the concept of self-care, lies an ideology of empowerment, which "shifts the focus onto the individual and away from structural constraints which lie at the heart of social and economic inequities" (Wilkinson & Whitehead, 2009, p. 1145). This was corroborated by Godfrey et al., (2011) who found terms related to the individuals' responsibility for taking action in more than 57 definitions of self-care retrieved for their research (Godfrey & al., 2011, p. 5).

Furthermore, the concept of wellness is of critical importance when looking at the topic of self-care. Myers, Sweeney, & Witmer (2000) defined wellness as "a way of life oriented towards optimal health and well-being in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community" (p. 252). Thus, our comprehension of self-care for this research will go beyond the idea of "preventing illnesses and accidents" (Wilkinson & Whitehead, 2009) and will also encompass the concept of wellness, which is integrated in many articles about therapist's self-care (Barnett et al., 2007; El-Ghoroury

et al., 2012; Gladding, 2007; Lawson, Venart, Hazler, & Kottler, 2007; Venart, Vassos, & Pitcher-Heft, 2007).

Several authors argued that the following three specific components have to be put forward by therapists in their practice of self-care: self-awareness, self-regulation and balance. (Baker, 2003; Coster & Schwebel, 1997; Dlugos & Friedlander, 2001; Shapiro, Brown, & Biegel, 2007). Firstly, the process of self-awareness, which "involves benign self-observation of our own physical and psychological experience" (Baker, 2003, p. 14) was found to represent a foundational aspect of self-care in addition to being highly related to therapeutic efficacy (Baker, 2003; Coster & Schwebel, 1997; Shapiro et al., 2007). Secondly, the process of self-regulation refers to the conscious or less conscious actions we do in order to "help us maintain and restore our physiological and psychological equilibrium" (Baker, 2003, p. 15). This process is of major importance for therapists considering the emotionally charged nature of their work (Baker, 2003; Coster & Schwebel, 1997; Shapiro et al., 2007). According to Baker (2003), the ability to self-regulate tends to increase when one is self-aware of his or her needs, feelings and limits, which points out how these two components of self-care are interrelated. Thirdly, the last component of therapists' self-care refers to "the balancing of connections among self (involving the psychological, physical, and spiritual, as well as the professional), others (including personal and professional relationships), and the larger community (encompassing civic and professional involvement)"(Baker, 2002, p. 14). In a qualitative study aiming at understanding the experience of "passionately committed therapists" (Dlugos & Friedlander, 2001, p. 298), twelve psychotherapists were nominated by their peers according to their sense of balance and high level of work commitment. It was found that most therapists interviewed expressed the importance of "attending to their nonprofessional lives, […] seeking diversity within work activities" as well as balancing their work, family and leisure time (Dlugos & Friedlander, 2001, p. 300).

As the conceptual framework is now well defined, can it be said that therapists actually practice self-care to improve their wellness? When it comes to the therapists' self-care, several sources pointed out a paradox in the field: most therapists often recommend self-care to their clients while they actually barely practice it in their own lives (Cummins, Massey, & Jones, 2007; O'Halloran & Linton, 2000, Norcross, 2000; Norcross & Guy, 2007; Baker, 2003). There are many reasons for this. In a research aimed at understanding what prevents psychology

graduate students from using wellness strategies, it was found that "lack of time and cost/money" (El-Ghoroury et al., 2012, p. 122) were the two leading barriers to the practice of self-care. Other authors reported that the myth that therapists are "superhumans", who should be models of "perfect mental health" (Baird, 2008, p. 117) is a barrier for them to reach out and to seek support when facing personal difficulties (Baker, 2003; Venart, Vassos, & Pitcher-Heft, 2007).

Another important aspect of self-care is that there is no such thing as a "one size fits all" methodology of self-care (Norcross & Guy, 2007, p. 6). As every human being is unique, every therapist has different needs and interests which must be acknowledged when creating his or her self-care strategies (Pope & Vasquez, 2005, p.16). Thus, finding self-care activities for oneself is an ongoing process of exploration, wherein the therapists must monitor their own health and balance as well as adjust their self-care strategies to their changing needs (Venart et al., 2007; Pope & Vasquez, 2005; Baker, 2003). As Norcross and Guy (2007) put it, "self-care is not a list one checks off in the morning and is done with; no, it is a skillful attitude and lifelong commitment" (p. 204).

But which kind of strategies should therapists use as a means of self-care? Considering that there is an infinite number of possible self-care activities and strategies, it would be impossible to list them all in this literature review. Several authors are framing the therapist's self-care through a holistic approach, encompassing mind, body and spirit, which also relates to the concept of wellness named previously (Baker, 2003; Lawson et al., 2007; Myers, Sweeney, & Witmer, 2000b; Venart et al., 2007). This implies that every therapist needs to take decisions regarding their psychological, physical and spiritual self in order to maintain their well-being. Nonetheless, researchers demonstrated that some specific self-care strategies were found to be especially beneficial for therapists (Dlugos & Friedlander, 2001; Guy, 2000; Lazarus, 2000; Norcross & Brown, 2000). For instance, Norcross and Brown (2000) wrote a "clinician recommended, research informed, and practitioner tested" (p.710) compilation of self-care strategies. In the context of this research paper, four of the most acknowledged self-care strategies used amongst therapists will be briefly identified and explained.

According to Norcross & Brown (2000) and El-Ghoroury et al. (2012), one of the most popular self-care strategy used by therapists is the support of helping relationships of all kinds, be it "peer groups, loving relationships, close friendships, clinical supervision, and so on" (Norcross & Brown, 2000, p. 712). Coster and Schwebel (1997) also pointed out that support

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from family, friends or a spouse can represent a great source of "emotional security and unconditional support" for therapists (p. 11), which is an important input considering the emotional strains left by their work.

According to different authors, time management is also an important self-care strategy when it comes to therapist's self-care (Baird, 2008; Osborn, 2004; Meyer & Ponton, 2006). For instance, scheduling time for self-care activities, making sure to set aside enough time to stretch in between sessions, and being realistic about "what is and what is not possible or doable in client scheduling and treatment planning" (Osborn, 2004, p. 322) represent helpful time management strategies (Baird, 2008; Baker; 2003). In their annual campaign for mental health, the *Association canadienne pour la santé mentale* promoted the benefits of taking breaks at work in order to prevent mental health issues and burnout. One of the invited researchers (Soares, 2014) who is a work sociologist, argued how taking breaks allows workers to recover and to decrease emotional and physical distress as well as preventing mental health issues. He added that rest breaks are also known to increase organizational effectiveness on a long-term period. This demonstrates how beneficial it is for both workers and employers to promote rest breaks.

Furthermore, personal therapy is a well-known and highly encouraged self-care strategy for therapists (Baker, 2003; Norcross & Brown, 2000; Venart et al., 2007). 476 therapists participated in the Pope and Tabachnick (1994) national survey about psychotherapists as patients. It was found that 84% of the therapists surveyed were or had been in therapy. The three top ranked most beneficial aspects of therapy reported were "self-awareness/self-understanding, self-esteem and improved skills as therapists" (Pope & Tabachnick, 1994, p. 250). A similar study conducted by Coster and Schwebel (1997) with 339 randomly selected experienced psychotherapists demonstrated that personal therapy was reported as one of the most important factors to personal and professional "well-functioning" (p. 5).

According to several authors in the field of psychotherapy, creativity is a major component of the therapist' profession (Kottler, 2010; Leitner & Faidley, 1999; Norcross & Guy, 2007). Whether one uses their creativity by responding spontaneously to whatever patients bring to the session, finding innovative ways to address their defenses or creating moving metaphors to help them gain insights, "everything comes together for us in the creative process" (Kottler, 2010, p. 298). As Norcross & Guy (2007) pointed out, self-care and psychotherapy are both

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creative processes, and therapists should try to translate the creative process as much as possible into their self-care practices, which has the power to enhance their overall sense of wellness.

Beyond the psychotherapists' role encompassed in the art therapist's profession, lies the art as a means of healing and self-care (Allen, 1995; Gagné, 2009). From this perspective, art making can be viewed as an excellent means of self-care for therapists, which is corroborated by several authors (Gloria, Rykov, Amonite, & Loynd, 2000; Harter, 2007). For instance, in a study aimed at assessing the benefits of creative activities as a means of self-care, a total of 75 helping professionals working in a palliative care setting were offered three different creative workshops (Gloria et al., 2000). Indeed, journal-writing, art therapy, and music therapy two-hour workshops were offered to small groups during a full day. At the end of the day, participants had to fill out surveys in order to report their personal experience of the creative process. It was reported by a large amount of participants that art making helped them to relax, to be in touch with their feelings, and to develop an awareness of their needs as helping professionals (Gloria et al., 2000).

Similarly, Gagné's (2009) research aiming at finding "if and how arts therapists use the creative process as a means of self-care" (p.5) demonstrated positively how art-making and the creative process represent an effective self-care strategy for art-therapists. Through a survey and several in-depth interviews, the author collected the answers of 25 art therapists from different provinces of Canada. She found that 88% of the participants create at least once a month. The most reported reasons for practicing creativity were the following: as a means of self-expression, as a means of play, or for a healthy escape. To the question "when do you use creativity?", one of the most popular answers was "when stressed or overwhelmed" (Gagné, 2009, p. 25). This specific research result seems to demonstrate how art-making can be used as a way to cope with the emotional stress and demands of the therapist's profession.

Therapists, unlike other professionals, are prone to experience occupational stress which can negatively affect their physical health, emotional well-being, social relationships, and mental health. Many researchers suggest different self-care strategies, in order to prevent the job-related hazards from happening. The following chapter of this research paper will present the conceptual framework of heuristic methodology, my rationale for choosing it, as well as the ethical considerations I've been taking into account when conducting this project.

Chapter 3. Methodology

Heuristic methodology is a qualitative approach to research, referring to a "process of internal search" (Douglass & Moustakas, 1985, p. 39). This method of inquiry was created by Moustakas (1990) in 1961, when he published *Loneliness,* a book on his subjective explorations about his experience of feeling lonely. Sela-Smith (2002) has also been an important author about the heuristic method because she worked intensively with this methodology, criticized it and then reviewed it in order to create what she called the "heuristic self-search inquiry" (p. 53). This section will mostly look at the heuristic methodology as created by Moustakas, with some insights from Sela-Smith. In the following paragraphs, the heuristic research approach will be defined, and all its stages will be explained. My choice of methodology for this study will then be justified. Three ethical issues raised during the research process will also be addressed in order to help me analyze the data more efficiently.

A Definition of the Heuristic Research Approach

The heuristic approach is defined as a qualitative approach to research, which holds three fundamental principles: personal identification with the question, tacit knowing, and self-dialogue, three elements that will be explained as follows. One of the core principle of heuristics according to Moustakas (1990) is that the researcher must identify himself or herself with the question on a personal level. More precisely, the question must be "one that has been a personal challenge and puzzlement in the search to understand one's self and the world in which one lives" (p. 15). Thus, a heuristic research is an autobiographic process, which can still hold a more universal meaning (Moustakas, 1990; Sela-Smith, 2002). In fact, Moustakas (1990) contends that with "every question that matters personally, there is also a social-and perhaps universal-significance." (Moustakas, 1990, p. 15)

Another important principle of heuristic inquiry is the tacit knowing (Moustakas, 1990), which refers to "that internal place where experience, feeling, and meaning join together to form both a picture of the world and a way to navigate that world" (Sela-Smith, 2002, p. 60). This concept implies that the researcher has the data within him or her and that "the challenge is to discover and explicate its nature" (Moustakas, 1990, p. 13). By going deeper and deeper into his or her subjective experience, the researcher comes to a fuller understanding of the question, which has transformative powers on the self (Moustakas, 1990). In fact, as Sela-Smith (2002)

puts it, "self-transformation is an expected outcome of this method" (p. 70). She added that the tacit dimension is a multilayered and "a constantly growing form of knowledge which is under construction every time a new experience is introduced" (Sela-Smith, 2002, p. 70).

The fact that the heuristic process doesn't have rules or specific mechanics doesn't mean it's a casual process (Douglass & Moustakas, 1985). In fact, it's been described by Douglass & Moustakas (1985) as a "passionate, yet disciplined commitment" (p.40) that requires the researcher to work with rigor. A last core principle of heuristic inquiry put forward by Moustakas is "self-dialogue" (Douglass & Moustakas, 1985; Moustakas, 1990). The author explained that the heuristic researcher "may enter into dialogue with the phenomenon, allowing the phenomenon to speak directly to one's own experience, to be questioned by it" (Moustakas, 1990, p. 16). Through this process, the researcher has access to deeper meanings of the question as he or she is engaging "in a rhythmic flow with it" (Moustakas, 1990, p. 16). Related to self-dialogue, lies the importance of honesty and self-disclosure, also concepts dear to the heuristic approach according to Moustakas (1990): "In self-dialogue, one faces oneself and must be honest with oneself, and one's experience relevant to the question or problem" (p. 17).

Stages of Heuristic Research

According to Moustakas (1990), the heuristic research design includes six phases through which the researcher goes in his or her investigations. The first step, called initial engagement, refers to the researcher' discovery of "an intense interest, passionate concern" (p. 27) about a theme holding both deep personal and social meanings. As Sela-Smith (2002) reminds us, it is important for the researcher to truly consider his or her relationship with the topic since too painful material might prevent him or her from fully immersing in the question. If one experiences high resistances to work on this aspect of his or her life, she recommends finding another question (p. 65). As Moustakas (1990) puts it, during the initial engagement phase it is important that the researcher clarifies "the context from which the question takes form and significance" (p. 27), which implies a certain degree of receptiveness and openness.

In the second phase, called "immersion", the researcher fully "lives the question in waking, sleeping, and even dream states" (Moustakas, 1990, p. 28). Again according to Moustakas (1990), this phase is characterized by the researcher' intense focus and concentration on the question. This step has also been referred to as the "acquisition" phase by Douglas and

Moustakas (1985) because it is during this phase that the researcher goes through the data collection (p. 46). In his book, Moustakas (1990) points to some concepts which can assist the researchers during the immersion phase: "spontaneous self-dialogue and self-searching, pursuing intuitive clues or hunches, and drawing from the mystery and sources of energy and knowledge within the tacit dimension" (Moustakas, 1990, p. 28). Sela-Smith (2002) adds that even though this phase is punctuated with the interiority of the researcher's inner focus, this step "is not without contact from the outside" (p. 65), meaning that the immersion phase implies a constant movement from both poles. Furthermore, as Moustakas (1990) explains it, this phase happens naturally, "not through control or planning" (p. 13). Sela-Smith (2002) agreed with this by objecting to the idea that heuristic methodology can be used by students to "fulfill dissertation requirements for graduation" (Sela-Smith, 2002, p. 66). Indeed, she argued that the immersion phase requires the researcher to surrender to all the feelings and thoughts brought by the lived experience related to the question, which cannot be constrained by a dissertation's requirements or timeline.

The third step, called "incubation" refers to a phase where the researcher temporarily puts the question aside in order to let it breathe and connect with it on a more unconscious level (Moustakas, 1990, p. 28). Sela-Smith (2002) points out how researchers often resist this step, because they are afraid that detaching from the question may prevent them from doing their work properly. On the contrary, the period of incubation calls for the researcher's mind to rest for a bit, which "allows the inner workings of the tacit dimension and intuition to continue to clarify and extend understanding on levels outside the immediate awareness" (Moustakas, 1990, p. 29).

The fourth step, called "illumination", is a natural result of the previous phase (Moustakas, 1990). Indeed, the fact that the researcher detaches from his or her intense focus on the question (immersion phase) opens the way for a breakthrough moment (illumination) to happen, which cannot be planned ahead (Moustakas, 1990; Sela-Smith, 2002). This illumination moment brings a new understanding of the question, often involving "corrections to distorted understanding or disclosure of hidden meanings" (Moustakas, 1990, p. 29). For Moustakas (1990), it seems that this phase implies only one breakthrough, whereas Sela-Smith (2002) contends that the illumination step may also presents itself in many "waves of awareness over time" (p. 67).

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The fifth step, called "explication" (Moustakas, 1990), can be described as a process of thorough examination of all the researcher's findings, including the ones that have been retrieved in the previous illumination phase. The researcher concentrates deeply on the question in order to discover the "nuances, textures, and constituents of the phenomenon" (Moustakas, 1990, p. 31). On one hand, this phase has similarities with the immersion phase as it requires the researcher to focus and to use his or her awareness of feelings, thoughts and beliefs. On the other hand, the step of explication is different from the immersion phase since its goal is not to discover new meanings, but rather to bring together discoveries and to "organize them into a comprehensive depiction of the essences of the experience" (Moustakas, 1990, p.31). As Sela-Smith (2002) puts it, this phase implies a big shift as the researcher's worldview will be transformed by the reorganization of the new understanding.

The last and sixth step of the heuristic methodology is called "creative synthesis", which cannot happen until the researcher has completely mastered the knowledge of the material related to the question (Moustakas, 1990). In fact, a creative synthesis can take many forms, be it a poem, a piece of music or even a painting, although it is usually presented in a more narrative form. Because this phase requires to use creativity and to focus deeply on the question, a period of solitude is often necessary in order to prepare for this very last step of the heuristic process. Finally, as Sela-Smith (2002) explains it, a strong feeling of authenticity will emerge out of this creative synthesis, which will often resonate deeply with its observer. Again, she reminds us that this phase of high creativity cannot be scheduled and adds that a creative synthesis "is born and the researcher is perhaps the midwife who is there to assist its emergence" (Sela-Smith, 2002, p. 69). As the six phases of heuristic methodology are now clearly defined, it is time to present the two main reasons that lie behind my choice of methodology for the present study: the strong connection between self-care and heuristic methodology and my personal connection with the topic of self-care.

Rationale for deciding to use Heuristic Methodology for the Present Project

There are two major reasons why I have chosen the heuristic methodology to explore the topic of self-care. The first one being that both, the topic of self-care and the methodology of heuristic have strong connections. Indeed, self-care is about the self, as is the heuristic methodology. According to an online dictionary of psychology (Alleydog.com), the definition of

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self refers to "a person conscious and unconscious aspects, their personality, cognitions or thoughts and feelings". This concept is core in both, the heuristic inquiry and the topic of self-care. For example, regarding heuristic methodology, Moustakas (1990) stated that "the self of the researcher is present throughout the process" (p. 9), which makes sense considering that this methodology aims at observing and understanding the "self-experience". Moreover, the concept of self-care also includes the self, as many authors reported the importance for the therapists to consider their personalities, cognitions and feelings when deciding which self-care strategies will be best for them (Baker, 2003; Kottler, 2010; Norcross, John C & Guy, 2007). More, when browsing the literature, I noted that both self-care and heuristic research are considered as processes by authors (Moustakas, 1990; Sela-Smith, 2002; Kottler, 2010; Baker, 2002). This draws another connection between them.

The second reason for choosing the heuristic methodology is related to my personal connection with the topic of self-care. Indeed, according to many authors who wrote on heuristic methodology, the essence of this approach is defined by a subjective, passionate and deeply personal connection to the question (Douglass & Moustakas, 1985; Moustakas, 1990; Sela-Smith, 2002). Considering this, it would be important for this research paper to set the table by explaining my own personal connection to the topic of self-care.

For many years, I have been struggling with the importance of maintaining a self-care practice in order to stay in shape to fulfill my professional and academic responsibilities. Whether I was studying and sub-teaching in the field of education, working as an intervener in a shelter for homeless women, or studying in the in Art Therapy program, the past eight years of my life were colored by the same struggle. Indeed, keeping a balance between the amounts of energy expended to fulfill my responsibilities and the amounts of energy gained from replenishment activities became an important focus and preoccupation in my life.

I realized that this wasn't an easy task at all, as I was often feeling so drained from demanding days at work or at school that I couldn't figure out what exactly would help me refuel my energy. This sometimes led me to experience bouts of exhaustion and emotional fatigue, where it became even harder to make self-care decisions. As this vicious circle has been part of my life and is still a struggle, I wanted to take the opportunity that we had as graduate students to write my research paper on this topic. At first, I just knew that I wanted to work on self-care, without even knowing that heuristic methodology existed. However, when I learned about this

form of inquiry, I knew it would be the perfect fit for me to explore my topic of interest, considering my personal history of struggles with self-care. Furthermore, because I was eager to explore the topic on a personal level in order to gain a deeper understanding of self-care, I thought the heuristic methodology was promising in helping me finding what I was looking for. Lastly, I am hopeful that the heuristic methodology will allow me to deepen my understanding of the topic, which could, in turn, be of help in developing better self-care strategies and possibly lead me to have a more sustainable career in the field of art therapy.

Data Collection and Analysis

Collecting the data is the first step of any research process. According to Moustakas (1990) it is essential for the researcher to plan data collection methods that will allow the experience to be depicted "in accurate, comprehensive, rich, and vivid terms" (p. 49). This author also claims dialogue and self-dialogue as being the best way to gather data in the heuristic methodology because it facilitates free expression and genuine disclosure. Furthermore, Moustakas (1990) also contends that "diaries, journals, logs, poetry, and artwork offer additional meaning and depth" (p. 49) to the researcher's data collection.

As for my own data collection, I have kept a 9 x 11 inches diary within which I have recorded all my reflections, feelings, and impressions about my self-care experiences. My initial intention was to rigorously write my feelings and impressions before and after every self-care activity, which goes along with Moustakas' (1990) way of structuring the data collection process in a prescribed manner. I have also used art-making inside and outside (on canvases or large papers) my diary as a way to express myself in a language that is dear to my heart. Indeed, I deeply value the old saying "a picture is worth a thousand words," which conveys that the visual language goes far beyond words because of its expansive and universal nature. Authors such as Barone and Eisner (2012) expressed this idea in a similar way, explaining how art-making can contribute to the field of research. Indeed, they explain that the integration of the arts in research can allow the researcher to go "beyond the limiting constraints of discursive communication in order to express meanings that otherwise would be ineffable" (Barone & Eisner, 2012, p. 1). In the case of my explorations on the topic of self-care, I thought that art-making would be a necessary piece to enrich my data collection process.

According to Moustakas (1990), the data analysis phase is a process of "timeless immersion inside the data, with intervals of rest and return to the data until intimate knowledge is obtained" (p.49). He also refers to a structured way of organizing the data such as using a color-coding system in order to cluster similar ideas into a schematic map. He focuses on the importance for the researcher to alternate between periods of total immersion in the data and periods of rest, or simply doing something completely different, which would allow for shifts in the researcher's understanding of the topic. My own data analysis was inspired by Moustakas' ideas, as I planned to have many small periods of data immersion interspersed with non-related activities in order to change my focus and allow for a deeper understanding of the question. I also read my journal a few times in order to retrieve patterns and cluster ideas. At every reading, I used a system of color-coding to cluster and retrieve similar ideas. More, after every reading, I also used large blank sheets on which I wrote the major themes I found on that day. On each of these large sheets, I glued small post-its on which I wrote some quotes and observations related to the major theme. Over time, this data analysis method allowed me to retrieve the essence of the topic of self-care in the scope of the beginning art-therapist frame previously established. No matter how personal the data are, there is always a possibility of biases. Moreover, as any qualitative research, ethical issues have to be taken into account within the research process. The following paragraphs will be dedicated to these two challenges encountered during the data collection phase.

Ethical Considerations and Biases

Adopting the heuristic methodology for the completion of this project brings up three ethical considerations. The first one is the personal implication invoked in the artwork. Even though I have decided not to choose the arts-based methodology for this present research project, I am using art-making as a way to collect data. This suggests that I could have decided to publish my artworks in the appendices of this present research paper, but I decided not to. As an author about arts-based research pointed it out (O' Donoghue, 2009) using the arts in research necessarily has ethical implications, as the artworks can have strong impacts on the viewer. O'Donoghue (2009) argues that the researchers have an ethical responsibility for the dissemination of their artworks, contending that it is important to contextualize and to educate the public about the art they make for research purposes. Even though I agree with this author, I

decided that I would rather keep my artworks private because they are deeply personal, and I am not comfortable with sharing them. Moreover, I think that if I had decided to present my art in this research paper, my approach to art-making would have been more censored and could therefore have impinged on my process of "surrendering" to the question, as Sela-Smith (2002) puts it. It is interesting to note that the famous psychiatrist and psychotherapist Jung has been through a similar questioning process when he thought about publishing *Liber Novus,* which represented his most intimate personal expressions. This central piece of Jung's publications was actually published after his death because he feared people's interpretations about his "fantastic and primal expressions" and also because he wanted to preserve his freedom of expression (McNiff, 2011, p. 394).

The second ethical consideration concerns the researcher's sensitivity to the topic. According to Kapitan (2010) there are important ethical considerations to think about when it comes to qualitative research. In the case of my research, I believe that issues around "safeguarding mental health" (p. 24) are important to bring into awareness. For instance, it is important to take into consideration how I can potentially be affected by the process of my research since it touches a sensitive topic in my life. I remember feeling shocked and overwhelmed when I was in the process of reading about the professional risks of burn-out, secondary trauma, and vicarious traumatization, which shows that the research process had an emotional impact on me. Kapitan (2010) actually points out that a debriefing with a research advisor might be necessary after data collection and analysis phases in order to prevent the researcher from being too emotionally affected by the heuristic process, which could impinge on the research quality as well as on the researcher's well-being.

The last ethical consideration I need to address is related to my biases. As expressed by the author of the book *Introduction to Art Therapy Research*, "qualitative research allows for subjectivity but also strives to identify the bias of the researcher and its effects" (Kapitan, 2010, p. 16). In the case of my research, there are some subjective inclinations I have to be clear about because they might impinge on my judgment throughout my research process. Firstly, I truly believe that self-care strategies are necessary for the art therapist to achieve his or her professional responsibilities diligently. With this bias comes the idea that therapists who do not have enough self-care strategies are not as competent as the ones who are more resourceful in terms of self-care. Secondly, I am inclined to think that the importance of the practice of self-

care activities can be extended to all people since I believe that everybody needs replenishment activities to refuel their energy level. Thirdly, I believe that in order to be more efficient, self-care activities have to be achieved intentionally. Fourthly, I am also inclined to think that self-care activities have to be tailored to the individual practicing it and thus, that self-care activities are accessible to everyone, so that there should be no excuses to not practice them. My last bias concerns the idea that it takes a certain amount of ego strength and maturity for a therapist to allow himself or herself moments of self-care. Keeping these biases in mind will certainly help me analyze the data in a more objective way, which is an important aspect of data analysis in qualitative research according to Kapitan (2010).

Various methodologies were available for the completion of this research project, but the heuristic methodology as created by Moustakas (1990) seemed to fit better with this research topic for the numerous reasons mentioned above. Now that the used methodology is well-defined and that its usage is justified, it is much easier for the researcher to analyze the data efficiently and objectively, a fundamental step in the qualitative research process.

Chapter 4. Process and Findings

During the immersion phase of this project, I wrote intensively in my research journal about my experience of self-care on a period of fifteen weeks. At least once a week, a self-care activity was experimented and wrote about. The structure that I used was to write down my thoughts, feelings, and physical sensations before and after every experimented self-care activity. Since most self-care activities were not planned ahead, the train of thoughts that led me to choose which activity to implement is described in these journal entries. Many other entries were written in addition to the ones about my self-care experiments; sometimes as a way to reflect about self-care or my therapist-to-be reality, other times, as reports of important discussions I had with friends about my research question. The following section will present my experience of the heuristic process through the six phases of this methodology, put forward by Moustakas (1990), which are initial engagement, immersion, incubation, illumination, explication, explanation, and creative synthesis. Then, I will expose my findings retrieved from the data collected in my research journal in three times; firstly, about the risks and hazards of being a therapist; secondly, about the reality of being a therapist in training and thirdly, about my explorations of self-care.

My Experience with the Heuristic Process

Initial engagement. The first time I came across the term "self-care" was during my very first week in the art therapy program. I remember hearing professors alternately talking about the importance of self-care in order to cope with the stress of the program and I was very curious about this new term. In fact, in my first language, which is French (my mother tongue), there is no direct translation for this term, which explains why I never heard of it before. Of course, I knew about the concept of taking care of oneself before, but I was surprised to see that there is an exact term for it in English. During the first year of the program, the term stayed with me as I was trying to figure out the "real" definition of it, a "real" method to practice self-care! As expressed earlier, the past eight years of my life were colored by a constant struggle of trying to find balance, which is why I believe that the initial engagement phase of my heuristic process started many years ago. More precisely, I have been looking for a balance between what I give and what I take within my social interactions as well as a balance between the energy spent, and the energy earned through my daily activities. I am using the word struggle here because this was

a very difficult and even problematic quest to me, which goes along with Moustakas (1990) and Sela-Smith (2002)'s point of view; the heuristic question is one that needs to be personally integrated and clarified by the researcher.

Even in the art therapy program, I continued to struggle with this matter. The first semester was probably one of the most striking episodes of my initial engagement phase. Indeed, as I was trying to figure out and to adjust to the large amount of work required by the program, I have noticed that many students were having sleepless nights in order to write and to submit their papers on time, which is also what I tried doing as well. It didn't take long until I realized how the lack of sleep affects my mood, my concentration level, and eventually my therapeutic presence during practicum. I decided I wouldn't continue this habit of working at night, but this implied I had to ask professors for deadlines' extensions, which made me feel guilty and incompetent. I feared being judged or identified as an underachiever by the professors. With hindsight, I think that this difficult experience of having to put my ego aside and to set my limits was in fact my first demonstration of self-care strategies. Luckily enough, I have never been penalized for this, which is a good sign of the faculty member's openness and empathy for their student's processes. These years of struggle to find and to keep a balance in my life brought me to choose the heuristic approach in order to explore the topic of self-care in depth. As I made up my mind, the five other phases of the heuristic methodology as stated by Moustakas (1990) naturally follow.

Immersion phase. The "immersion phase" began quickly after I decided to commit to the heuristic methodology to explore my question. I got really excited, and started to experiment self-care activities and to collect data as soon as my research proposal was approved by the department. I profusely talked about self-care to everyone; my friends, my family, my colleagues at practicum…even strangers, sometimes! In my journal, I amply and thoroughly wrote and drew about my self-care explorations. This was my process of "living the question" according to (Moustakas, 1990, p. 33). It lasted two months before I instinctively put the question aside for a few weeks, which coincided with the Christmas break.

Incubation phase. This break was in fact my first "incubation" phase, during which I took distance from my question. Similar to Moustakas' (1990) idea about this phase of the heuristic process, this step allowed me to access to the tacit dimension and to extend my understanding of the question. As if the question was softly simmering on the oven while I was busy with other things unrelated to my research. Nevertheless, the question was still unconsciously working and, at some point, it got confronted, which provoked a first breakthrough. This happened at the end of the Christmas break. It has been ten days that I was at my parents' house in my hometown, and I was supposed to go to a friend's house up North for New Year's Eve. As I instinctively got in touch with my feelings and tried to observe what I needed in the moment, I realized that I was tired of traveling my suitcase around, and that I needed to come back at my apartment to fully relax and rest. This was quite confronting, since it implied to cancel my plans with this friend, whom I didn't want to disappoint. Yet, I expressed how I felt and what I needed to her. As soon as I did, I felt a relief. More, I came to new reflections about self-care that I didn't have before, which shows that I deepened my understanding of self-care.

Illumination phase. This latter breakthrough moment concurs with Moustakas (1990) and Sela-Smith's (2002) definition of the illumination step. However, unlike Moustakas (1990) and similar to Sela-Smith's (2002) view of the "illumination phase", my experience of this step came in more than one breakthrough moment. In fact, after this first "illumination", I got back to the immersion phase, during which I continued writing and drawing in my journal about weekly self-care activities. I was still keenly interested to know more about self-care. In fact, I was actually going through a very busy and stressful semester, which added more depth to my explorations, and I felt that my topic became even more meaningful during this second immersion phase. I kept collecting data from mid-January until mid-April. From that moment on, I detached from the question in an organic manner, attending to other occupations, such as preparing for my last sessions with clients at practicum and recovering from the busy semester.

It is hard to say if this second incubation phase was followed by another illumination of not. In fact, I think Sela-Smith (2002) was right when she stated that the academic' dissertation requirements and deadlines are preventing the student-researcher to fully immerse in the heuristic process. As for my own process, I believe that if I had more time to surrender to the

question and to follow my internal pace in a more organic way, I would have continued the incubation phase until a more striking illumination came. What happened instead is that I was so pressed with the research deadlines that I had to start examining my data in order to retrieve the reoccurring themes and patterns, which concurs with the "explication" phase.

Explication and creative synthesis phases. Thus, it seems like the explication phase came less naturally than the others. However, I enjoyed the process of organizing my findings in order to find the essence of self-care, and as I was achieving this step, I got very inspired. Indeed, I started writing pages and pages about my findings, almost as a way to synthesize them. Some sentences were poetic, others were written in an automatic writing style. When I read it back, I feel it encompasses everything I've been exploring and discovering about self-care in the past few months of my life….which makes it clear that this represents the sixth and final step of the heuristic process, the "creative synthesis". However, other heuristic student-researchers such as Jennifer Mosher (2007) argued that the research paper in itself can be considered as the finality of the creative synthesis step, which I believe that it makes sense too. For the purpose of this research paper, I must somehow summarize my findings to simplify the reader's comprehension, which is clearly a synthesizing process. The following section is therefore dedicated to the findings I made throughout my process of exploration with self-care in a concise and analytic form.

My Findings

Analysis method. Since everything was consigned in the same journal over a period of fifteen weeks, a large amount of data was created and had to be analyzed afterwards. In order to make sense out of the large amount of data, I looked at similarities in the ideas expressed in my journal as well as repetitions of words in order to retrieve the essence of my experience of self-care. This way of analyzing the data is inspired by Moustakas (1990), who contends that data analysis must be conducted in a structured way in order to promote the researcher's objectivity. While achieving the analysis step, I got to realize that the themes retrieved were all associated to the literature review sub-sections, which I decided to re-use here to present my findings. Thus, the following findings will be presented with regards to the risks and hazards of being a therapist, the reality of being a therapist in training as well as my self-care explorations.

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Findings about the risks and hazards of being a therapist. As stated in the previous literature review, there are many risks related to the work of therapists, and these can impact their physical health, emotional well-being, social relationships as well as mental health. When I looked back at what I wrote throughout the 15 weeks of my immersion in the self-care experience, I found myself associated to all of these risks.

For instance, related to the physical health, numerous sentences were somatic complaints such as "My legs and feet hurt", which is obviously a symptom of a poor blood circulation. It happened countless times that I got home from practicum with leg pain because of the lack of motion during my work and the long hours of sitting at a desk to write papers. More, I wrote a lot about the tension in my shoulders and neck, which is an aftermath effect of sitting and absorbing the emotional stress implied by my new therapist role. Generally speaking, I tend to develop knots in my shoulders when I experience stressful times, and the data retrieved in terms of physical health seems to demonstrate the effect of stress on my body.

On the emotional level, the most striking data related to my role as a therapist was the two entries when I was expressing that I felt so preoccupied about my clients that I wasn't able to fall asleep. It seems that the emotional demands of my therapist' role were exacerbated around the end of practicum, when I was in the process of terminating with my clients-children. I wrote about the fact that some of them were acting-out or distressed about my departure. Being by nature very sensitive and empathic to children's vulnerability, the termination process was highly emotionally demanding to me. Few more entries created around this period of time were describing how hard it was "to hold myself together" and to avoid "collapsing". Furthermore, looking back at that time and with all the information I retrieved, I can see that I was experiencing "emotional depletion", as spoke about by Baker (2003). Indeed, over this period of time, I have experienced all the following symptoms: "disrupted sleep, depleted physical and mental energy, emotional withdrawal from family, less interest in socializing with friends, and fantasies about mental health days or paid vacations or about being taken care of" (Baker, 2003, p. 20). Signs of all these symptoms were dispersed and expressed here in there in my journal throughout the whole process of this research project.

More, as pointed out by Norcross and Guy (2007) in the previous literature review section, emotional depletion tends to affect therapists' social relationships since they are less emotionally available to interact with their loved ones. As for my own experience, the entries I

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wrote about my social relationships were more related to a longing to have more genuine and deeper connections with my friends and family. However, this thirst for deep connections with my entourage seemed to be kept unsatisfied, which raised some frustrations. This preoccupation is actually a reoccurring theme in my journal, and it increased over time. This led me to write the following reflection: "Is it me that has changed so much? Are my relational needs getting more complex and increasing over time?" Lack of availability for seeing people I like because of my busy schedule and self-transformation involved by the program probably have their role to play in this relational dissatisfaction. Moreover, data was also retrieved about feeling "isolated from the rest of the world, like in a bubble", or "feeling lonely, empty", which shows a discrepancy between my relational needs and my emotional reality. This lexical field actually conveys a sense of psychic isolation, which was also retrieved in the literature (Norcross & Guy, 2007; Baker, 2003). I personally believe that this psychic isolation experience is worsened by the fact of being a therapist in training, because the double role of being a student and a therapist in training leaves less time than actual professional therapists to care for social relationships.

The last risk of the therapist' profession discussed in the previous literature review is related to mental health. As the first two mental health impairments are related to therapists' exposure to their client's traumatic material, no related data was found in my journal, since my exposure to trauma was minimal during the research project. However, in terms of burn-out symptomatology, one of the three symptoms, called "emotional exhaustion" (Maslach & Jackson, 1981) was fairly present throughout the whole process of this research. More precisely, the terms "drained" or "exhausted" appeared in eight self-check entries written before self-care activities, which is more than the half of the total entries. It also came up twice that I was feeling "too drained and tired" after a day at practicum to be in touch with my needs, which shows how emotional stress can impinge on self-care decisions. I believe that this cycle of exhaustion is directly associated to the academic demands of the program added to the stress of the practicum experience. Indeed, the typical scenario was that as soon as I was getting home after a long day at practicum, I felt a "constant battle between my self-care needs and the assignments I had to do." This emotional exhaustion was also expressed a few times when I talked about my social relationships, and the fact that a few people in my entourage confided in me about their personal difficulties: "To listen to a friend who is going through a moment of deep suffering while drinking my morning coffee… leaves me with the impression that I stayed at

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work…empathically listening…containing her feelings…being present…" or "I cared and worried about everyone around, but myself…and I am tired of this now." Thus, looking back, emotional exhaustion was a salient aspect of my experience as a beginning therapist, which is one burn-out symptom out of three, according to Maslach (1982).

Findings on being a therapist in training. Besides the many entries confirming the numerous physical, emotional, social and mental health risks related to my role as a therapist, other entries retrieved from my data are depicting signs of potential issues related to my trainee position. Three major problematic mainly related to an accumulation of stress and lack of time are found. Many authors highlighted how the training process for therapists-to-be is anxiety-provoking because of the stress of having to learn several new and complex skills coupled with the stress of learning about their own psychological dynamics (Baird, 2008; Farber, 1983). As for my own experience of being a therapist in training, many sentences retrieved in my journal were related this anxiety, stress, and pressure of the mentioned double task. A striking example was retrieved in the art I made in my journal; countless symbols of mountains and piles were depicting tremendous and overwhelming amounts of work. A dozen of entries reporting the feeling of "being overwhelmed" supported these depictions. The combined emotional stress from my obligations to be present for my clients while discovering and processing my own issues is well articulated in this sentence: "This morning, I feel like doing like my clients do in our art therapy sessions and to just throw everything (my emotions) on a canvas… but I don't even have a big enough canvas to contain the emotional intensity that resides within me right now!" As described previously in the literature review, Skovholt and Ronnestad (2003) contend that beginning therapists' lack of experience often leads them to have difficulties regulating their emotions and to struggle in setting emotional boundaries. The entries referring to my difficulty to stop thinking about my patients at night and to "hold myself without collapsing" demonstrate the challenge of emotional regulation that beginning therapists like me have to overcome.

An unexpected finding was the numerous sentences expressing anger and frustration towards the program, more precisely about the time constraints and deadlines. For example, sentences like this demonstrate clearly the anger: "I feel angry at the program for pressuring us to finish everything ON TIME, leaving us with NO time for ourselves! I feel disgusted!" As found by El-Ghoroury (2012) in their quantitative study about "barriers to wellness among psychology

graduate students" (p.122), lack of time was considered as one of the most important factors hindering self-care practice. The lack of time was also recurring theme in my data collection as well as a source of frustration: "I am exhausted, but I live with the constant impression that I have NO TIME to do anything else than to study… and when I do take time for myself… I feel guilty for not attending to my studies." Not only I often felt angry at the program for leaving us with no time, I also felt guilty for having self-care needs. Related to the angry feelings, a perceived apathy from professors regarding students' feelings was raised in a specific entry. I wrote, "I am not a robot!" and drew a picture of a robot with a paintbrush and a palette in its hands, which conveys the idea of a dehumanized art therapist.

       The last finding about being a therapist in training is related to the paradox of self-care. More precisely, the fact that self-care is talked about by professors, but that no further actions are taken to help students integrate this important concept in their lives. For instance, a certain frustration about the paradox was expressed when I wrote: "Teachers are promoting self-care, but how am I supposed to practice it when I barely have enough time to do my laundry?" This incongruence between what is promoted and what is possible in terms of self-care as a student in the program is also expressed in this sentence: "Is that possible that Grad school and self-care don't rhyme together at all?"

       Findings about self-care. Through my 15 weeks of exploration with self-care activities and strategies, I came up with lots of reflections and realizations about my questions. Most of them fit with what has been addressed by authors in the literature review section. The first connection between the literature review and the data collected through my exploration relates to three essential components in therapist's self-care according to several authors (Baker, 2003; Coster & Schwebel, 1997; Dlugos & Friedlander, 2001; Shapiro, Brown, & Biegel, 2007). Indeed, I have personally experienced the benefits and necessity of self-awareness, self-regulation, and balance in my personal practice of self-care.

       As for the first component, my data collection strategy was using and fostering self-awareness. Indeed, the very fact of writing about my feelings, thoughts, and sensations before and after every self-care activity was an act of "self-observation" (Baker, 2003), which became indispensable to my self-care ritual. In fact, I can hardly imagine how someone could use self-care strategies effectively without initially be in touch with himself or herself. In my opinion,

only this initial step can allow us to find out about our self-care needs. I came up with this realization after practicing an activity that I expected to be a self-care one, but ended up not being refueling at all. In fact, I actually felt worse after practicing this activity than how I felt initially. After taking a step back and reflecting on the experience, I realized that I didn't take the time to pause and to get in touch with myself before choosing to practice this activity. In the end, it made a big difference in the outcomes of this self-care' experience. Because of this realization, I now believe that if self-care was a mechanism, self-awareness would be the lever that makes the self move in the right direction to fulfill its needs.

This goes along with Baker's (2003) idea that the more therapists are self-aware, the more they are increasing their self-regulation skills. This latter component of therapist' self-care was also very present in my findings. Whether it was conscious or unconscious, countless small actions were taken during this 15 weeks period of self-care exploration in order to preserve and to reconstitute my "physiological and psychological equilibrium" (Baker, 2003, p. 15). Obviously, the conscious actions were the self-care activities I've chosen in order to respond to my needs, which will be detailed further in this section. The unconscious ones are harder to pinpoint. However, after reading my journal, I realized that I have used many unplanned and unconscious ways to regulate myself in order to cope with stress. For example, I found many sentences demonstrating self-talk; sometimes in the form of comforting sentences to calm myself, sometimes just as a way to connect with my needs, or to sort out a dilemma. With hindsight, I think that it was a self-soothing ritual, which falls in the self-regulation component of therapists' self-care. Furthermore, I also realized that some regulatory actions that most people take for granted were of prime importance for my physical and mental equilibrium in the program. At some point during my process, I wrote: "enough sleep and of good quality, healthy nutrition, hygiene and physical exercise…these foundations are the cement which holds my pieces together! Don't touch this!" As simple as they seem to be, I often struggled to keep these regulatory processes as part of my routine while I was in the program, because of the busy schedule. Even though it was a constant struggle to keep these regulatory processes in place in times of high stress, I managed to get a grip on them by scheduling and by blocking some time windows, especially for buying groceries, cooking or going to fitness class, and I tried commit to them, rain or shine.

The last essential component of therapists' self-care put forward by several authors is balance (Baker, 2003; Dlugos & Friedlandler, 2001). Indeed, authors reported the importance for therapists to focus on other areas than their professional life and to make sure to have enough leisure time. As for my own process, numerous entries in my journal reported my need to attend to my nonprofessional life, but it seems like this need was always unsatisfied because of the lack of time. For instance, sentences like: "Everything in my life revolves around art-therapy… and I am sick of it!", "Where is my life again? I thought I had one before I started this journey!" are depicting my longing for more leisure times and my fatigue of being overinvolved in the professional domain. After reflection, I believe that the component of balance in therapist' self-care is probably the least achievable for therapists in training because of the condensed amount of work related to the program. Fortunately, graduate programs last for a limited amount of time only, which means that once they graduate, new therapists are able to install a better sense of balance in their lives.

Prior to these mentioned reflections and realizations, various self-care activities have been experimented in order to collect the data. At the end of each activity, I jotted down every single thought that went through my mind; the produced statements are the jumbled data that I managed to sort out for the sake of this research project. The performed self-care activities were diversified, so that my self-care explorations could reach every aspect of the being, whether it is the body, the mind, or the spirit.

Overview of the Self-Care Activities

Used self-care strategies and activities. The following paragraphs will present an overview of the self-care activities I have been practicing the most during my personal explorations of the topic. After reading the data related to self-care activities, I was able to draw some connections between my experimentations of self-care and the concept of wellness defined in the literature review portion of this research paper. Indeed, my experience of self-care activities is similar to the authors who view the practice of self-care in a holistic approach integrating the body, mind, and spirit. (Baker, 2003; Lawson et al., 2007; Myers et al., 2000b; Venart et al., 2007). The connections I drew between my experimentations and each of the three mentioned aspects will be exposed and explained in the following paragraphs.

Related to the body aspect of the holistic approach to wellness and self-care, more than the third of my self-care experiences were activities related to my physical needs. Whether it was taking a bath, going ice-skating with a friend, getting a massage, going to a spa, or simply stretching exercises after a long day at practicum, all these actions were done to respond to my somatic complaints related to the physical inactivity and the stress of my therapist-to-be experience. The physical self-check recorded in my journal were various, from "I need something to help me release the tensions in my back, shoulders, and neck… it is so tensed that it hurts!" to "I feel so disconnected from my body…I need to be more present in my body." As said earlier, these self-checks were of primary importance in my process of recognizing and choosing which self-care activity to conduct, and after each activity, a short self-report was recorded in my research journal. Overall, the feedbacks written after these body-related self-care activities were reporting, "feeling relaxed", "feeling lighter", "feeling energized" and "feeling calm, more at peace."

Furthermore, related to the mind aspect of the holistic self-care' framework reported previously, several others self-care activities I experimented were a way to support and to replenish this sphere of the self. According to the online Oxford dictionary (oxforddictionaries.com), the word mind refers to "the element of a person that enables them to be aware of the world and their experiences, to think and to feel; the faculty of consciousness and thought." In fact, mind is a broad concept and I believe that numerous activities can help therapists to take care of their thinking and feeling realm. As for my own experience of mind-related self-care, creative activities helped me to nourish this realm of the self. Whether it was art-making, cooking, journal writing or poetry writing after watching an inspiring movie, all of these creative activities were helpful ways to understand myself and the world better, which falls in the mind realm. The self-check entries written in accordance of the mind sphere were reporting. "feeling invaded by my own thoughts and worries", "waking up with a feeling of sadness and nostalgia related to difficult events in my life", "feeling overworked and longing to disconnect my mind from school concerns" or "feeling the need to process my feelings and a need for a space and time to let it out." The self-check reports recorded after my creative self-care activities were expressing "feeling released from an emotion stuck for a long time", "feeling lighter", feeling empowered by the realization that "I can shift my own mood" and that "I am not a prisoner of my feelings." In addition to fit in the mind component of the holistic framework of

self-care, creative activities are acknowledged by several authors for being an excellent source of self-care for helping professionals (Gloria et al, 2000; Gagné, 2009; Allen, 1995).

The last component of the holistic framework of self-care, and probably the most neglected in my personal experimentation of the topic is related to the spiritual realm of the self. According to the online Oxford dictionary (www.oxforddictionaries.com), the word spiritual relates to "the human spirit or soul as opposed to material or physical things." More precisely, spiritual practice can be explained as "sincere efforts done consistently on a daily basis to develop divine qualities and achieve everlasting happiness" (retrieved at www.spiritualresearchfoundation.org). Although there is a decline of spirituality in our modern culture, spiritual practices have been reported as an important factor of therapists' wellness and well-functioning in two different quantitative researches (Dlugos & Friedlander, 2001; Coster & Schwebel, 1997). In fact, various types of activities can be used as spiritual practice, whether it is through prayers, meditation, or even art-making. Pat Allen (1995) is a salient example since she herself uses art-making as a spiritual practice. In her book, *"Art is a way of knowing,"* she contends how making art helped her to know herself deeply, to find more meaning in her life and to reach a happier life.

Even though they were not exactly used as a spiritual practice, my experiences of mindfulness activities during the research process were related to the last aspect of the holistic framework of self-care. Three activities of mindfulness were experimented: a moment of contemplation at the nature, a mindful walk in a park and a moment of meditation. The entries recorded before these moments were related to my need "for a downtime", "to slow down" and to "feeling agitated." The self-check report that was the most related to the spirit aspect of the holistic self-care framework was: "It feels good to my soul, and I am thankful for this moment of contemplation." Interestingly enough, the two latter activities were also encompassed in the previous body-related category because they were also combining physical exercise. This finding shed light on the fact that self-care activities often incorporate more than one component of the self at the same time, which possibly makes the self-care experience even more fulfilling.

Other self-care strategies. To draw the final connections with the previous literature review, let's briefly recall the four most acknowledged self-care strategies used by therapists: supportive relationships (Norcross & Brown, 2000; El-Ghoroury et al., 2012; Coster &

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Schwebel, 1997), time management (Baird, 2008; Osborn, 2004; Meyer & Ponton, 2006), personal therapy (Baker, 2003; Norcross & Brown, 2000; Venart et al., 2007; Pope & Tabachnick, 1994; Coster & Scwebel, 1997) as well as the previously mentioned creative process and art-making (Allen, 1995; Gagne, 2009; Gloria et al., 2000). Even though these strategies were neither especially explored in my self-care explorations, nor part of the reoccurring themes of my data collection, they were present in my life and beneficial to my overall sense of wellness.

Without supportive relationships to encourage me and to believe in me in the most challenging times of my training to be an art therapist, I am not sure if I would have made it until the end. More, even though it was not stated as a salient finding, scheduling time for basic self-care needs was previously mentioned as being an important piece of my self-care explorations. In another vein, personal therapy was not mentioned once in my self-care experiments, but yet, it was a foundational aspect of my emotional well-being, mental health as well professional functioning. Without a competent and welcoming art therapist to help me contain and make sense of my journey as a therapist-to-be, the road would have been so much rougher. At last, even though I mentioned it a few times, art-making and the creative process never disappointed me; providing me a space to express freely the rawest emotions, and comforting me with the wisdom that its process is worth trusting.

Chapter 5. Discussion

Summary

Throughout the whole process of this research paper, I tried to respond to my initial inquiry, which was stated as "How can my experience of self-care as an art-therapist in training be explored through a heuristic methodology?" Moreover, I was also interested in discovering about the specific aspects, which constitutes an effective self-care experience. After reviewing the literature about the risks and hazards of being a therapist, the particularities of being a therapist in training and the notion of self-care for therapists, I realized that therapists' self-care was a much more complex idea than I thought it was initially. In fact, even though there is no clear-cut recipe of therapists' self-care, there are some important ingredients that every therapist should consider putting in their mixing bowl, which were addressed earlier in this research paper. To stay with the culinary art metaphor, I believe that there can be great variations between a therapist's self-care recipe to another, depending on which spice the cook (therapist) decides to include or not. This metaphorical example illustrates how every therapist needs to find their own self-care methodology according to their personality and interests.

Thus, considering the personal nature of the topic, the self-exploration aspect lied behind the heuristic methodology was a sound choice to gain a deeper understanding on the experience of self-care. More, it also helped me to find which specific aspects of self-care are essential to my own wellness. This section will present a deepened understanding of my findings about self-care, more precisely about my insights of the self-care' terminology and the importance of taking breaks. Then, an introspective reflection about my experience with emotional depletion will be conducted. Lastly, I will expand my reflection of the psychotherapy profession into the unexplored realm of the art therapist' profession in Quebec.

Deepened Understanding of my Findings

Variations on the theme of self-care; insights which helped me to expand my understanding of self-care. When I first started this research project, I was constantly referring to the idea of "self-care activities" to describe the self-care experience. Over time and throughout my personal explorations of the topic, I came to an important insight. In fact, I realized that self-care was a much broader concept than the idea of an activity, which has a constrained timeframe.

Thus, I got to understand that the experience of self-care also encompasses the concept of strategy. According to the Merriam-Webster online dictionary (www. merriam-webster.com/dictionary/strategy) the word strategy refers to a "careful plan or method for achieving a particular goal usually over a long period of time." I believe that this definition is interesting because it suggests that beyond the practice of a wellness activity, self-care can also be applied as a method in order to achieve the long-term goal of practicing a sustainable therapist' profession.

Furthermore, I believe that there are some similarities between self-care strategies and the second component of the therapist' self-care strategies talked about by several authors (Baker, 2002; Coster & Schwebel, 1997). Indeed, self-regulation being defined as a way to preserve one's equilibrium by Baker (2003), we can see some similarities with the previously stated definition of strategy. Indeed, if self-care strategies serve the long-term goal of having a sustainable therapist's profession, so do self-regulation strategies, because in order to reach sustainability, one has to preserve his or her equilibrium.

Another insight I gained from my exploration with the topic of self-care is the importance of breaks and the variations that come with this idea. As simple as the concept of breaks seems, I came to understand and to fully integrate it by means of my exploration. Indeed, at the beginning of my exploration, I realized that I rarely allowed myself to take breaks in my day-to-day routine. At some point later on, I was struck by what a colleague art-therapist that I met at practicum said about the idea of taking breaks. She said that she is working a large amount of hours per week all year long, in order to take a few more weeks off to travel the world, which she enjoys very much. However, she said that when she comes back, it takes only a few days until she feels completely exhausted again. This made me think a lot because I felt that her comment reported an unsuccessful way of managing her break times.

In fact, these two situations helped me to gain another important insight about self-care. I got to realize how important it is to take breaks of varied durations, whether it is micro-breaks (a few minutes), small breaks (an hour), medium breaks (a few hours to a weekend), or large breaks (full weeks of vacation). I benefited from this more refined understanding of breaks, because from that time on, I had no more excuses for not taking a break once in a while, even if it was a micro one. By becoming more at ease with allowing myself to take breaks, I realized how positively it impacted my overall sense of wellness, and even my capacity to work more

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productively, which was corroborated by Soares (2014) in the literature review section of this research.

About the emotional depletion brought by the emotional demands of the therapist profession; an obligatory pathway. Whether it was the emotional depletion related to the demands of my practicum experience, the pressure related to the academic demands of the program, the confrontational experience of facing my own clinical material, or even the intense stress related to the tight deadlines related to this research project, my journey of being trained as an art-therapist often looked like a roller-coaster ride. The previous section of this research reported many signs of emotional depletion and exhaustion related to the emotional demands of the therapist's role combined with the training process.

With hindsight, I believe that this difficult emotional experience was actually an obligatory pathway for me to grow and to flourish both as a human being, and as a therapist. In fact, I came to realize that without being challenged and confronted, one cannot have the opportunity to strengthen his or her sense of self. This goes along with the old and famous saying "what does not kill us makes us stronger." After all, there is no way around this; in order to learn how to cope with whichever difficulty, one has to be confronted to it. Moreover, to my opinion, one of the best ways of learning about therapist' self-care is by being confronted to the emotional demands of the work and by facing oneself. Only this way, one can understand that self-care is in fact essential and so much more than taking a bubble bath or drinking a green smoothie!

Authors such as Merklin and Little (1967) actually wrote about what they called the "beginning psychiatry training syndrome" referring to transitory neurotic symptoms in students who are learning to become a psychiatrist, which I think can be directly applicable to the art therapy training process. Similarly to what I stated previously, these authors considered this condition "distressing," but essential to the process of becoming a psychotherapist. Correspondingly, authors such as Figley (1995) believe that even for professional therapists, symptoms of emotional depletion and compassion fatigue are quite inevitable. He also contends further that "the most effective therapists are most vulnerable to this mirroring or contagion effect. Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress." (p.1) These authors' opinions point out that the emotional difficulties brought by the therapist' profession are in fact an obligatory pathway for most professionals.

I also believe that this research process helped me tremendously in developing ways of coping with the stress and demands of this journey. More precisely, to be exploring and researching about the topic of self-care enhanced my self-awareness skills, which was of great help when trying to identify and to respond to my self-care needs. Thus, I can now handle stressful events more efficiently through self-awareness and self-regulation strategies. For example, when I feel stressed or upset, I often do creative journaling, which helps me to calm down and see things more clearly. By developing these new strategies, I learned to face daily challenges with more ease, which increased my sense of wellness, as well as my overall performance.

Reality of being an art-therapist-to-be in Quebec. This research paper mostly looked at the reality of being a psychotherapist despite the fact that my training program is in art-therapy, a field that has its own particularities. There are two reasons for this choice: there is a significant shortage of information in the literature about the hazards and the specificities of the art therapists' profession, and the Concordia Art Therapy Masters' program as a strong psychodynamic approach. This means that all the information found about the hazards of being a psychotherapist is easily applicable to art therapists. However, even though my research didn't address the particularities of the art therapists' profession, I believe it is worth mentioning briefly about my personal experience of being an art therapist-to-be. In fact, a few entries were related to this topic in my research journal, and all of them were referring to the same preoccupation: "Will I be able to find an art therapy position that will allow me to pay back my student's loans?" The art therapy field being still a fairly new profession in Canada, there are not many actual positions offered. Thus, a large number of new graduates have to venture and to create their own positions, which is not an easy task.

In addition to this former anxiety-provoking professional reality, an additional particularity of the art therapist profession in Quebec increases the stress level of future art therapists like me. Indeed, a recent Quebec law (Bill-21) have been created in order to regulate which professionals can practice psychotherapy, reserving the psychotherapist' title and permit to authorized professionals only. Unfortunately, art therapists are not part of these at the present moment. Knowing that employers in the public sector often require this permit when hiring mental health professionals, it may become even harder for art-therapists to find work in Quebec

at the present time. Being very aware of this provoked many peaks of anxiety throughout my training process. My difficulties to deal with this challenging and stressful reality were well depicted in these two research journal entries: "Am I doing all of this for nothing? I've been investing so much of my time and energy…" or "What's going to happen next?" I believe that finishing a training program and facing a new reality is stressful to any student. However, it seems that the art therapy graduates in Quebec experience this stress a notch higher because the art therapy field is still unknown, coupled with the existence of Bill-21. To my opinion, considering the particularities of their field, art therapy students and clinicians have one more reason to prioritize self-care strategies in order to cope with this additional stress.

That being said, it is also important to stress here all the efforts that are taken right now by the Association des art-thérapeutes du Quebec and the two universities offering Master's level training in art therapy (Concordia and UQAT) to work towards a better integration of the art therapists within the Quebec job market. Also, one must not overlook the fact that there is a strong growing interest from the public to know more about art therapy and that many professional art therapists are currently working in different settings in Quebec. These aspects are essential to hold on to for beginning art therapists like me, as it is of prime importance to stay hopeful and remain positive when starting a new adventure.

In sum, to be taking a step back after the data analysis phase helped me gain a deeper understanding on the several aspects of self-care. Indeed, in the past few paragraphs, I presented my new understanding on the concept of strategy and breaks, two elements that I have come to view as essential to the self-care experience. More, this section has also allowed me to view my whole process of exploration with self-care in a retrospective way, which led me to look at the emotional difficulties that come with the art therapy training program as an essential part of my self-care learning process. The last paragraphs looked at the reality of being an art-therapist-to-be in Quebec, an important element of my process which deserved some attention to conclude this section properly. Now that we understand the importance of self-care activities for art therapists, it might be interesting for any concerned researchers to study the various types of self-care activities according to the therapist's personality. Such research studies would help actual therapists and therapists-to-be to wisely pick the self-care activities that suit them the best.

Conclusion

Even though the term of self-care is amply used by professionals in the field of psychotherapy, its real essence is misunderstood by most of them. Therefore, how can my experience of self-care as an art-therapist in training be explored through a heuristic methodology? This heuristic inquiry aimed at understanding the essence of self-care through my direct explorations on the topic, and I answered this question through the lens of my experience as a beginning art therapist. Moreover, I was also interested in discovering about the specific constituents that make the essence of an effective self-care experience, which was the subsidiary question of this research project.

Throughout the process of this research, I got to answer my research question through my own personal experiences of self-care. Doing so strengthened my point of view on the benefits brought by the practice of self-care, and deepened my knowledge in this under studied field despite its interest. Overall, it's been an enriching journey of exploration that I will certainly encourage concerned people to try practicing, in order to discover the many benefits of self-care by themselves. From my self-care experience for the sake of this study, I discovered various elements that prove the importance of a regular self-care practice. Firstly, the necessity and importance of self-care for therapists were supported by the many risks and hazards of the psychotherapy profession, addressed in the previous literature review. Similar to the findings of authors in the field (Baker, 2003; Coster & Schwebel, 1997; Dlugos & Friedlander, 2001; Shapiro, Brown, & Biegel, 2007), I personally got to realize the importance of self-awareness, self-regulation, and balance in order to have an effective practice of self-care. Moreover, all kinds of insights were gained along the way which allowed me to expand and to deepen my understanding of self-care.

Even though I am proud of the findings I made through this research process, I am aware that my project has its own limitations, which I believe are worth mentioning here. Indeed, the fact that I have chosen a heuristic methodology implies that I am looking at the topic of self-care from a subjective perspective. Although it allowed me to make important findings, I know that the heuristic methodology is not the only way to gain knowledge about this kind of topic and that some other methodologies might have been as good. I am also aware that because I have been answering my question through the very precise lens of my experience as a beginning art therapist, all the knowledge I presented on this research paper might not be applicable to all

professionals in the mental health field. The last limitation of this research project concerns time constraints. Indeed, I believe my research findings would have been more in depth if I had more time to conduct this project, which means that one cannot draw final conclusions about self-care after reading this paper.

After all, one of the most important insights I gained from this research experience is that self-care is a learning by doing type of knowledge because of its personal nature. Considering this and the fact that many authors (Baker, 2003; Coster & Schwebel, 1997; T. M. Skovholt & Ronnestad, 2003) addressed the lack of self-care education in most psychotherapy programs, I believe it would be essential to create a practical workshop about self-care for therapists and art therapists in Quebec. In this workshop, I would not only teach about the risks and hazards of the therapy profession, the essential components of therapists' self-care, and so on… I would also facilitate different self-care activities and experiments, and I would get participants to share about how they felt and what they thought during their explorations, which would allow them to deepen their understanding. Moreover, I would also highly recommend participants to experiment other self-care moments outside the workshop sessions, and I would encourage them to keep records about their experimentations, whether through journal writing or voice-recorder. Indeed, through my own process of research, journal writing was an excellent way to take a step back and see which strategies or activities were the most effective and in which kind of situation. In fact, I believe that the structure of my data collection and data analysis could be easily applicable to such a workshop' project, which would be an excellent way to bring this research project to another level.

References

Allen, P. B. (1995). *Art is a way of knowing: A guide to self-knowledge and spiritual fulfillment through creativity*. Boston, MA: Shambala.

American Psychiatric Association. (2013). *DSM-5: Diagnostic and statistical manual of mental disorder.* Retrieved from http://0-dsm.psychoatryonline.org.mercury.concordia.ca

Association canadienne pour la santé mentale-Division du Québec. (2014) *Prendre une pause, ça du bon!* Québec, QC: Bibliothèque et Archives nationales du Québec.

Association des arts-thérapeutes du Québec. (2005). *Code of ethics of art therapists*. Montréal, QC: AATQ.

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

Baird, B. N. (2008). *The Internship, practicum and field placement handbook: A guide for the helping professions* (Fifth edition). Upper Saddle River, NJ: Pearson Prentice Hall.

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, *38*(6), 603–612.

Barone, T., & Eisner, E. W. (Eds.). (2012). *Arts based research*. Stanford, AZ: Sage.

Canadian Counselling and Psychotherapy Association. (2007). *Code of ethics*. Ottawa, ON: CCPA.

Cloutier, S. (2006). *L'art-thérapie en débriefing: Méthode d'intervention préventive de la traumatisation vicariante chez les intervenants,* Unpublished research paper, Montréal, Qc: Concordia University.

Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, *28*(1), 5–13.

Cummins, P. N., Massey, L., & Jones, A. (2007). Keeping Ourselves Well: Strategies for Promoting and Maintaining Counselor Wellness. *The Journal of Humanistic Counseling, Education and Development*, *46*(1), 35–49.

Definition of spiritual practice. (2013) In *Spiritual Science Research Foundation.* Retrieved at http://www.spiritualresearchfoundation.org/spiritual-practice.

Dlugos, R. F., & Friedlander, M. L. (2001). Passionately committed psychotherapists: A qualitative study of their experiences. *Professional Psychology: Research and Practice*, *32*(3), 298–304.

Douglass, B. G., & Moustakas, C. (1985). Heuristic Inquiry: The Internal Search to Know. *Journal of Humanistic Psychology*, *25*(3), 39–55.

El-Ghoroury, N. H., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology*, *6*(2), 122–134. http://doi.org/10.1037/a0028768

Farber, B. A. (1983). *Stress and burnout in the human service profession*. (B. A. Farber, Ed.). New York, NY: Pergamon Press.

Figley, C.R. (1999) Compassion fatigue: Toward a new understanding of the costs of caring. In Stamm, B. H. Editor (Ed.) *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators*.(pp. 3-48). Lutherville, MD: Sidran.

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. (C. R. Figley, Ed.). New York, NY: Brunner/Mazel.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, *58*(11), 1433–41.

Gagné, J. (2009). *Do art therapists use the creative process as a means of self-care?* Un published research paper, Montréal, Qc: Concordia University.

Gladding, S. T. (2007). Tapping into the wellspring of wellness. *The Journal of Humanistic Counseling, Education and Development*, *46*(1), 114–118.

Gloria, M., Rykov, M., Amonite, D., & Loynd, M. (2000). Creativity and self-care for caregivers. *Journal of Palliative Care, 16*(2), 44-49.

Godfrey, C. M., Harrison, M. B., Lysaght, R., Lamb, M., Graham, I. D., & Oakley, P. (2011). Care of self - care by other - care of other: The meaning of self-care from research, practice, policy and industry perspectives. *International Journal of Evidence-Based Healthcare*, *9*(1), 3–24.

Guy, J. D. (2000). Self-care corner: Holding the holding environment together: Self-psychology and psychotherapist care. *Professional Psychology: Research and Practice*, *31*(3), 351–352.

Harter, S. L. (2007). Visual art making for therapist growth and self-care. *Journal of Constructivist Psychology*, *20*(2), 167–182. http://doi.org/10.1080/10720530601074721

Jenkins, S. R. (2002). Secondary traumatic stress and vicarious trauma. *Journal of Traumatic Stress*, *I*(5), 423.

Kottler, J. A. (2010). *On being a therapist* (Fourth edition). San Francisco, CA: Jossey-Bass.

Lawson, G., Venart, E., Hazler, R. J., & Kottler, J. A. (2007). Toward a culture of counselor wellness. *Journal of Humanistic Counseling Education Development*, *46*(1), 5–19.

Lazarus, A. A. (2000). Multimodal replenishment. *Professional Psychology: Research and Practice*, *31*(1), 93–94.

Leitner, A. J. & Faidley, L. (1999). Creativity in experiential personal construct psychotherapy. *Journal of Constructivist Psychology*, *12*(4), 273–286.

Maslach, C. (1982). *Burnout, the cost of caring*. Englewoods Cliffs, NJ: Prenctice-Hall.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced Burnout. *Journal of Occupational Behavior1*, *2*(2), 99–113.

McCann, L. & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131-149.

Merklin, L. & Little, R.B. (1967). Beginning psychiatry training syndrome. *American Journal of Psychiatry, 124,* 193-197.

Mind [Def.2]. (n.d.). In *Oxford Dictionaries Online,* Retrieved June 11th 2015, from http://oxforddictionaries.com/definition/english/mind.

Mosher, J.A. (2007). *The experience of parental illness: A heuristic arts-based inquiry.* Unpublished research paper, Montréal, Qc: Concordia University.

Moustakas, C. (1990). *Heuristic research: Design, methodology and applications*. Newbury Park, CA: Sage Publications.

Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000a). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development*, *78*(3), 251–266.

Norcross, J. C., & Brown, R. A. (2000). Psychotherapist self-care: Practionner-tested, research-informed strategies, *Professional Psychology; Research and Practice, 31*(6), 710–713.

Norcross, John C & Guy, J. D. (2007). *Leaving it at the office: A guide to psychotherapist self-care*. New York, NY: Guilford Press.

North American Drama Therapy Association. (2014). Self Care for Therapists. Retrieved October 12, 2014, from http://www.nadta.org/membership/selfcare-for-therapists.html

O' Donoghue, D. (2009). Are we asking the wrong questions in arts-based research ?, *Studies in Art Education: A Journal of Issues and Research*, *50*(4), 352–368.

O'Halloran, T. M., & Linton, J. M. (2000). Stress on the job: Self-care resources for counsellors. *Journal of Mental Health Counseling, 22*(4), 354-364.

Oerlemans, W. G. M., & Bakker, A. B. (2014). Burnout and daily recovery : A day reconstruction study. *Journal of Occupational Health Psychology*, *19*(3), 303–314.

Osborn, C. J. (2004). Seven salutary suggestions for counselor stamina. *Journal of Counseling & Development*, *82*(3), 319–328.

Pearlman, L.A & Saaktvine, K. (1995). Treating therapists with vicarious traumatization and secondary stress disorders. In Figley, C. R. Editor (Ed). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* (pp. 150-177). New York, NY: Brunner/Mazel.

Pearlman, L.A & Saaktvine, K. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York, NY: W.W Norton.

Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research and Practice*, *25*(3), 247–258.

Rupert, P. a., Stevanovic, P., & Hunley, H. a. (2009). Work-family conflict and burnout among practicing psychologists. *Professional Psychology: Research and Practice*, *40*(1), 54–61.

Sela-Smith, S. (2002). Heuristic research: A review and critique of Moustakas's method. *Journal of Humanistic Psychology*, *42*(3), 53–88.

Self [Def. 1]. (n.d.). In *Alleydog.com's online glossary*. Retrieved May 21th 2015, from http://alleydog.com/glossary/definition.php?term=Self

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, *1*(2), 105–115.

Skovholt, T. M., & Ronnestad, M. H. (2003). Struggles of the Novice Counselor and Therapist. *Journal of Career Development*, *30*(1), 45–58.

Skovholt, T. M., & Trotter-Mathison, M. J. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professional.* (Second Edition*).* New York, NY: Routledge.

Spiritual [Def 3]. (adj.). In *Oxford Dictionaries Online,* Retrieved June 11th 2015, from http://www.oxforddictionaries.com/definition/english/spiritual.

Stamm, B. H. (1999). *Secondary traumatic stress: Self-Care issues for clinicians, researchers and educators*. (B. H. Stamm, Ed.) (Second edition). Lutherville, MD: Sidran.

Strategy [Def.4]. (n.d.). In *Merriam-Webster Online* , Retrieved June 13th 2015, from http://www.merriam-webster.com/dictionary/strategy

Venart, E., Vassos, S., & Pitcher-Heft, H. (2007). What individual counselors can do to sustain wellness. *The Journal of Humanistic Counseling, Education and Development*, *46*(1), 50–65.

Wilkinson, A., & Whitehead, L. (2009). Evolution of the concept of self-care and implications for nurses: A literature review. *International Journal of Nursing Studies*, *46*(8), 1143–1147.

Young, M. E., & Lambie, G. W. (2007). Mental health systems : Organizational influences. *Journal of Humanistic Counseling, Education and Development*, *46*, 98–113.