

THE ART OF SELF-CARE: A HEURISTIC INVESTIGATION

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## **Abstract**

### THE ART OF SELF-CARE: A HEURISTIC INVESTIGATION

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The following research is grounded in an arts-based heuristic methodology that explores how art-making can be used to facilitate immediate self-care practices within an efficient time period. The literature reviews the impact of life stressors on one's ability to cope and further details how lack of adequate self-care strategies can lead to burnout, compassion fatigue and more generally, personal health deterioration. These findings have been gathered from the areas of art therapy, psychology, psychiatry, nursing and neurology and emphasize the necessity for better burnout prevention among health care professionals. Amidst the literature, art-based and mindfulness-based practices are explored as therapeutic tools that may encourage better self-care practices. Accordingly, the researcher's reflections regarding her own self-care process is described, detailing the challenges, successes and insights of developing and exploring an immediate self-care approach as an art therapy student in training. The researcher then gathers the predominant themes from her own experience and discusses them in relation to the existing literature. By authentically sharing her process, the researcher touches upon key findings that reveal the value of intuition and simplicity in the practice of self-care.

*Keywords:* self-care, art-making, art-material, knitting, arts-based heuristic inquiry, health care professionals, novice practitioners, students

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## Introduction

As a daughter from an immigrant family, I was taught that hard work and high grades were indicators of success. By extension, hard work and high grades would undergird my sense of self-worth in the world. I associated late nights and long hours with hard work. Putting other people before myself was seen as an act of deep care; it was a form of martyrdom that was highly valued. These early beliefs were formative, and probably resulted in my choosing to work and volunteer in the field of mental health. Both at home, and at work, I was told to give generously and live humbly. At the time, I did not realize how detrimental this way of living was to my own sense of well-being. It was not until I saw my colleagues and friends physically and emotionally deteriorating that I was able to understand that something was wrong. These nurturing and kind hearted people were breaking down, and were afflicted by their own mental health concerns. None of us seemed to know how to take care of ourselves, and I did not know how to help them. At the time, I did not think to look inward and reflect upon how I was coping under the same conditions. My empathy for others was so strong that I failed to give myself the same care and consideration. It led me to ask how one cares for the self when one's disposition is oriented toward the care of the other. Over the next few years leading up to my training as an art therapist, the question of self-care remained just under the surface, waiting for the right time to germinate.

When I began my journey in the art therapy program, I decided that self-care was a process that I was going to be intentional about. But it wasn't easy: I could not put my finger on what made practicing self-care so difficult. When I looked at other people's attempts at self-care, time always seemed to be working against them. I would hear or read that individuals felt they had too many things to do, and did not have the time to look after themselves. Accordingly, I wondered if anything existed that would allow a person in dire need of self-care to care for themselves within a short period of time. My line of thought was that whatever this intervention was, it could act as a life boat until the person was able to fully recharge and access larger wells of self-care. As a result, this research paper will explore an immediate self-care approach that I developed in response to my own self-care process. First, I will present the relevant literature related to self-care and the arts. Then I will describe the heuristic methodology I used, and will go on to outline each step of my research process. Following my methodology, I will present my

findings and then elucidate any new discoveries, meanings or insights in my discussion. Lastly, I will end the research paper with concluding remarks and suggestions for future research inquiry.

## **Literature Review**

### **Introduction**

There may be some evidence to suggest that the process of making art can promote emotional awareness and self-knowledge. In turn, emotional awareness and self-knowledge may help facilitate healthy and dynamic self-care practices (Bradley, Whisenhunt, Adamson & Kress, 2013; MacRae & Strout, 2015). If this is true, it will be relevant to health care professionals, counselors, and therapists, who experience high burnout rates and what has been termed compassion fatigue (Bradley et al., 2013; Gam, Kim & Jeon, 2016; Gibson, 2018; Ruglass & Kendall-Tackett, 2014). Similar dynamics of burnout and fatigue have been noted in professional hospice workers (Potash, Chan, Ho, Wang & Cheng, 2015; van Westrhenen & Fritz, 2012), acute mental health nurses (Currid, 2008), and child welfare workers (Lizano & Barak, 2015; Salloum, Kondrat, Johnco & Olson, 2015). Accordingly, such studies point to the necessity of self-care as a means of addressing the physical, emotional, and intellectual exhaustion that accompanies empathetic listening, sustained attention, and sensitivity toward clients (Gam et al., 2016; Ruglass & Kendall-Tackett, 2014).

Some literature in this field has pointed to the link between creativity and positive outcomes for self-care through the arts (Bradley et al., 2013; Hyland Moon, 2002; MacRae & Strout, 2015; Moon, 2004). Utilizing art can be an effective modality for opening visual, aesthetic, sensory and imaginative realms seen as conducive to self-care (Eberhart & Atkins, 2014). Huss, Sarid and Cwikel (2010) validate the use of self-care as a treatment for burnout. In their study, these authors used art as a treatment tool for social workers living and working in war zones. The study used art as a tool to help social workers to identify some of the stressors and resilience factors that they were experiencing. Further, the artwork created by the social workers in question was used “as a reflective and transformative tool in a crisis situation” (Huss, Sarid & Cwikel, 2010, p. 207), as well as a means of emotional and psychological self-care in a high-stress environment. Taking the possible connection between caregiving, burnout, and art making as a useful tool of self-care as a starting point, the following literature review will gather information from art therapy, psychology, psychiatry, nursing, and neurology, and explore how art making can be used to support the self-care needs and livelihood of helping professionals.

## **Self-Care: A Working Definition**

Self-care can be defined as the intentional practice of activities that work toward preserving the personal health and well-being of an individual (Eckstein, 2001; MacRae & Strout, 2014). The aim of such practices and activities is to cultivate feelings of vitality through continuous self-renewal (Skovholt & Trotter-Mathison, 2014). Examples of self-care practices may include asserting one's boundaries, listening to one's own needs, and promoting one's own physical, psychological, emotional, and spiritual self (Friedman, 2017; MacRae & Strout, 2014; Ruglass & Kendall-Tackett, 2014; Skovholt & Trotter-Mathison, 2014). Self-care can also include maintaining a balanced diet, a good exercise regimen, or simply getting enough sleep and seeking support from others (Bradley, et al., 2013; Eckstein, 2001). With the growing amount of research dedicated to self-care, there has been further interest in alternative methodologies such as mindfulness-based approaches (Kabat-Zinn, 1990; Raab, 2014), art, music, drama, play and sandtray therapies (Malchiodi, 2005). Some authors contend that therapeutic use of creative strategies allows people to think in new ways, facilitates unrestricted expression, and enables development of authentic connections to the self and other (Duffey, Haberstroh & Trepa, 2009). It is important to note that the creative process does not rely solely on verbal language, and as a result, such strategies can facilitate the expression of thoughts that may be too emotionally charged to articulate in a classical therapeutic environment (Malchiodi, 1998). Overall, there is evidence to suggest that direct participation in art making contributes to greater energy levels, redirection of attention and focus, and the release of tension in the body (Malchiodi, 2005). Consequently, when therapists are both physically and psychologically well, they are better equipped to provide quality services to their clients (Lawson, Venart, Hazler & Kottler, 2007).

## **Self-Care and Work-Related Stress**

For many people, having a job is an important part of their daily lives. It gives some people a sense of purpose, and allows access to material goods and services that contribute to overall well-being (Tetrick & Quick, 2001). But having a job is not without some risks or negative consequences, particularly for emotional health. According to Statistics Canada's General Survey (Shields, 2006), 1 in 4 workers claimed to be stressed, and attributed the majority of their strain to the jobs they performed. Furthermore, 62% of stressed workers said that they experienced high levels of stress, and described their mental health as less than good.

According to the European Agency for Safety and Health at Work (as cited in Huet, 2016, p.1) the number of people affected by work-related stress is not limited to one country, but is an international dilemma that needs to be addressed.

In comparison to other job sectors, mental health service workers appear to experience higher levels of chronic stress (Gibb, Cameron, Hamilton, Murphy, & Naji, 2010). It is thought that workers in this field experience more irregular shift work, higher demands for what has been termed “emotional labour,” and finally, have greater secondary exposure to traumatic events. Long term contact with these experiences can lead to staff burnout, which has been described as a “syndrome of physical and emotional exhaustion” (Pines & Maslach, 1978, p. 233). A study by Pines and Maslach (1978) concluded that staff burnout in mental health settings is not a new phenomenon. Between 1973 and 1975, these authors conducted a series of extensive studies that confirmed a negative relationship between empathy, resilience, and burnout amongst all social service providers (Pines & Maslach, 1978). Major factors contributing to increased levels of stress included long work hours, high patient-to-staff ratios, difficult work relationships, and time spent performing mental health work. A more recent study conducted by Scanlan and Still (2019) found similar sources of stress and added others, including shift work, time pressure and work-home interferences. According to a meta-analysis of 35 years of intervention research conducted by Dreison, Luther, Bonfils, Sliter, McGrew and Salyers (2016), the field has not made significant advances in mitigating the harmful effects of burnout. In light of their findings, Dreison et al. (2016) propose the use of a wider variety of interventions tailored both to staff and individual organizations.

Exploring more effective ways of combating burnout is important because the cost of the phenomenon extends beyond the employee, adversely affecting organizations, people, and society. Paris and Hoge (2009) posit that employee burnout leads to a series of negative consequences, including high employee turnover rates. High staff turnover in healthcare can result in a lack of continuity of care, service disruption, and financial costs associated with hiring and training new staff (Paris & Hoge, 2009; Scanlan & Still, 2019). In response to the adverse outcomes of burnout, self-care has been seen as a way of mitigating the negative consequences of such fatigue, consequences that can compromise a worker’s judgment and decision-making abilities. I would like to examine a few examples, some of these negative consequences of

burnout, more closely in the literature. They include vicarious trauma, compassion fatigue, secondary traumatic stress, and burnout.

**Vicarious trauma.** Vicarious trauma is described by McCann and Pearlman (1990) as the result of empathetic engagement with client's traumatic stories that leads to long-term alterations in the way the therapist views themselves and the world around them. Iqbal (2015) goes on to describe these changes as problematic, with negative implications for the therapist's judgement, professional standards, and ethical practice. In order to combat the negative effects of vicarious trauma, Foreman (2018) highlights the importance of wellness in decreasing counselor impairment and emphasizes the need for further education. Foreman (2018) references Myers, Sweeney and Witmer's (2000) definition of wellness, and conceptualizes it as a healthy orientation toward the integration of mind, body, and spirit. In a pilot study, Foreman (2018) examined how wellness and exposure to client trauma influenced vicarious traumatization. The findings indicated that counselors were at lower risk of experiencing symptoms of vicarious trauma when they displayed higher levels of wellness.

**Compassion fatigue.** Compassion fatigue is described by Figley (2002) as the result of working with distressed clients and consistently engaging with them in an empathetic manner over an extended period of time. In other words, according to Figley (2002) "compassion fatigue, like any other kind of fatigue, reduces our capacity or our interest in bearing the suffering of others" (p.1434). Essentially, for many health care professionals there is a personal cost to caring. Despite being a fundamental skill in the care of others, the process of witnessing traumatic and often painful stories of clients make healthcare practitioners susceptible to compassion fatigue (Pehlivan & Güner, 2018). According to a current meta-narrative review of the literature by Sinclair, Raffin-Bouchal, Venturato, Mijovic-Kondejewski and Smith-MacDonald (2017), as well as an earlier literature review by Sorenson, Bolick, Wright and Hamilton (2016), there is a need for clarification surrounding the conceptual ambiguity of compassion fatigue. Despite this lack of clarity, both reviews affirmed the negative effects of compassion fatigue on clients and healthcare providers.

**Secondary traumatic stress.** Secondary traumatic stress is another workplace hazard that has been recognized as having overlapping characteristics with compassion fatigue (Sprang, Kerig, Ford & Bride, 2019). Figley (1995) defines secondary traumatic stress as the result of providing services to traumatized populations. According to Bride, Robinson, Yegidis and

Figley (2004), symptoms of secondary traumatic stress may include intrusive thoughts, avoidance of situations that appear similar to the traumatic event, sleep disturbances, and heightened vigilance. Subsequently, these emotional disturbances have been identified by Figley (1995) as having nearly identical symptoms of post-traumatic stress disorder. Beck (2011) goes on to note that an individual indirectly acquires such symptoms by exposure to the traumatized individual, and not through exposure to the trauma incident itself. Several studies, including those conducted with clinical social workers (Lee, Gottfriend & Bride, 2018; Owens-King, 2019), nurses (Beck, 2011; Kellogg, Knight, Dowling & Crawford, 2018) and hospice staff (Hotchkiss, 2018) support the need for prevention education, and encourage practitioners to invest in self-care strategies both on an individual and organizational level.

**Burnout.** Burnout is defined by Pines and Maslach (1978) “as a syndrome of physical and emotional exhaustion, involving the negative self-concept, negative job attitudes, and loss of concern and feeling for clients.” The three concepts most commonly referenced in relation to burnout are: 1) emotional exhaustion characterized by tension and anxiety; 2) depersonalization manifested through cynicism and insensitivity; and 3) low personal accomplishment exhibited by low productivity and incompetence (Maslach, 1982). According to Söderfeldt, Söderfeldt and Warg (1995), factors associated with burnout include low work autonomy, role ambiguity, lack of challenge on the job, low salary and overall dissatisfaction with organizational goals. It should be noted that burnout in the workplace not only affects the individual, but also has negative consequences for the organization, including absenteeism, high turnover rates and decreased job satisfaction (Del Grosso & Boyd, 2019; Hombrados-Mendieta & Cosano-Rivas, 2013; Paris & Hoge, 2009; Scanlan & Still, 2019). Subsequently in response, Hyman, Shotwell, Michaels, Han, Borg Card, Morse and Weinger (2017) found that receiving both personal and professional support increased emotional wellbeing and job satisfaction.

In describing and measuring negative consequences of working in the helping professions, there appears to be a lack of consensus regarding the definition of vicarious trauma, compassion fatigue, secondary traumatic stress, and burnout. As a result, many of the terms are used interchangeably throughout the literature. Despite sharing some overlapping criteria, a few researchers including Beck (2011), Del Grosso and Boyd (2019) and Sprang et al. (2019) have posed the need for clear distinctions between each phenomenon, so that it may strengthen the validity and reliability of subsequent findings. I will use the term burnout in the remainder of the

paper to refer the general “state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations” (Pines & Aronson, 1988, p9).

### **Lack of Self-Care practices and its Effects**

The following section will speak more closely to the negative effects of poor self-care strategies. Amongst the previously mentioned terms used in the discussion of self-care, burnout is frequently used in the helping professions to describe feelings of hopelessness, persistent stress, fatigue, emotional exhaustion, and frustration (Skovholt & Trotter-Mathison, 2014). Bianchi, Boffy, Hingray, Truchot, and Laurent (2013) go on to distinguish burnout as the depletion of supportive resources that lead to passive coping and overall withdrawal. Accordingly, Skovholt and Trotter-Mathison (2014) encourage people who work with traumatized populations to take proactive self-care measures to safeguard both themselves and their clients.

In a helping professional’s life, stresses can accumulate over time and lead to burnout (Ruglass & Kendall-Tackett, 2014). Such stresses can originate from either internal or external sources. Internal pressures come from within us and can include idealistic views that lead to perfectionism (Ruglass & Kendall-Tackett, 2014; Skovholt & Trotter-Mathison, 2014). On the other hand, external pressures are imposed by larger systems, such as one’s family unit, workplace, school or religious affiliation, and can even extend to systems that govern society at large. Some external pressures can include overwork, significant value conflicts between an individual and an organization, such as valuing productivity over care (Skovholt & Trotter-Mathison, 2014), and unrealistic expectations set by organizations or institutions (Ruglass & Kendall-Tackett, 2014). As a result, Skovholt and Trotter-Mathison (2014) contend that the continuous demands placed on individuals working as caregivers can lead to feelings of inadequacy and incompetence. The work may never feel done, and as a result, the cycle of burnout begins. There is some evidence that healthcare professionals can end up overextending themselves to meet impossible job stresses, and consequently, leave less time for their own needs (Smith, Segal & Segal, 2013). Ruglass & Kendall-Tackett (2014) conclude that eventually, long hours associated with such professions can lead to decreased sleep and lack of energy. Skovholt and Trotter-Mathison (2014) add that along with experiencing symptoms such as chronic fatigue, feelings of loneliness, and occasional episodes of depression, the negative effects of burnout may extend to a caregiver’s intimate non-work relationships.

## **Ethical Imperative of Self-Care Strategies**

Being witness to the cruelty and despair that occur in a client's life can be an emotionally and physically draining process, and requires continual monitoring. On this note, self-care in relation to other-care should be seen as an "obligation in attitude that involves a constant allegiance to one's own well-being" (Skovholt & Trotter-Mathison, 2014, p.161). Accordingly, ethical guidelines have been established in a number of helping professions to safeguard both practitioners and clients. For example, the Canadian Code of Ethics for Psychologists (Ethics Code; Canadian Psychological Association [CPA], 2017) has a set of four principles that are used to guide ethical decision making. More specifically in relation to self-care, the ethical code II.12 under the principle of Responsible Caring articulates that psychologists should "engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others" (CPA, 2017, p. 20). This ethical code has been put in place to ensure that the values of competence and self-knowledge are upheld. Similar standards apply in the Code of Ethics that govern the Canadian Counselling and Psychotherapy Association (CCPA) (Ethics Code; CCPA, 2007). Despite no specific mention of the word self-care in the CCPA Code of Ethics, Beneficence and Nonmaleficence, two out of the six ethical principles imply a manner of conduct that supports the practice of self-care. Principle A, Beneficence states that psychotherapists should be "proactive in promoting the client's best interest" (CCPA, 2007, p. 2) while Principle C, Nonmaleficence enjoins "not willfully harming clients and refraining from actions that risk harm" (CCPA, 2007, p.2). Similar to the CCPA, self-care is not specifically mentioned in the Standards of Practice adopted by the Canadian Art Therapy Association (Standards of Practice; Canadian Art Therapy Association [CATA], 2003). However, in Section C, Professional Competence and Integrity, Standards of Practice codes C.3 and C.5 explain that art therapists should maintain professional competency by seeking out support. In addition, art therapists should continue to participate in self-evaluations and personal therapy to avoid conflicts that may impair their clinical judgement (CATA, 2003). Accordingly, if burnout results in impaired judgement and lowered standards of practice (Iqbal, 2015), then it can be argued that self-care is an ethical responsibility. Wise, Hersh and Gibson (2012) support this notion and contend that competence in the field is an imperative obligation that can provide the link between ethics and self-care. On the same note, Maranzan, Kowatch, Mascioli, McGeown, Popowich and Spirou

(2018) describe similar connections between self-care and competency, and go on to advocate for self-care education in graduate training programs. Moreover, Maranzan et al., (2018) propose “a shift away from solely reactive self-care policy, to the proactive championing of self-care” (p.366). In order for health practitioners to learn the skills needed to practice self-care competently, these practices must be genuinely role-modeled by faculty and supervisors (Maranzan et al., 2018). Despite these conclusions in the literature, O’Connor (2001) points out that one of the problems in identifying impairment is denial. Accordingly, when health practitioners prioritize the emotional states of their clients without attending to their own needs, they may not see the signs of inevitable burnout (Barnett, Elman, baker & Schoener, 2007).

### **Self-Care Strategies**

The primary and most important step in addressing the negative effects of burnout or compassion fatigue is to recognize that it is occurring. Subsequently, next steps can be taken to resolve symptoms of depletion. Ruglass and Kendall-Tackett (2014), as well as Moffatt, Ryan and Barton (2016) suggest coming up with a self-care plan, connecting with others, setting boundaries, and taking care of basic needs such as sleep. Other strategies have also been recommended: Kabat-Zinn (1990) describes the benefits of maintaining a mindfulness practice; Ifrach and Miller (2016) encourage continuously engaging in the arts; while Friedman (2017) suggests the importance of maintaining a spiritual life. Skovholt and Trotter-Mathison (2014) extend proactive self-care measures to the workplace. By doing so, they believe that practitioners can regain a sense of control by revising their workload and seeking out fair recognition and reward for work that is already done. Not only is it an ethical responsibility for health care professionals to maintain good self-care practices (Canadian Counselling and Psychotherapy Association, 2007), but it also sets a standard for clinicians to role-model healthy ways of caring for oneself (MacRae & Strout, 2015).

As discussed earlier, burnout can take place gradually over time. Therefore, finding ways to be proactive about self-care can help act as a buffer during times of stress. This is particularly the case when an unexpected personal crisis occurs. Skovholt and Trotter-Mathison (2014) contend that when a self-care plan is already in place, the clinician can continue to take care of themselves and can do so at a much faster pace. In this way, self-care practices can illuminate one’s limits while simultaneously reminding practitioners to exercise compassion towards themselves. Current research on self-compassion has affirmed its use as a positive early

intervention response to emotionally draining work (Egan, Keyte, McGowan, Peters, Lemon, Parsons, Meadows, Fardy, Singh & Mantzios, in press; Lianekhammy, Miller, Lee, Pope, Barnhart & Grise-Owens, in press; Neff and Germer, 2017). In addition, mindfulness-based practices have also gathered a lot of positive attention, including research done by Kabat-Zinn (1990) and Brown and Ryan (2003). Such approaches have recently been studied in connection with self-compassion by Viskovich and George-Walker (2019) and Pintado, (2019).

Accordingly, self-compassion can be defined as the kindness one extends to the self while acknowledging one's own suffering (Neff, 2003). Viskovich and George-Walker (2019) describes self-compassion as having "a mindful awareness of emotions so that pain or distressing feelings are not avoided, but are instead approached with kindness and understanding, and acceptance" (p.110). Neff (2003) refers to the experience as having an understanding that one's pain and failures are all part of being human. Essentially, self-compassion invites a non-judgemental stance that encourages the acknowledgement of experiences just as they are. By doing so, individuals can cultivate a compassionate attitude towards themselves that allows them to exchange harmful behaviours for actions that support healthy wellbeing (Neff, 2003). Accordingly, self-compassion focuses on three basic tenets that include self-kindness, common humanity, and mindfulness (Neff, 2003; 2011; Neff & Germer, 2017). Self-kindness describes the need for care and understanding toward the self, while common humanity reminds us that all people fail and make mistakes at some point in their lives (Neff, 2003). The last facet of self-compassion, mindfulness, is a topic that has been well-studied and has been attributed to increasing curiosity, connectedness and awareness to both internal and external experiences (Kabat-Zinn, 2003; Pintado, 2019). Brown and Ryan (2003) emphasize that the key construct in mindfulness is the consideration that is paid to the present moment. Accordingly, being aware of the "here and now" can be cultivated by paying particular attention to sight, sounds, smells, bodily sensations, cognitions or emotions (Kabat-Zinn, 1990). Mindfulness can be described as a moment-to-moment awareness that purposefully brings attention to experiences that otherwise would not be given any thought to (Kabat-Zinn, 1990). Kabat-Zinn (1990) further describes it as "a systematic approach to developing new kinds of control and wisdom in our lives, based on our inner capacities for relaxation, paying attention, awareness, and insight" (p.2). The idea of mindfulness first originated in ancient yogic texts and is now accepted as a concept that involves the attentive training of the mind to cultivate openness and curiosity (Brown & Ryan, 2003;

Kabat-Zinn, 2003). These mechanisms help promote self-observation, increase access to a range of coping skills, and lead to a non-judgemental view of one's thoughts and feelings (Baer, 2003). Baer (2003) stresses that one's own lived experience becomes the foundation from which they can authentically relate to clients suffering from pain and adversity. Subsequently, attending to our own needs as health care professionals is not only a service to ourselves, but to our clients as well (Friedman, 2017).

### **Self-Care and the Arts**

At its core, the process of making art can be understood as a creative means of engaging in self-care (Allen, 2005; Cameron, 1992; McNiff, 1992). Allen (2005) views art as a place of possibility, where new information can arise. She goes on to add that when we work with art “our long-held beliefs are loosened and our minds and spirits and even our bodies become more flexible” (Allen, 2005, p. 2). Inherent in Allen's (2005) writing is the belief that art is a spiritual path; a deeply embedded compass that when listened to provides a sense of power and direction. In this regard, art can externalize our internal processes, and allow us to enter into dialogue with ourselves. Art can help us identify our needs, and may encourage us to take further action to meet those needs. Similarly, McNiff (1992) sees art as a kind of self-healing medicine. He goes on to say that “the medicinal agent is art itself: which releases and contains the psyche's therapeutic forces” (McNiff, 1992, p.3). In other words, art can be seen as a healing force that stirs the vitality and creative animation of the soul. Essentially, art can be described as having an “invitational presence” (Eberhart & Atkins, 2014, p.69), a quality described by Eberhart and Atkins (2014) as a way of being that embodies multileveled awareness, multifold openness, and appreciative curiosity. Art opens up our imagination to symbols and metaphors, and sensitizes us to touch, texture, shape, sound, and colour (Hinz, 2009). Eberhart and Atkins (2014) support this finding by affirming that engagement with art can prepare the health practitioners to tune into themselves by being present with all of their senses. Accordingly, regular art-making can be an important way to replenish the self, as noted by clinicians in the field such as Bruce Moon (2004), Pat Allen (1992) and Shaun McNiff (1992). More specifically in the case of art therapists, Eberhart and Atkins (2014) state that ‘the artist’ in the therapist needs to revitalize their own creative resources by continuing to engage in their own art making. McNiff (2004) proposes that it is only through the maintenance of a regular art practice that the therapist can be a useful witness in the transformation of others.

As a therapeutic mode, some authors believe the creative arts can facilitate self-awareness, self-expression and play (Kaimal, Ayaz, Herres, Dietrich-Hartwell, Makwana, Kaiser and Nasser, 2017; Malchiodi, 2005). Taking into consideration the importance of boundaries in the practice of self-care, art can provide the necessary distance to allow the therapist to regain control over their own welfare (Bradley et al., 2013). By the same token, art can also provide intimacy and presence by inviting the therapist to engage more closely with the process (Eberhart & Atkins, 2014). In this regard, the art process serves a dual function that can effectively promote self-care. In other words, art making can bring about sensory and emotional awareness, facilitate imagination and curiosity, and leave the possibility for surprise (Eberhart & Atkins, 2014).

Currently, there appears to be at least two ways that self-care through the creative arts is thought of in the literature. On one hand, there is focus on self-care from an organizational perspective, while on the other, attention is directed to the individual; this next section will briefly explore both. Self-care on an organizational level emphasizes the need to expose the organizational roots of staff burnout (Gibb, Cameron, Hamilton, Murphy, & Naji, 2010). This viewpoint believes that change can be implemented by identifying causes residing in a larger system. For this reason, several studies conducted by Huet (2012, 2015, 2017) and Huet and Holttum (2016) have paid particular attention to mental health practitioners on a systemic level. Huet's studies regarding self-care include identifying organizational contributors to stress such as budget cuts, poor communication and the pace and depth of change in the workplace. In her research, Huet (2012, 2015, 2017) has identified how art therapy can incorporate several themes into stressful work environments, including playfulness, safety and joy. Accordingly, it seemed that access to art therapy opened up a space to discuss work-related stressors, and allowed participants to safely explore their emotions (Huet & Holttum, 2016).

Moving away from the organization, another view of self-care has focused on the individual (Friedman, 2017; Skovholt, Grier & Hanson, 2001; Skovholt & Trotter-Mathison, 2014). This perspective holds the health professional accountable for themselves and accordingly addresses interventions for the individual practitioner. The focus on the individual is supported by ethical principles laid out by the American Art Therapy Association (2013) and the Code of Ethics governed by the Canadian Counselling and Psychotherapy Association (2007), which states that it is the ethical responsibility of the practicing therapist to act with integrity and

honesty, to cause no harm and to be socially responsible to society. This being said, a number of studies have addressed the benefits of creative arts therapies and a therapist's self-care practices. Titus & Sinacore (2013) conducted a study on art-making, finding that engagement in art influenced other areas of the therapist's life such as their productivity, management of emotions and their social life. Other studies not specifically focused on therapists also noted the positive relationship between art and self-care through involvement in creative arts workshops. Some examples include studies conducted on a group of women artists (Titus & Sinacore, 2013) and youth experiencing homelessness (Schwan, Fallon & Milne, 2018). Such findings noted themes related to artistic process including self-exploration, self-development, the creation of a safe space, and an enhanced sense of psychological well-being (Murrant, Rykov, Amonite & Loynd, 2000; Schwan et al., 2018; Titus & Sinacore, 2013). It is important to note here that the workshops did not focus on any particular art material or method, but instead focused on the general usefulness of the art process itself as a self-care tool. Interestingly, Corkhill, Hemmings, Maddock and Riley (2014) propose that when art making is intrinsically motivated, the impact on a person's well-being is subsequently enhanced. Serig (2006) adds that participation in art-making can be seen as a mindful practice and help facilitate reflexivity and "meaning making." Accordingly, art-making does not need to be complex and can simply take the form of everyday activities such as drawing, doodling, sewing and knitting. When health care professionals begin to create, they enter the world of the artist, leaving "open the possibility for insights as they immerse themselves in materials and techniques" (Serig, 2006, p.238).

**Knitting and textile arts.** In the section that follows, I would like to look more closely at one form of art that could have widespread appeal for practices of art directed towards better self-care. According to Turney (2012), knitting has been previously stigmatized as old fashioned, domestic and inherently feminine. However, Groeneveld (2010) proposes that since the mid-1990s the textile arts, specifically knitting, have regained popularity in both private and public spaces. In a survey research study conducted by Futterman Collier (2011), handcrafters predominantly participated in weaving, spinning, tatting, crocheting and knitting, the latter being the predominant and favoured technique. This is not surprising considering that knitting has had a resurgence of interest, seen in the proliferation of community knitting groups, from the 1990s "Stitch and Bitch" to online knitting forums such as "Ravelry" - a platform that reached four

million members in 2014 (Marshall Forbes, Forbes, Cogar & Bible, 2014) and has grown to hosting over 8 million members (Chan, 2019).

***Historical background of knitting.*** Historians believe that the origins of knitting can be traced back to the Near East from as early as the middle of the third century A.D. (Grass, 1955; McIntosh, 2011; Nargi, 2011). Following that, knitting most likely made its way to Spain via trade routes and then continued to spread through the rest of Europe (Nargi, 2011). Nargi (2011) attributes the quick adoption of hand-knitting throughout Europe to the ease and portability of the materials. From the 13<sup>th</sup> to the 18<sup>th</sup> Century, knitting became a highly skilled domain and was made evident through the formation of knitting guilds (Nargi, 2011). As knitting became refined, craftsman in France and Scandinavia began to create fine garments such as silk gloves and stockings to clothe the wealthy (Nargi, 2011). At this time, the British Isles and England began to elaborate their own styles of knitting, reflecting the needs and culture of the people living on the islands (Nargi, 2011). Similar versions of the fisherman's sweater can be seen in surrounding areas, such as the Aran sweater from Ireland, or the Fair Isle sweater from the Shetland Islands (Nargi, 2011). Fisherman sweaters not only reflected the importance of fishing for these islands, but also provided a source of income for many families (Nargi, 2011). Knitting during times of economic depression also extended to other countries including Japan and New Zealand (Nargi, 2011). In comparison to some European countries where ornate knitted objects were created for aesthetic purposes, Iceland and Canada's East Coast used knitted objects to meet the practical purpose of living in a cold climate (Turnau, 1991). Aside from being used for practical purposes, such as providing warmth and a means of income, knitting has also been used to fulfill traditions. For example, in the Baltic countries, Estonia, Latvia and Lithuania, many young girls were expected to knit mittens as part of their dowry (Nargi, 2011). In Asia, a lot of the yarn was imported, as neither wool nor sheep farming were native to the region. However, after World War I broke out, Europe banned the export of many goods to some countries, leading Japan, for example, to begin their own yarn production using silk worms (Nargi, 2011). As for Australia and New Zealand, the farming of fine merino wool allowed them to enter the export market for wool around the world. Generally, the knitting from Australia and New Zealand reflected a lot of the same stitch patterns as those seen by the British and other European countries (Nargi, 2011). Peggy Squares, however, was a discovery suggested to have been made by a young Australian girl. The concept involved knitting small six-inch squares from leftover

yarn that was then turned into an afghan (Nargi, 2011). In North America, knitting was said to have been brought by the settlers of the land, while in South America, it was said to have been brought by Portuguese and Spanish sailors (Nargi, 2011).

By the 19<sup>th</sup> century, knitting became more industrialized, and big businesses began to make the move toward clothes that were ready-made. Accordingly, wool was replaced by synthetic materials such as acrylic yarn, and as a result, hand-knitting began to lose its popularity (Nargi, 2011). Since the beginning of the 20<sup>th</sup> century, knitting seems to have regained its popularity, especially amongst young people (Donohue, 2011; McIntosh, 2011). Younger generations seem to be more waste conscious and are finding novel ways to repurpose materials through crafts such as knitting (Donohue, 2011). According to an article by Holt (2004) on the resurgence of knitting, quilting and crotchetting, people are trying to find a unique way of life that is different from the perceived homogeneity of mass-produced goods. Knitting has also been described by activists and feminists alike as “an opportunity to link creativity at home to creativity in the outside world, including work, politics, and everyday lives” (Somerson, 2007). In the article *Knot in Our Name*, Somerson (2007) proposes that knitting can go beyond the domestic space and may be used as a political statement, much like yarn bombing, a kind of collective knitting performed to raise awareness of injustices occurring in the world (Mann, 2015).

***The knitting process.*** As a process, knitting appears to have several positive factors that may be linked to therapeutic benefits during times of transition (Kenning, 2015). These include increased wellbeing (Corkhill et al., 2014), and as a support for social engagement (Corkhill et al., 2014; Kenning, 2015). Knitting is a fairly easy task that requires no previous artistic ability, making the process and product accessible to most handcrafters. Subsequently, as a novice knitter builds their confidence, they can begin to creatively explore and experiment outside the ‘safe’ structure of a pattern (Corkhill et al., 2014). Once a basic understanding of the craft has been acquired, knitting becomes a rhythmic, repetitive experience that can result in a meditative-like space; a state that requires no conventional understanding in order to receive its benefits (Corkhill et al., 2014). Generally, knitting can be done independently, although it can also be carried out as a group activity. Accordingly, knitting groups occupy a space for increased social connectivity, support and continued connection to tradition (Corkhill et al., 2014; Groeneveld, 2010; Kenning, 2015). Knitting circles and knitted objects can encourage space for intimacy,

personal contact, and ‘safe’ touch; these are all important qualities that may be missing in people’s lives (Corkhill et al., 2014; Turney, 2012).

The process of knitting can engage and sustain an array of transferable life skills such as patience and perseverance. Through the process of knitting, one learns that mistakes can be undone, challenges overcome (Corkhill et al., 2014), and relationships forged between maker and recipient (Turney, 2012). Knitting can be understood as a tool for communication that allows the maker to express themselves through aspects such as colour and pattern choices. Through the repetition of stitches, knitting opens up the possibility for individuals to self-regulate their moods and express their emotions (Corkhill et al., 2014). Corkhill et al. (2014) sought to identify the impact of knitting on people’s perception of their mental and social well-being by conducting a survey on 3,514 participants across 31 countries world-wide. Accordingly, the survey reported that the “majority of respondents felt that knitting helped improve their mood” (Corkhill et al., 2014, p.38) and provided “transferable life skills such as patience, perseverance, pacing, and planning” (Corkhill et al., 2014, p.40). The survey also reported that individuals found knitting to be an effective coping mechanism for difficult situations, such as providing a distraction from chronic pain, or helping caregivers deal with the emotional stress of looking after an ill relative (Corkhill et al., 2014). Moreover, knitting may assist coping by evoking feelings of comfort through the tactile quality of the yarn, and may aid distressed individuals by providing a predictable structure to work within (Corkhill et al., 2014). Another important finding by Corkhill et al. (2014) is that the bilateral, repetitive and automatic rhythm of knitting helped individuals enter a meditative-like space. Corkhill et al. (2014) references studies by Jacobs and Fornal (1999) and Jacobs, Fornal and Martin-Cora (2002) on repetitive movements in animals in relation to increased Serotonin levels, a substance known to act as a mood enhancer. As a result, Corkhill et al. (2014) suggest that knitting may provide the positive benefits of inducing calmness and relaxation giving people “an effective tool to manage pain spasms, panic, and anxiety at any time, anywhere” (Corkhill et al., 2014, p. 40). Lastly, the process of knitting can also be a way of providing care for oneself and others through the final object that is made. In the article *Making Love with Needles: Knitted Objects as Signs of Love*, Turney (2012), investigates the relationship between the maker and the knitted object. Turney (2012), suggests that the knitted piece can be a display of thoughtfulness, time, and care for oneself or another. That being said, Turney (2012) also highlights the possibility for knitted objects to take on signs

of possessiveness, control, and rejection. Knitted objects can indeed be emotionally charged and imbued with symbolic meaning.

### **Neurobiological Support for the Arts.**

There is evidence to suggest that producing visual art seems to increase functional connectivity in several brain areas, including the parietal and frontal cortices, which are related to attention, mood, and decision making (Bolwerk, Mack-Andrick, Lang, Dörfler & Maihöfner, 2014). In a study conducted by Bolwerk et al. (2014), two art intervention groups (a visual art production group and a cognitive art evaluation group) were studied over ten weeks to assess whether visual art making versus visual assessment (looking and reviewing images) would change the way the default mode network (DMN) interacted with each other. To provide some context, the DMN has been linked to processes related to cognition, introspection, prospection, as well as to a general understanding of one's emotional states and the intent of others (Buckner & Vincent, 2007). As a result, Bolwerk et al. (2014) propose that greater functional connectivity of the DMN is positively associated with increased resilience in older adults. In summary, Bolwerk et al. (2014) found a significant improvement in psychological resilience in the visual art production group, but not in the cognitive art evaluation group. Accordingly, the study suggests that the creation of art may help with greater self-awareness and cognitive regulation of emotions (Bolwerk et al., 2014).

Other studies have noted that art-making can reduce cortisol levels (a stress indicator), lower negative affect, and improve how one might view themselves (Kaimal, Ray, & Muniz, 2016). A study conducted by Kaimal et al. (2016) investigated the impact of visual art-making in relation to cortisol levels in healthy adults. As a result, Kaimal et al. (2016) took both pretest and posttest saliva samples and found that after making art, the mean cortisol levels were significantly lower. In addition, Kaimal et al. (2016) also gathered participants' narrative responses on their own perception of making art and identified several themes amongst the participants, including feelings of relaxation, freedom from constraint, and learning something new about oneself.

Another pilot study by Kaimal, Ayaz, Herres, Dietrich-Hartwell, Makwana, Kaiser and Nasser (2017) looked at the relationship between reward perception and visual self-expression, and found that even short creative art tasks, completed in as little as 15 minutes, could lead to better self-perceptions. Kaimal et al. (2017) conducted a pilot study to examine brain activation

of reward perception based on visual self-expression. The study utilized three distinct visual art tasks: colouring, doodling, and free-drawing, and found significant activation in the medial prefrontal cortex (mPFC). The mPFC areas are thought to be part of the so-called reward circuit and involve the emotional, affective and motivational systems that form affective value associations (O'Reilly, 2010). Critically, experiences that affect us positively are more likely to drive our future behaviour. Accordingly, results presented in the pilot study (Kaimal et al., 2017) show increased blood oxygenation in the areas of the mPFC, indicating the activation of the reward pathway in relation to the three different art activities indicated above. Such results are important as they affirm that art may assist in the positive shift of one's self-perception (Kaimal et al., 2017). Kaimal et al. (2017) state that the above findings were based on preliminary studies using a small sample and as such should be interpreted with caution. As a result, further studies need to be conducted to better understand stress mechanisms and neurobiological effects in relation to art.

### **Challenges of Self-Care and the Arts.**

Perhaps paradoxically, evaluation, interpretation, and judgment can be obstacles to a therapist using art as a medium (Malchiodi, 1998). In a literature review of self-care, Bradley et al. (2013) propose that critical analysis and over-intellectualization can be counterproductive in the practice of self-care. Milia (2000), author of *Self-Mutilation and Art Therapy: Violent Creation*, advises therapists to consider their own physical and emotional safety. Milia (2000) points out that the creative process can bring up intense and unexpected emotions that could unintentionally put a therapist in a vulnerable position. For this reason, a therapist's engagement in self-care with art should remain open to the creative process, and refrain from interpreting or putting judgement on their work (Bradley et al., 2013).

In a study done by Titus and Sinacore (2013), the relationship between art-making and wellbeing was investigated and contextualized to the environment the art was produced in. As a result, participants in the study shared that their physical surroundings greatly influenced their creative process. Some participants found that working in a studio space versus at home influenced their engagement with the art. A number of participants cited that they felt comfortable working in a studio as it provided them with a contained and uninterrupted space (Titus & Sinacore, 2013). However, having access to a private studio outside of the home is not common, and may not be an option for many health care professionals. It is important to note

that participants who tried creating art in their homes stated that it was difficult to sustain because of interruptions made by housemates, pets, children and even the nagging urge to complete household chores (Titus & Sinacore, 2013). The research conducted by Titus and Sinacore (2013) is important as it presents real life challenges that health practitioners may not think about when trying to engage in creative self-care processes.

There is a great deal to consider when it comes to self-care and the possibilities of art and art-making. Overall, this review has touched upon the importance of self-care as an ethical requirement for many health care professionals. In addition, the review has also addressed self-care in relation to work stress and the negative effects of not practicing self-care. In response, the creative arts, with specific focus on knitting, were identified as having a positive influence on enhancing the adoption of self-care strategies. This conclusion was further supported by neurobiological studies showing positive outcomes relevant to the caring professions. Ultimately, self-care and art-making may be seen as facing many challenges, but effective and sustainable self-care is critical for the wellbeing of both client and practitioner.

### **Methodology: An Arts-Based Heuristic Inquiry**

#### **Origins of My Research Interest**

Before starting my training as an art therapist, I had the privilege of working and volunteering in different areas of mental health care and support. Through these opportunities I gained valuable skills, as well as an understanding of the importance of the work I hoped to pursue in the future. At the same time, I saw that my colleagues were crumbling under the weight of their support work. A characteristic I noted in most of my colleagues was a generosity and willingness to give. They were superheroes, ready to swoop in at a moment's notice during times of distress. However, this generosity appeared to also be to their detriment. I was no exception to this; I gave of myself until there was nothing left in the belief I had done well by being in service to others. Over time my colleagues and I were depleted. Even with the best of intentions, at times we became a disservice to the people we were trying to support. As I continued my work in mental health, I witnessed a large number of colleagues depleted to different degrees of exhaustion. Some were on the brink of burnout and under-functioning, while others back from weekends or holidays compensated by over-functioning. This cycle was normalized and became the flow of support work. It also created a chronic pattern of work overload, insufficient reward, and contributed to a general breakdown of the support community

I was a part of. Activities that brought fulfillment such as yoga, walks in nature, and spending time with friends seemed too idealistic for the amount of time and energy that my colleagues and I had. Exhaustion began to have effects beyond the workplace, while activities meant to provide rest and renewal seemed unsustainable. My struggle to balance the work of care and engagement with my own needs has meant that the topic of self-care has stayed with me. I want to contribute to a better understanding of, and provide some possible approaches to the self-care other-care conundrum.

### **Research Question**

Based upon my own experience and research, I want to propose an arts-based heuristic approach. My work here will attempt to answer the following related questions: “Can art-making be used as a form of immediate self-care within an efficient time period?”. I want my research questions to respond to the temporal environment of self-care, by which I mean the aspect of “not having enough time” to participate in self-care practices. For this reason, I am interested in “emergency” self-care strategies, or in other words, in the accessible actions that can be used by individuals to potentially treat burnout, and aid in burnout prevention. My hypothesis is that individuals may be more likely to engage in their own self-care practices if they have access to self-care tools that do not require a lot of physical, emotional or temporal resources. A relatively short and regular practice of art-making as a mode of self-care may be a useful tool in and of itself, and could eventually lead to more long-term methods of self-care. If this is true, art-making may be a critically important tool for the wellbeing of both caring professionals and the clients they serve.

The methodology chosen to answer this research question is based on my own lived experience. I hope to incorporate an approach where self-inquiry becomes the center of thematic observation (Kapitan, 2017). As such, my methodology circulates around a few core beliefs that include the significance of unconscious forces, the mutual influence of researcher and environment, and the value of the researcher’s experience as a credible source of information (Kapitan, 2017; McNiff, 2012; Moustakas, 1990). Through the process of my research inquiry I hope to explore different art materials and their feasibility for encouraging ongoing practices of self-care. As I embark on this journey, the underlying assumption that I am making is that the process of art is inherently therapeutic (Allen, 2005; Kaimal et al., 2014; Kenning; 2015; MacRae & Strout, 2014; Hyland Moon, 2002). In this respect, I am also assuming that my

insights may be generalizable. On the one hand, my observations will touch upon the shared experience of self-care as it is interpreted by others, but on the other hand, my perceptions will be limited to my own experience of self-care. Ultimately, I believe that self-care is both a communal topic and a personal affair.

### **A Heuristic Inquiry**

I maintain that a heuristic arts-based approach is appropriate to my research question because it allows me to explore first-hand how art-making can serve as a sustainable and time efficient self-care practice. Firstly, a heuristic model supports the inquiry into the self, which is fundamental to understanding self-care. Accordingly, the heuristic model allows and invites me to follow hunches. It draws me into myself, and to the self in general, by reminding me to pay attention to connectedness and relationship, and to value quality over quantity (Douglass & Moustakas, 1985). With this being said, it should be noted that the “self” varies from one person to the next. Therefore, understanding myself first will allow me to determine whether an arts-based approach to efficient self-care is effective. Once I have drawn a conclusion based on my own process, I will be able to explore how it may be an effective modality for others. The ethical guidelines established by the CCPA (Ethics Code; CCPA, 2007) support this approach by stating that it is a professional responsibility that counsellors “recognize the need for continuing education and personal care” (p.5). More specifically, in the CCPA Standards of Practice (2015), article F.9 and F.10 state that self-development and self-awareness should be fostered through activities that aim to “promote personal development, insight and self-awareness as individuals in a helping profession” (Standards of Practice; CCPA, 2015). On this basis, I believe that the principles that govern heuristic arts-based research, such as embracing personal insights, intentional use of self-awareness, and curiosity regarding oneself and the world, will allow me to find truths that are at the same time rooted in my own experience.

In short, heuristic research involves an in-depth journey to the discovery of meaning. It is guided by an internal framework that posits that information can only be obtained through one’s senses, perceptions and beliefs (Kapitan, 2017). Douglass and Moustakas (1985) emphasize that a heuristic research is centred around the discovery of meaning and essence, and that these elements are critical to understanding human experience. Keeping this in mind, in order to shed light on the phenomena under investigation, I will reflect, explore, and sift through my own subjective experiences (Douglass & Moustakas, 1985). Unlike traditional empirical

studies, the key to making sense of this specific methodology is that “the object is not to prove or disprove” (Douglass & Moustakas, 1985, p.40) but to rather discover and understand the meaning of the phenomena itself.

Arts-based heuristic research is unique in the way that it collects original and autobiographical data that elucidate “descriptive textures of the lived experience” (Douglass & Moustakas, 1985) while amplifying meanings aesthetically (Kapitan, 2017). For this reason, I will use my art process as a vessel to help me access unconscious realms of possibility, further bringing to light knowledge that might bypass me if I were to solely rely on verbal means to gather information (Gerber, Templeton, Chilton, Liebman, Manders & Shim, 2012). From there, I will use the relative freedom of the heuristic process to follow and uncover ideas and insights as they emerge.

### **Steps to Conduct Arts-Based Heuristic Research**

In order to collect the relevant data for my research inquiry I used the Six Step Model of heuristic research (Moustakas, 1990) over a period of nine months. Accordingly, the six steps were laid out as follows: initial engagement, immersion, incubation, illumination, explication, and finally, creative synthesis (Moustakas, 1990).

### **Content Collection and Analysis in Arts-Based Heuristic Research**

**Step 1: Initial engagement.** As outlined by Moustakas (1990), initial engagement is an exploration of an intense interest or question initiated through self-dialogue and tacit awareness (Moustakas, 1990). Accordingly, in the first stage of my research I wanted to understand the context from which my inquiry was born. I had just finished my first year of the Art Therapy graduate program at Concordia University and was ready to utilize the summer as an opportunity for self-discovery. I began by exploring my own feelings regarding self-care, as well as the ways I took care of myself. Situating myself in relation to the literature, I read some books and articles related to vicarious trauma, burnout, mindfulness, and meditation practices. As I did this, I actively journalled, taking notes on what felt intuitive, about exercises I wanted to try, recording knowledge I had integrated, and documenting my feelings in relation to the topic. During this time, I thought about my previous support work, and the experiences my colleagues and I had encountered.

**Step 2: Immersion.** During the second stage, Moustakas (1990) describes the exploration of the research question by using an internal frame of reference, following intuitive

hunches and becoming completely consumed by the research phenomenon. As a result, while I entered the immersion phase I became completely saturated with my research process. Self-care became a topic that was continuously on my mind. I thought about it rigorously and entertained public conversation about it with friends, fellow peers, and even strangers. At times I found myself drifting off thinking about the topic, to the point that I had to oscillate my attention, retreating back and forth between being fully immersed and completely disengaged. Every engagement with a different art material became an opportunity for self-care analysis; I was ultimately consumed by my question. This was an important component of my research process as it allowed me to discover new perceptions and understandings of how art material, that I might not have considered before, may have lent itself to the practice of self-care.

**Step 3: Incubation.** Moustakas (1990) expresses the incubation phase as the active retreat from the research process. Consequently, after the intensity of the immersion phase I retreated from the topic altogether. I took a break from engaging in both internal and external dialogue regarding self-care. My intention was to allow knowledge to enter the periphery of my immediate awareness. Subsequently, allowing me to further identify various sources of knowledge including subliminal, archetypal and preconscious perceptions (Douglass & Moustakas, 1985).

**Step 4: Illumination.** In the illumination phase, Moustakas (1990) elucidates the breakthrough in consciousness. During this period, the revelation of missed information is discovered and the structure of the question is affirmed. Likewise, this stage was marked by the revelation of hidden meaning where my distortions about self-care were corrected, and additional dimensions of truth were uncovered. For example, learning that self-care may: take many forms, be as much about “doing” as it is about “not doing” and finally, touch upon instinctive needs such as sleep and safety.

**Step 5: Explication.** According to Moustakas (1990), the main idea during the explication phase is to understand the multiple layers of new knowledge by contextualizing findings and identifying patterns. Therefore, in order for me to understand the multiple layers of new knowledge, I had to sift, analyze and work through the discoveries that had emerged in the illumination phase. With the intention of understanding the information revealed to me through the previous stage, I had to take part of the process of “indwelling;” a concept that can be understood as the creation of an internal space that reveals a “comprehensive depiction of the

essences of the experience” (Moustakas, 1990, p. 31). For example, coming to the revelation that self-care is an internal struggle that many people may also experience but not necessarily share.

**Step 6: Creative Synthesis.** In the final step of my research, Moustakas (1990) explains the process of creative synthesis as the attempt to understand overarching meanings. As a result, I moved from individual findings to universal meaning. The fragments of my knowledge were brought together in an attempt to draw universal conclusions. My goal was to challenge myself with the knowledge I had just gathered to generate a new reality that embodied “the essence of the heuristic truth” (Douglass & Moustakas, 1985, p. 52). In an effort to open myself to tacit knowledge, intuition and self-searching, I deliberately took some time alone to consolidate all the information that I had gathered.

### **Ethical Considerations**

Inherent in a heuristic arts-based study are ethical concerns regarding the use of the researcher as the primary conduit for collecting and interpreting information. My research involved an intense and personal journey that had the potential to be both physically and mentally exhausting. With this in mind, I was conscious of the materials I was using, as well as of the places I happened to be during my research, so that if my self-care practice triggered difficult emotions, I would be able to remain safe during the process.

In addition, one of the most important ethical questions I had to ask myself was whether I was pursuing my research question in the interest of the community, or if I was simply satisfying a narcissistic need (Kossak, 2012). My answer is that I believe that my research inquiry into self-care moved beyond a narcissistic need and addressed a real dilemma that impacts many people today who are living busy and stressful lives. As a new therapist entering the health care profession, self-care is an ethical requirement that I need to uphold. In this respect, exploring self-care through a heuristic lens is both a logical and ethical step.

Ultimately, using a heuristic arts-based approach will strengthen my research inquiry by allowing me to access knowledge through multiple levels of consciousness. As I follow the Six Step Model of heuristic inquiry, I will make sure that I remain consistent with my process, triangulate my data, and work to present a holistic form of my findings through a creative synthesis. Lastly, whilst deeply immersed in the process, I will be mindful to protect my

emotional and physical self, and take measures that allow me to freely discover the essence of my research phenomena while remaining safe.

### **Limitations, Validity and Reliability**

My research study is based on a personal investigation into the lived experience of self-care, and as such documents experience that may not be widely relatable for others. Ultimately, we each require different forms of self-care, based on our background and lived experience. Our relationship with self-care can change over time, and may be influenced by past actions, present demands, and perceived support. Nonetheless, though my findings are personal to me, they attempt to touch upon the experience of self-care as a whole.

In order to pursue the truth of my investigation, it should be noted that my research is limited to my social locators: I am a student who has the privilege of attending tertiary education, and I may not be able to see what self-care looks like for those facing poverty, displacement or active violence. Accordingly, my research seeks truth and meaning through my own authentic self-processes (Douglass & Moustakas, 1985). I will not speak on behalf of other people's experience but will trust that, within my investigation, there is a common thread that may be understood by others. By the same token, the continuous search for truth in a heuristic study is ultimately an indicator of validity. Douglass and Moustakas (1985) confirm that findings remain valid as long as the pursuit of research is directed toward truth through authenticity. This belief in the connection between truth and authenticity is rooted within the self, and supports my argument that my findings are valid as long they are derived from a place of passion (Douglass & Moustakas, 1985) and rigorous, exhaustive self-searching (Moustakas, 1990). Despite the apparent subjectivity of the method I have just outlined, it should be noted that embedded within the heuristic approach to research are practices that seek to grant rigour and validity to the knowledge produced as a result of the research. For example, I reflexively considered my assumptions about self-care, critiqued apparent truths, and questioned taken-for-granted theories (Kapitan, 2017). On that basis, I invited and received feedback regarding my process by my faculty supervisor, and went on to engage classmates, coworkers, and friends in open dialogue regarding the topic of self-care. As for reliability, I insured that I remained consistent throughout my data collection process (Leavy, 2009). For instance, I made sure that I wrote in my research journal every evening at the same time. Furthermore, I maintained reliability by continuously

appraising my research question. I also reminded myself of the question at every stage of my process to ensure that I was answering the question I set out to answer (Kapitan, 2017).

## **Findings**

### **Introduction**

As a concept, self-care was like a seed that was planted in me during my first course in the program. It was also a buzzword I would hear now and then. Based upon my own experience in the field of mental health, I decided that I wanted to intentionally engage in researching and supporting self-care as I became an art therapist in training.

### **Self-Care Unraveled**

As an art therapy student, I found it challenging to maintain my own art practice, a practice that had been profoundly therapeutic for me in the past. Amidst the coursework and internships, I felt pressure to use my time efficiently. Every hour was precious, and I needed to be strategic about how I used it. Given these circumstances, I knew I needed to find a balance that allowed me to care for myself. Given my own experience, art appeared as a natural choice of method for self-care. I knew that the material and process needed to be flexible so that it would fit easily into my schedule, and structured so that I could easily pick up where I left off or start something completely new. Being aware that I was already making a lot of decisions in other areas of my life allowed me to proactively think about how I might approach using art as a supportive tool for self-care. Art has a wonderful way of opening up multiple ways of expression and offering endless choices. However, I knew that when I was cognitively overwhelmed, I needed to reduce the amount of thinking required of me. Consequently, under these conditions it was important that I could create an object that did not require an extensive amount of creative liberty or time commitment. As a student, I travelled a lot between my classes and two internship sites, and thus it was practical for me to try use my commute time to engage in self-care. For this reason, I needed the materials of my practice to be transportable and containable so that I could use my time skillfully.

**A short exploration with clay.** I first began the process of answering my research question by experimenting with clay. I decided to use this medium because it could be transported in small pieces, it was tactile, and had the ability to be transformed into whatever I wished. Accordingly, I would take a small ball of clay with me, just slightly smaller than a golf ball, and put it in an airtight container. During moments that I felt stressed or anxious, I would

take out the clay and manipulate it between by hands for five minutes. After experimenting with clay, I discovered that it was too messy, and left a residue on my hands. I decided to extend my exploration to Crayola® Model Magic® and plasticine. Both leant themselves more easily than clay to situations where I was not able to wash my hands afterward. On the one hand, the plasticine was a cleaner alternative to the clay, but on the other hand, it tended to be difficult to manipulate. The malleability of the Crayola® Model Magic® made it easy to use within a short period of time. Notably, the repetitive motion of reshaping the Crayola® Model Magic® and smoothing it out was a gratifying, and I often found myself squeezing it as though it was a stress ball.

**An unexpected exploration with knitting.** As I continued using the Crayola® Model Magic®, I found myself wanting more out of my experience, and felt creatively unsatisfied. As I continued my exploration, I found myself at one of my practicum sites needing self-care. Instead of opting for the Crayola® Model Magic®, I found myself using materials that were more comforting to me. I picked up some yarn and began to knit with two pencils, as I did not have any needles with me at the time. In this moment I observed myself channeling my energy through the knitting, and I remembered a feeling of accomplishment after knitting a small 4”x4” square after only 10 minutes. As the process did not require a lot of time commitment, I began to knit more squares over the following weeks. It should be noted that knitting was not something that was new to me. My previous experience with knitting had involved time-consuming projects or items such as gifts for loved ones. Prior to this moment, however, I had not thought about using knitting as a valid method of self-care. Accordingly, I decided to dedicate the rest of my investigation to understanding how knitting could be used to promote self-care over a short period of time.

**Knitting as a structured self-care tool.** Over the weeks, knitting little squares became something I looked forward to doing, and the squares became a visual reminder of, and anchor for, self-care. On average, each square took about 15 minutes to create. Depending on the thickness of the yarn, there were times when it took me as little as 10 minutes, and as long as 30 minutes to knit a square. There was no intended end goal for the squares, but ultimately, all the pieces came together to create an afghan that visually represented all the short periods of time that I set aside to take care of myself. These reminders were important for me especially when I was exhausted. As a result, knitting did not become something that I had to check off on my to-

do list, but was something I did for my own pleasure and wellbeing. Once I had built positive momentum with my squares, knitting became a quick and simple go-to-ritual. This was particularly helpful when I was tired and overwhelmed with decisions. For this reason, instead of having to sift through countless self-care possibilities, I had a familiar tool I could access and participate in over a short period of time. Furthermore, to assist with the success of the squares as a self-care tool, I created parameters to work within. My aim was to reduce the number of decisions I had to make, because I knew that this was difficult when I felt fatigued. With this in mind, I kept the squares a consistent size, and chose to repeat one stitch to produce a simple stockinette stitch pattern. As a consequence, the knitting process not only absolved me from making decisions, it also became a physical activity that allowed me to release built-up tension. Through the knitting process, I learnt how to exercise self-compassion towards myself, knowing that whenever I made a mistake, I could either undo it or simply continue. Knitting became an experience that reminded me of valuable life skills such as patience, perseverance and pacing. By providing myself with a short, structured, and creative activity with expected and repetitive rhythm, I was able to regulate my nervous system and regain control over my anxiety. Essentially, the rhythmic nature of the knitting provided me with a healthy psychological break and it did not take a large amount of time out of my day.

**Knitting as a mindfulness exploration.** As I continued the process, I noticed that the repetitive rhythm of knitting allowed me to practice mindfulness. For example, I would focus on the colour and texture of the yarn, or I would notice how stitches came together to form loops. Occasionally, when I felt overstimulated by my external environment, I would close my eyes and touch the squares that I had knit. I would slowly run my fingers over the yarn and take the time to notice the different characteristics. For example, I could try to determine whether the yarn was soft, coarse, bristly, or smooth. Paying deliberate attention to material qualities helped me slow down, by giving me something particular and discrete to focus on. Moreover, by strategically closing my eyes, I was able to elicit a sense of comfort, as I recalled earlier times I was consoled by material objects such as stuffed toys or blankets. As I made these observations, I was reminded of other people in my life who offered me comfort and care. In difficult moments, this reminder helped me feel supported and less alone.

**Knitting as a social exploration.** Similarly to the way that knitting elicited memories of comfort and support, I also observed that knitting was an activity I could do on my own, or in the

company of others. I was surprised by how easily both the process and product facilitated a way for me to connect with others. Classmates, colleagues and even strangers would ask me about my knitting, and it would initiate a dialogue regarding their own thoughts about self-care. Sometimes, people seemed to simply get joy from touching the squares and admiring the different colours and textures. In these cases, the squares acted as a bridging point for positive connection and storytelling. Further to this, my knitted squares became encoded with meaning and emotion. They embodied my experiences as they were lived in the present, and became reminders of my support systems with others.

### **Twists and Knots**

**Understanding the essence of self-care.** My experience throughout the art therapy program was filled with challenges. Not only was I trying to excel in my classes and exceed expectations at my placements, but I was trying to adjust to living in a new city and province while simultaneously navigating a language I did not speak. Consequently, I had many opportunities for, and barriers to, the exercise of self-care. As a topic, self-care was more complicated than I had imagined. When I chose to write about it I thought I understood what self-care entailed. After all, it was only a compound word that could be separated into two simple words: self and care. However, after struggling with how to answer my research question, I realized that I had no comprehension of what it meant to “self-care.” For this reason, my inquiry into how art-making might be used as a form of efficient self-care was blocked because I did not understand the essence of my question. As I continued to deconstruct the meaning of self-care through self-reflection and conversation with others, I felt a cloud of ambiguity fall over myself whenever I heard one person remind another to practice self-care. This made me think about how the word was being used, and I realized that in conversation, self-care was being used as a verb instead of a noun. Consequently, it led me to think that perhaps self-care might not only describe a thing, but also an action.

When I was alert and had enough energy to think about self-care, I nevertheless found myself lost. On a cognitive level, I understood what self-care meant but I would often find myself wondering whether I was doing it “right.” I observed the doubt that crept into my process and felt frustrated; at this moment self-care did not feel intuitive. I recalled the many books and articles that I read promoting self-care practices such as exercise, yoga, meditation, journaling and spending time with friends. All of these resources sounded good in theory, but when I felt

burnt out at the end of the week, I was paralyzed. None of these theoretical self-care practices seemed practicable. Everything seemed like a demanding task, or an item that needed to be checked-off on my to-do list. I felt embarrassed for not taking action when I was surrounded by knowledge and resources on the topic of self-care. The accumulation of these moments led me to feel resentment toward the practice, and this resentment was a kind of hot anger, bubbling under the surface. I felt as though self-care was an expectation put in front of me that I had no skill navigating. Despite being unable to settle on one definition of self-care, I continued to knit my squares and channeled a lot of my frustration into them.

**A shift in ambiguity and intuition.** Amidst the ambiguity I was feeling about what was, and what was not considered self-care, I observed a shift in my thought process. During this time, it felt as though the change in my perception came from necessity, as opposed to desire. I remember writing in my daily research journal, and noticing that the one word that kept coming up was “tired.” Occasionally, similar words appeared, such as “fatigue” and “exhaustion.” In these moments, I felt as though I could not do anything else, and when I asked myself what I needed for my own self-care, the consistent answer was sleep. I realized that perhaps self-care could be driven by intuitive needs, and I was overriding mine by continuously deferring to an external orientation of care. By this I mean looking outward to the world, as opposed to looking into myself for avenues of self-care. My insight was later affirmed during the incubation phase of my research process, where I deliberately chose to retreat from my research altogether. The self-care seed that had been planted at the beginning of this process came to life within me through a dream state. Upon waking, I knew that I had the revelation that would help me understand the essence of my research question. I wrote down what happened in my dream:

*I get into a vehicle that is just about to leave. I do not know where it is going but my gut instinct tells me that it will take me where I need to go. On the journey I notice that the driver has fallen asleep. I respond by trying to distract him so that he will stay awake. As we drive through a metal maze I see creatures pretend fighting as though they are in a movie, and then the driver stops the car and gets out. When he does, I realize that he is the main character in the story. He assumes his position with triumph and a deep sense of presence, he has arrived, and I realize that the story will conclude the way it has always been intended. The script has already been written and the journey has always been known.*

My dream felt like an affirmation of my own ability to take care of myself. The story normalized the process of uncertainty and seemed to call upon intuition as a guide. It was as though I simply needed to be reminded of the storyline so that I could embrace an embodied presence that would allow me to arrive within myself once again.

**Contemplating self-care: An ongoing inquiry.** Despite this dream revelation, self-care is still a difficult topic for me to write about, and I do not think I understand it completely. Every day that I sit down to write about my findings, I uncover something new. Similar to other skills that I have acquired in my life, this research journey has taught me that self-care is an active work in progress, or a verb that will continue over my lifetime. Accordingly, once the formal part of my research investigation has been completed, self-care will continue to be a lively thread that loops itself into many facets of my personal, professional, social, and spiritual life.

## **Discussion**

### **The Beginning of a Journey**

Utilizing a heuristic method of inquiry has given me an authentic research strategy to delve into a research question that asks how art-making can be used as a form of self-care that is sustainable, accessible, and efficient. My research process and my time in the art therapy program have been similar in that both are journeys of trial and tribulation. I began both processes full of enthusiasm and determination; I was ready to conquer any challenge head on. Nonetheless, as time went on I could no longer fulfill the role of a student and researcher to the level I had set for myself. I began to “burn out,” and it became difficult to practice on-going self-care. Many practitioners especially novice ones like myself, are afraid of underperforming and end up overextending themselves (Skovholt & Trotter-Mathison, 2014). From my own experience, working hard and going above and beyond the call of duty is admired by family members, friends, mentors, and employers. As a result, I have found myself in a position where I want recognition and praise for my efforts. However, upon reflection, this mindset may have further exacerbated my risk of burnout, which leads me to question whether the problem of burnout is rooted in a society that demands too much without allocating adequate resources. In light of this, I believe that the idea and practice of self-care must include the intentional act of “not doing” and “not striving”. Be this as it may, given present circumstances, self-care may be a protective buffer against structural and systemic factors that imperil the self.

## **Modeling Self-Care**

As a keen learner, I observe the world around me and look toward mentors to guide me. However, while working in various mental health settings, I observed a handful of mentors and supervisors who did not seem to actively practice good self-care. I did not think about how detrimental this was until I realized that I was laying the same foundation for myself, one based upon self-sacrifice. I was modeling what I had observed to be “good practice.” This was difficult because many of the people I had witnessed experiencing fatigue and burnout were people that did genuinely good work. They cared a lot about others but did not seem to extend the same concern to themselves. Skovholt and Trotter-Mathison (2014) describe the lack of reciprocity towards the self as an “abandonment of self” (p.166). They describe this neglect as a having a strong appeal, because it allows the practitioner to avoid confronting themselves. Upon reflection, I question how the structure of care work reinforces the dissolution of the “self”.

Ruglass and Kendall-Tackett (2014) state that “lack of self-care is not noble: it leads to clinicians who are impaired” (p. 138). This is a reminder that in order to maintain a sustainable practice, a balance between altruism and self-care needs to be established (Skovholt & Trotter-Mathison, 2014). Selye (1974) calls for practitioners to assume a position of altruistic egotism. In other words, it is necessary to care for one’s own welfare as an obligation. Skovholt and Trotter-Mathison (2014) support this stance by emphasizing the allegiance to oneself as an essential part of caring for the other. Respectively, when it comes to practitioner welfare, self-care is not a luxury that one indulges in and as such should not be seen as a “perk” or a “privilege” (Barnett, Johnston & Hillard, 2006).

## **An Inward Look at Self-Care**

As a young professional in art therapy, my exploration into the arts was fueled by a desire to be proactive about my own wellbeing in the profession. Engagement with the arts can assist art therapists to replenish their creative energy (Brown, 2008; Cameron, 1992), and as such, it becomes an imperative. I wanted to meet this call by utilizing materials I was most familiar with. I began by exploring Crayola® Model Magic® and later investigated the use of textile arts, and specifically knitting. The latter was a process that revealed itself during a time of distress, and consequently became the main focus of my research. Both media had a strong sensory aspect that immediately drew me to them. I did not understand why I chose to work

with them at first, but upon reflection, realize that I had deeply rooted memories of each material.

Clay has always reminded me of the earth; a material that required me to use my hands and release my inhibitions. The ability to transform a ball into whatever my imagination could create was compelling. I was the creator and I was in charge. Whenever I worked with Crayola® Model Magic®, I had to be present, because my hands and brain were working together. If my attention drifted, the Crayola® Model Magic® would mirror this distraction by becoming a shape that was unintended.

My journey with knitting is more personal. Growing up I saw many important people in my life knitting, and it was a skill they graciously passed onto me. Knitting has been a symbol of creativity and nurturance in my life. Just like the Crayola® Model Magic®, a simple piece of yarn could be transformed into any object from my imagination. Such findings are supported by Eberhart and Atkins (2014) who affirm that art is an intermodal way of working that greatly encourages ingenuity and creativity. Imagination in this case can be seen as a life-giving activity that could greatly assist in the recovery of burnout.

From my experience working with both media, I found that Crayola® Model Magic® and yarn invited me to be present. The colour, smell, shape, sound, movement, and texture of the material stimulated my senses, taking precedence over noisy thoughts or background chatter. Working with the senses can initiate change by allowing a person to be present with whatever arrives (Eberhart and Atkins, 2014). I found the same to be true regarding my own experience. More specifically, when I was working with the yarn, I had to maintain a certain level of concentration. Accordingly, when I was unable to maintain such attention, I would begin to either drop or add stitches. Over time, the process of knitting offered me an opportunity for mindfulness and reflection. Mindfully induced states can offer students and therapists the mental clarity, replenishment and centeredness needed in the first few years of training (Schure, Christopher & Christopher, 2008). The repetitive motion of the needles and the yarn allowed me to enter a state of relaxation, something that I clearly needed as I began my training. With knitting, I was able to feel grounded which allowed me to reconnect back with my body. Listening to one's body is an important indicator of our health and can lead to greater sensitivity toward taking proactive self-care measures (Kabat-Zinn, 1990).

## **Self-Care Successes**

When I explored working with yarn, I found that knitting small 4”x4” squares was extremely satisfying for me. I believe this was because it appeared to be a manageable goal that I could accomplish within 10 to 30 minutes. Furthermore, it also served the dual function of fulfilling the parameters of my research question which was about how art-making could be used as an efficient self-care tool. On the one hand, knitting is a process that requires basic tools (needles and yarn) and has the benefit of being transportable. This means that knitting can be accessed immediately, anywhere, and at any time (Corkhill et al., 2014). On the other hand, the benefits of knitting can be achieved over a short period. An individual can choose to start or stop their knitting at any moment. In this way, knitting offers the individual the ability to manage both their energy and time. Having said this, it is important to also acknowledge that knitting is a skill that needs to be learned and practiced before it can be used as a form of self-care. In my case, it was a skill I acquired from a young age, and as a result I was able to share with others.

Most of the knitting that I did was done alone in my apartment, in transit, and occasionally in a classroom. However, there were times that my knitting unintentionally created opportunities for other people to engage with me. By choice, the process of knitting can be done as either a solitary or social activity (Corkhill et al., 2014). When done alone, knitting can provide an individual with meaningful time to themselves. Moreover, it allows a person to reflect, and take refuge from the support needs of others. When done in the presence of other people, knitting can offer a vehicle for social contact (Orton-Johnson, 2014). In this way, simply relating with others as a form of self-care may invite a shared experience of emotional connectivity and solidarity.

That being said, it should be noted that I was not always stressed or anxious when I decided to participate in knitting more formally as a self-care activity. Knitting has been a craft that I instinctively engage in, and I have been using it as a form of care long before I labelled it “self-care”. This was an important finding, as it revealed to me that self-care did not need to involve a new material or project, but could be something that I was already involved in. As a result, it is important to recognize that activities that are intrinsically motivated may positively impact the frequency that individuals take to increase their sense of well-being (Kenning, 2015). As my dream revelation seemed to show me during the incubation phase of my research process, knitting was already part of my repertoire of self-care strategies – I just needed to identify it.

Despite finding success utilizing knitting as a self-care tool, my journey throughout this process has been one of great intensity, frustration and uncertainty. The unrelenting stress of the program, coupled with external stressors coming from both my personal and professional life weighed heavily on me. Consequently, by the time my final semester had come to an end, my energy was depleted, and I was rapidly losing touch with myself. Mental and physical exhaustion is a sign that burnout is occurring and signals a breakdown from active coping to passive coping and withdrawal (Ruglass & Kendall-Tackett, 2014). Accordingly, the first step in my process to burnout recovery was to “recognize it and resolve to take some positive action” (Ruglass & Kendall-Tackett, 2014, p. 130). At the time it was clear to me that I was experiencing burnout. My research journal was filled with words such as fatigue, exhaustion and hopelessness. There were even days when I questioned whether my inquiry into self-care was meaningful. As a result, I was able to recognize that I was experiencing burnout but did not know how to take the next step toward positive action. During these moments, my decision-making capacity was largely inhibited by my exhaustion, and I found myself drowning amidst things and activities that were and were not considered self-care practices. I longed for clarity during these times of stress. Self-care felt frustratingly elusive, and I was unable to determine whether it was an experience that I was just having or whether I was stumbling upon a shared phenomenon, or anything like a “truth” of self-care. With all this being said, it is worth noting that we need multiple forms of self-care. For instance, our physical body may be cared for by eating nutritious food, participating in physical activities, and being properly protected against extreme weather conditions. Similarly, our emotional selves may be cared for by connecting with others, establishing healthy boundaries, and participating in meaningful work. Spiritually, we may care for ourselves by singing, participating in meditation retreats, attending religious gatherings, or by surrounding ourselves with nature. Knowing that we have the ability to be replenished in multiple ways may help us better target the problem that needs attention. This would be particularly helpful when one is depleted, and caring for oneself is more challenging.

At the beginning of my research process, I felt that I could not answer my research question until I understood the essence of self-care. Despite my investigations, I was unable to find an honest account of self-care that honoured the struggles and hardships involved in taking care of oneself. I am happy that my work might be a contribution to filling this void in the

literature, because I believe writing about self-care and its failures helps move forward a shared struggle.

### **Conclusion**

My heuristic investigation has provided me with insight into the challenges of self-care, and has shown how art-making can be used as an immediate self-care intervention within an efficient time period. I would like to encourage health care professionals to continue engaging in open dialogue related to self-care in the helping field. This is particularly true for settings where students learn about the craft of therapy or other practices of caring in the field of mental health. I believe that when we address and share our fears and failures regarding self-care, we can begin to deconstruct barriers that prevent us from taking care of ourselves. Similar to other stereotypes or misconceptions that we struggle to demystify, ambiguity around self-care needs to be addressed so that, as a profession, we can move toward deeper sources of replenishment.

Advocacy aside, my research investigation has shown that art, and specifically knitting, can be an effective tool for self-care. As a seasoned knitter with an affinity for working with textiles and tactile material, it served as a process that helped me regain control over my feelings, while simultaneously helping me build my patience and resilience (Corkhill et al., 2014). Moreover, knitting has the benefit of being an easily acquired skill that entails few material resources. Accordingly, due to its versatility, knitting can be easily transported and accessed at any moment.

Despite its elusive quality, intuition revealed itself to be an important factor in the process of self-care. Ultimately, I believe that self-care is an act of dedication to ourselves and is one that we must undertake (Moffat, Ryan & Barton, 2016). At the end of the day we are the only people who know what we need to be well. As a result, the nature of self-care is that it is deeply personal and continuous, and I will continue to engage in self-care after the completion of this paper. Self-care will be critical to myself and my colleagues over the rest of our careers.

As discussed above, self-care is an important topic that will continue to benefit from further research. More specifically, future research should focus on unveiling the struggles that get in the way of self-care practices. By documenting our failures, we can build a resource of information that will help normalize the struggles faced by students and novice practitioners. It would also be valuable to gather information regarding explicit self-care interventions in the

creative arts that specifically cater toward immediate self-care needs. In other words, future explorations of self-care should keep portability, ease of access and a short time frame in mind.

## References

- Allen, P. B. (2005). *Art is a spiritual path*. Boston, MA: Shambhala Publications, Inc.
- American Art Therapy Association. (2013). *Ethical principles for art therapists*. Retrieved from <https://arttherapy.org/wp-content/uploads/2017/06/Ethical-Principles-for-Art-Therapists.pdf>
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Journal of Clinical Psychology: Science and Practice, 10*(2), p. 125-143. doi: 10.1093/clipsy/bpg015
- Barnett, J. E., Elman, N. S., Baker, E. K. & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice, 38*(6), 603-612. doi:10.1037/0735-7028.38.6.603
- Barnett, J. E., Johnston, L. C., & Hillard, D. (2006). Psychologist wellness as an ethical imperative. In L. van de Creek & J. B. Allen (Eds.), *Innovations in clinical practice: Focus on health and wellness* (257–271). Sarasota, FL: Professional Resources Press.
- Beck, C. T. (2011). Secondary traumatic stress in nurses: A systematic review. *Archives of Psychiatric Nursing, 25*(1), 1-10. doi: 10.1016/j.apnu.2010.05.005
- Bianchi, R., Boffy, C., Hingray, C., Truchot, D., & Laurent, E. (2013). Comparative symptomatology of burnout and depression. *Journal of Health Psychology, 18*(6), 782–787. doi: 10.1177/1359105313481079
- Bolwerk, A., Mack-Andrick, J., Lang, F. R., Dörfler, A., & Maihöfner, C. (2014). How art changes your brain: Differential effects of visual art production and cognitive art evaluation on functional brain connectivity. *PLoS ONE, 9*(7) e101035. Retrieved from <http://dx.doi.org/10.1371/journal.pone.0101035>
- Bradley, N., Whisenhunt, J., Adamson, N., & Kress, V. E. (2013). Creative approaches for promoting counselor self-care. *Journal of Creativity in Mental Health, 8*(4), 456-469. doi: 10.1080/15401383.2013.844656
- Bride, B., Robinson, M., Yegidis, B., & Figley, C. (2004). Development and validation of the secondary traumatic stress scale. *Journal of Research on Social Work Practice, 14*(1), 27-35. doi: 10.1177/1049731503254106
- Brown, C. (2008). The importance of making art for the creative art therapist: An artistic inquiry. *The Arts in Psychotherapy, 35*(2008), 201-208. doi:10.1016/j.aip.2008.04.002

- Brown, K. W. & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822-848. doi: 10.1037/0022-3514.84.4.822
- Buckner, R. L. & Vincent, J. L. (2007). Unrest at rest: Default activity and spontaneous network correlations. *NeuroImage*, 37(2007), 1091-1096. doi: 10.1016/j.neuroimage.2007.01.010
- Cameron, J. (1992). *The artist's way: A spiritual path to higher creativity*. New York, NY: Putnam.
- Canadian Art Therapy Association (2003). *Standards of practice*. Retrieved from <https://www.canadianarttherapy.org/wp-content/uploads/2017/03/CATA-ACAT-Standards-of-Practice.pdf>
- Canadian Counselling and Psychotherapy Association (2007). *Code of ethics*. Ottawa, ON: Author. Retrieved from [https://www.ccpa-accp.ca/wp-content/uploads/2014/10/CodeofEthics\\_en.pdf](https://www.ccpa-accp.ca/wp-content/uploads/2014/10/CodeofEthics_en.pdf)
- Canadian Counselling and Psychotherapy Association (2015). *Standards of practice* (5<sup>th</sup> ed.). Ottawa, ON: Author. Retrieved from [https://www.ccpa-accp.ca/wp-content/uploads/2015/07/StandardsOfPractice\\_en\\_June2015.pdf](https://www.ccpa-accp.ca/wp-content/uploads/2015/07/StandardsOfPractice_en_June2015.pdf)
- Canadian Psychological Association (2017). *Canadian code of ethics for psychologists* (4<sup>th</sup> ed.) Ottawa, ON: Author. Retrieved from [https://cpa.ca/docs/File/Ethics/CPA\\_Code\\_2017\\_4thEd.pdf](https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf)
- Chan, R. (2019). Ravelry, a social network for knitters with 8 million members, banned users from showing support for Donald Trump on the platform. Retrieved from [https://www.businessinsider.com/ravelry-bans-support-donald-trump-knitters-2019-6?utm\\_source=reddit.com](https://www.businessinsider.com/ravelry-bans-support-donald-trump-knitters-2019-6?utm_source=reddit.com)
- Corkhill, B., Hemmings, J., Maddock, A. & Riley, J. (2014). Knitting and well-being. *Textile: The Journal of Cloth and Culture*, 12(1), 34-47. doi: 10.2752/175183514x13916051793433
- Csikszentmihalyi, M. (1997). *Finding flow: The psychology of engagement with everyday life*. New York, NY: Harper-Collins.
- Currid, T. J. (2008). The lived experience and meaning of stress in acute mental health nurses. *British Journal of Nursing*, 17(14), 880-884. doi:10.12968/bjon.2008.17.14.30652

- Deaver, S. P. & McAuliffe, G. (2009). Reflective visual journaling during art therapy and counselling internships: A qualitative study. *Journal of Reflective Practice, 10*(5), 615-632. doi: 10.1080/14623940903290687
- Del Grosso, B. & Boyd, S. (2019). Burnout and the nurse anesthetist: An integrative review. *American Association of Nurse Anesthetists Journal, 87*(3), 205-213. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=137104923&site=eds-live>
- Donohue, N. (2011). The act of creating. *Library Journal, 13*(38), 38-40. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=edsglr&AN=edsgcl.263879194&site=eds-live>
- Douglass, B. G., & Moustakas, C. (1985). Heuristic Inquiry: The internal search to know. *Journal of Humanistic Psychology, 25*(3), 39. Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=eue&AN=4853332&site=eds-live>
- Dreison, K. C., Bonfils, K. A., Sliter, M. T., McGrew, J. H. & Salyers, M. P. (2016). Burnout in Mental Health Providers: A meta-analysis of 35 years of intervention research. *Journal of Occupational Health Psychology, 23*(1), 18-30. Retrieved from <http://dx.doi.org/10.1037/ocp0000047>
- Duffey, T., Haberstroh, S., & Trepal, H. (2009). A grounded theory of relational competencies and creativity in counseling: Beginning the dialogue. *Journal of Creativity in Mental Health, 4*(2), 89-112. doi:10.1080/15401380902951911
- Eberhart, H., & Atkins, S. S. (2014). *Presence and process in expressive arts work: At the edge of wonder*. London, UK: Jessica Kingsley Publishers. Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=nlebk&AN=722650&site=eds-live>
- Eckstein, D. (2001). A F.A.M.I.L.Y. approach to self-care: Creating a healthy balance. *The Family Journal, 9*(3), 327-336. doi:10.1177/1066480701093014
- Egan, H., Keyte, R., McGowan, K., Peters, L., Lemon, N., Parsons, S., Meadows, S., Fardy, T., Singh, P. & Mantzios, M. (in press). 'You before me': A qualitative study of health care professionals' and students' understanding and experiences of compassion in the

- workplace, self-compassion, self-care and health behaviours. *Health Professions Education* (2018). Retrieved from <https://doi.org/10.1016/j.hpe.2018.07.002>
- European Agency for Safety and Health at Work. (2014). Manage stress. Retrieved from <http://www.healthy-workplaces.eu/2013-14CAMPAGNLEAFLETMANAGE STRESS.pdf>
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Levittown, PA: Brunner/Mazel Publishers Inc.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58, 1433–1441. doi:10.1002/jclp.10090
- Foreman, T. (2018). Wellness, exposure to trauma, and vicarious traumatization: A pilot study. *Journal of Mental Health Counseling*, 40(2), 142-155. doi: 10.17744/mehc.40.2.04
- Friedman, K. (2017). Counselor self-care and mindfulness. *Contemporary Buddhism and Interdisciplinary Journal*, 18(2), 321-220. doi: 10.1080/14639947.2017.1373437
- Futterman Collier, A. D. (2011). The well-being of women who create with textiles: Implications for art therapy. *Journal of the American Art Therapy Association*, 28(3), 104-112. doi: 10.1080/07421656.2011.597025
- Futterman Collier, A. D., Wayment, H. A. & Birkett, M. (2016). Impact of making textile handcrafts on mood enhancement and inflammatory immune changes. *Journal of the American Art Therapy Association*, 33(4), 178-185. doi: 10.1080/07421656.2016.1226647
- Gam, J., Kim, G. & Jeon, Y. (2016). Influences of art therapists' self-efficacy and stress coping strategies on burnout. *The Arts in Psychotherapy Journal*, 47(2016), 1-8. Retrieved from <http://dx.doi.org/10.1016/j.aip.2015.09.005>
- Gerber N., Templeton E., Chilton, G., Liebman, M. C., Manders, E. & Shim, M. (2012). Art-based research as a pedagogical approach to studying intersubjectivity in the creative arts therapies. *Journal of Applied Arts and Health*, 3(1), 39-48. doi: 10.1386/jaah.3.1.39\_1
- Gibb, J., Cameron, J. M., Hamilton, R., Murphy, E., & Najji, S. (2010). Mental health nurses' and allied health professional' perceptions of the role of the occupational health service in the management of work-related stress: How do they self-care? *Journal of Psychiatric and Mental Health Nursing*, 17, 838-845. doi: 10.1111/j.1365-2850.2010.01599.x

- Gibson, D. (2018). A visual conversation with trauma: Visual journaling in art therapy to combat vicarious trauma. *Journal of the American Art Therapy Association*, 1-5. doi: 10.1080/07421656.2018.1483166
- Grass, M. N. (1955). The origins of the art of knitting. *Archaeology*, 8(3), 184-190. Retrieved from <https://www.jstor.org/stable/41666034>
- Groeneveld, E. (2010). Join the knitting revolution: The third-wave feminist magazines and the politics of domesticity. *Journal of the Canadian Review of American Studies*, 40(2), 259-277. doi: 10.3138/cras.40.2.259
- Hinz, L. D. (2009). *Expressive therapies continuum: A framework for using art in therapy*. New York, NY: Routledge.
- Hombrados-Mendieta, I. & Cosano-Rivas, F. (2013). Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model. *International Social Work*, 56(2), 228-246. doi: 10.1177/0020872811421620
- Hotchkiss, J. T. (2018). Mindful self-care and secondary traumatic stress mediate a relationship between compassion satisfaction and burnout risk among hospice care professionals. *American Journal of Hospice and Palliative Medicine*, 35(8), 1099-1108. Retrieved from <https://0-doi-org.mercury.concordia.ca/10.1177/1049909118756657>
- Huet, V. (2012). Creativity in a cold climate: Art therapy-based organizational consultancy within public healthcare. *International Journal of Art Therapy: Inscape*, 17(1), 25-33. doi: 10.1080/17454832.2011.653649
- Huet, V. (2015). Literature review of art therapy-based interventions for work-related stress. *International Journal of Art Therapy: Inscape*, 20(2), 66-76. doi: 10.1080/17454832.2015.1023323
- Huet, V. (2017). Case study of an art therapy-based group for work-related stress with hospice staff. *International Journal of Art Therapy: Inscape*, 22(1), 22-34. doi: 10.1080/17454832.2016.1260039
- Huet, V., & Holttum, S. (2016). Research article: Art therapy-based groups for work-related stress with staff in health and social care: An exploratory study. *The Arts in Psychotherapy*, 50, 46-57. doi: 10.1016/j.aip.2016.06.003
- Huss, E., Sarid, O. & Cwikel, J. (2010). Using art as a self-regulating tool in a war situation: A model for social workers. *Health and Social Work*, 35(3), 201-209. Retrieved from

- <http://0-eds.a.ebscohost.com/mercury.concordia.ca/eds/pdfviewer/pdfviewer?vid=1&sid=8734296f-444f-43be-bff4-d8dbf00c0424%40sessionmgr4007>
- Hyland Moon, C. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist*. London, PHL: Jessica Kingsley Publishers.
- Hyman, S. A., Shotwell, M. S., Michaels, D. R., Han, X., Borg Card, E., Morse, J. L. & Weinger, M. B. (2017). A survey evaluating burnout, health status, depression, reported alcohol and substance use, and social support of anesthesiologists. *International Anesthesia Research Society*, 125(6), 2009-2018. doi: 10.1213/ANE.0000000000002298
- Ifrach, E. R. & Miller, A. (2016). Social action art therapy as an intervention for compassion fatigue. *The Arts in Psychotherapy*, 50(2016), 34-39. Retrieved from <https://doi.org/10.1016/j.aip.2016.05.009>
- Iqbal, A. (2015). The ethical considerations of counselling psychologists working with trauma: Is there a risk of vicarious traumatization? *Counselling Psychology Review*, 30 (1), 44-51. Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=pbh&AN=101145404&site=eds-live>
- Jacobs, B. & Fornal, C. (1999). Activity of serotonergic neurons in behaving animals. *Neuropsychopharmacology*, 21(2), 9s-15s. doi: 10.1016/S0893-133X(99)00012-3
- Jacobs, B. Fornal, C. & Martín-Cora, F. (2002). Activity of medullary serotonergic neurons in freely moving animals. *Brain Research Reviews*, 40(2002), 45-52. Retrieved from [https://doi.org/10.1016/S0165-0173\(02\)00187-X](https://doi.org/10.1016/S0165-0173(02)00187-X)
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York, NY: Bantam Dell Publishers.
- Kabat-Zinn, J. (2003). Mindfulness-based Interventions in Context: Past, Present, and Future. *American Psychological Association*, 10(2), 144–156. doi:10.1093/clipsy/bpg016.
- Kaimal, G., Ayaz, H., Herres, J., Dieterich-Hartwell, R., Makwana, B., Kaiser, D. H., & Nasser, J. A. (2017). Functional near-infrared spectroscopy assessment of reward perception based on visual self-expression: Coloring, doodling, and free drawing. *The Arts in Psychotherapy*, 55, 85-92. doi:10.1016/j.aip.2017.05.004

- Kaimal, G., Ray, K., & Muniz, J. (2016). Reduction of cortisol levels and participants' responses following art making. *Art Therapy, 33*(2), 74-80. doi:10.1080/07421656.2016.1166832
- Kapitan, L. (2017). *Introduction to art therapy research (2<sup>nd</sup> Ed.)*. New York, NY: Brunner-Routledge.
- Kellogg, M. B., Knight, M., Dowling, J. S. & Crawford, S. L. (2018). Secondary traumatic stress in pediatric nurses. *Journal of Pediatric Nursing, 43*(2018), 97-103. Retrieved from <https://doi.org/10.1016/j.pedn.2018.08.016>
- Kenning, G. (2015). Fiddling with threads: Craft-based textile activities and positive well-being. *Textile: The Journal of Cloth and Culture, 13*(1), 50-65. doi: 10.2752/175183515x14235680035304
- Kossak, M. (2012). Art-based enquiry: It is what we do. *Journal of Applied Arts and Health, 3*(1), 21-29. doi: 10.1286/jaah.3.1.21\_1
- Kristeller, J. L., & Hallett, C. B. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. *Journal of Health Psychology, 4*, 357-363. doi: 10.1177/135910539900400305
- Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education, and Development, 46*, 20-34. doi: 10.1002/j.2161-1939.2007.tb00023.x
- Leavy, P. (2009). *Method meets art: Arts-based research practice*. New York, NY: Guilford Press.
- Lee, J.J, Gottfried, R. & Bride, B. E. (2018). Exposure to client trauma, secondary traumatic stress, and the health of clinical social workers: A mediation analysis. *Clinical Social Work Journal, 46*(3), 228-235. doi: 10.1007/s10615-017-0638-1
- Lianekhammy, J., Miller, J. J., Lee, J., Pope, N., Barnhart, S. & Grise-Owens, E. (2018). Exploring the self-compassion of health-care social workers: How do they fare? *Social Work in Health Care, 57*(7), 563-580. doi:10.1080/00981389.2018.1471017
- Linehan, M. M. (1994). Acceptance and change: The central dialectic in psychotherapy. In S. C. Hayes, N S. Jacobson, V. M. Follette, & M. J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (73-86). Reno, NV: Context Press.
- Lizano, E. L. & Barak, M. M. (2015). Job burnout and affective wellbeing: A longitudinal study of burnout and job satisfaction among public child welfare workers. *Journal of Children*

- and Youth Services Review*, 55(2015), 18-28. Retrieved from <http://dx.doi.org/10.1016/j.chilyouth.2015.05.005>
- MacRae, N. & Strout, K. (2014). Self-care project for faculty and staff of future health care professionals: Case report. *IOS Press*, 52, 525-531. doi: 10.3233/WOR-152191
- Malchiodi, C. A. (1998). *Understanding children's drawings*. New York, NY: The Guilford Press.
- Malchiodi, C. A. (2005). *Expressive therapies: History, theory and practice*. New York, NY: The Guilford Press.
- Mann, J. (2015). Towards a politics of whimsy: Yarn bombing the city. *Area*, 41(1), 65-72. doi: 10.1111/area.12164
- Maranzan, K. A., Kowatch, K. R., Mascioli, B. A., McGeown, L., Popowich, A. D. & Spiroiu, F. (2018). Self-care and the Canadian code of ethics: Implications for training in professional psychology. *Canadian Psychology*, 59(4), 361-368. Retrieved from <https://doi.apa.org/getdoi.cfm?doi=10.1037/cap0000153>
- Marshall Forbes, J., Forbes, C., Cogar, M. & Bible, S. (2014). [Infographic, February 28, 2014]. 4,000,000. Retrieved from <https://www.ravelry.com/about/fourmillion>
- Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall.
- McCann, I. 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. doi: 10.1007/BF00975140
- McIntosh, P. (2011). Knitting: A craft makes a comeback. *English Teaching Forum*, 49(1), 36-43. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ936093&site=eds-live>
- McNiff, S. (1992). *Art as medicine*. Boston, MA: Shambhala Publications, Inc.
- McNiff, S. (2012). Opportunities and challenges in art-based research. *Journal of Applied Arts and Health*, 3(1), 5-12. doi: 10.1386/jaah.3.1.5\_1
- Milia, D. (2000). *Self-mutilation and art therapy: Violent creation*. Philadelphia, PA: Jessica Kingsley Publishers.

- Moffatt, A., Ryan, M., & Barton, G. (2016). Reflexivity and self-care for creative facilitators: Stepping outside the circle. *Studies in Continuing Education, 38*(1), 29-46. Retrieved from <https://doi.org/10.1080/0158037X.2015.1005067>
- Moon, B. (2004). *Art and soul*. Springfield, IL: Charles Thomas.
- Moustakas, C. E. (1990). *Heuristic research: Design, methodology, and applications*. Thousand Oaks, CA: Sage Publications, Inc. Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=psych&AN=1990-98228-000&site=ehost-live&scope=site>
- Murrant, G. M., Rykov, M., Amonite, D., & Loynd, M. (2000). Creativity and self-care for caregivers. *Journal of Palliative Care, 16*(2), 44-49. Retrieved from <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=psych&AN=2000-08626-005&site=ehost-live&scope=site>
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development, 78*, 251-266. doi: 10/1002/j.1556-6676.2000.tb01906x
- Nargi, L. (2011). *Knitting around the world: A multistranded history of a time-honoured tradition*. Minneapolis, MN: Voyageur Press.
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Journal of Self and Identity, 2*, 85-102. Retrieved from <https://self-compassion.org/wp-content/uploads/publications/Sctheoryarticle.pdf>
- Neff, K. D. (2011). Self-compassion, self-esteem and well-being. *Journal of Social and Personality Psychology Compass, 5*(1), 1-12. doi: 10.1111/j.1751-9004.2010.00330.x
- Neff, K. D. & Germer, C. (2017). Self-compassion and psychological well-being. In Seppälä, E.M., Simon-Thomas, E., Brown, S. L., Worline, M. C., Cameron, C. D. & Doty J. R. (Eds.), *Oxford Handbook of Compassion*, 371-386. New York, NY: Oxford University Press. Retrieved from <https://selfcompassion.org/wpcontent/uploads/2017/09/Neff.Germer.2017.pdf>
- O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice, 32*(4), 345-350. doi: 10.1037//0735-7028.32.4.345

- O'Reilly, R. C. (2010). The what and how of prefrontal cortical organization. *Trends in Euroscience*, 33(8), 355-361. doi: 10.1016/j.tins.2010.05.002
- Orton-Johnson (2014). Knit, purl and upload: New technologies, digital mediations and the experience of leisure. *Leisure Studies*, 33(3), 305-321. doi: 10.1080/02614367.2012.723730
- Owens-King, A. P. (2019). Secondary traumatic stress and self-care inextricably linked. *Journal of Human Behaviour in the Social Environment*, 29(1), 37-47. doi: 10.1080/10911359.2018.1472703
- Pehlivan, T. & Güner, P. (2018). Compassion fatigue: The known and unknown. *Journal of Psychiatric Nursing*, 9(2), 129-134. doi: 10.14744/phd.2017.25582
- Pines, A. M., & Aronson, E. (1988). *Career burnout: Causes and cures*. New York, NY: Free Press.
- Pines, A., M., & Maslach, C. (1978). Characteristic of staff burnout in mental health settings. *Hospital and Community Psychiatry*, 29, 233-237. doi: 10.1176/ps.29.4.233.
- Potash, J. S., Chan, F., Ho, A. H. Y., Wang, X. & Cheng, C. (2015). A model of art-therapy-based supervision for end-of-life care workers in Hong Kong. *Journal of Death Studies*, 39, 44-51. doi: 10.1080/07481187.2013.859187.
- Price, L. (2015). Knitting and the city. *Geography Compass*, 9(2), 81-95. doi: 10.1111/gec3.12181
- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, 20(3), 95-108. doi:10.1080/08854726.2014.913876
- Robbins, A. & Goffia-Girasek, D. (1987). Materials as an extension of the holding environment. In A. Robbins (Ed.). *The artist as therapist*. (104- 114). London, UK: Jessica Kingsley Publishers.
- Salloum, A., Kondrat D. C., Johnco, C. & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Journal of Children and Youth Services Review*, 49(2015), 54-61. Retrieved from <http://dx.doi.org/10.1016/j.chilyouth.2014.12.023>
- Scanlan, J. N. & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction job demands and job resources for mental health personnel in an Australian

- mental health service. *Journal of BMC Health Services Research*, 19(62), 2-11. Retrieved from <https://doi.org/10.1186/s12913-018-3841-z>
- Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling and Development*, 86(1), 47–56. doi: 10.1002/j.1556-6678.2008.tb00625.x
- Schwan K. J., Fallon, B. & Milne, B. (2018). “The one thing that actually helps”: Art creation as a self-care and health promoting practice amongst youth experiencing homelessness. *Children and Youth Services Review*, 93, 355-364. doi: 10.1016/j.childyouth.2018.08.002
- Selye, H. (1974). *Stress without distress*. New York, NY: Signet Publishers.
- Serig, D. (2006). A conceptual structure of visual metaphor. *Studies in Art Education: A Journal of Issues and Research*, 47(3), 229-247. Retrieved from <http://0-eds.b.ebscohost.com/mercury.concordia.ca/eds/pdfviewer/pdfviewer?vid=1&sid=71cd432e-451c-43f9-8e0e-321b6fa1b30c%40pdc-v-sessmgr05>
- Shields, M. (2006) Stress and depression in the employed population. *Statistics Canada Catalogue*. 82, 11-29. Retrieved from [http://publications.gc.ca/collections/collection\\_2007/statcan/82-003-X/82-003-XIE2006012.pdf](http://publications.gc.ca/collections/collection_2007/statcan/82-003-X/82-003-XIE2006012.pdf)
- Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic-Kondejewski, J. & Smith-MacDonald, L. (2017). Compassion fatigue: A meta-narrative review of the healthcare literature. *International Journal of Nursing Studies*, 69(2017), 9-24. Retrieved from <http://dx.doi.org/10.1016/j.ijnurstu.2017.01.003>
- Skovholt, T. M., Grier, T. L., & Hanson, M. R. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development*, 27(3), 167-176. Retrieved from <http://0-dx.doi.org/mercury.concordia.ca/10.1023/A:1007830908587>
- Skovholt, T. M. & Trotter-Mathison, M. (2014). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. (2<sup>nd</sup> Ed.). New York, NY: Routledge Publishers. Retrieved from <https://ebookcentral-proquest-com.lib-ezproxy.concordia.ca>

- Smith, M., Segal, J., & Segal, R. (2013). Preventing burnout: Signs, symptoms, causes, and coping strategies. Retrieved from [http://www.helpguide.org/mental/burnout\\_signs\\_symptoms.html](http://www.helpguide.org/mental/burnout_signs_symptoms.html)
- Söderfeldt, M., Söderfeldt, B., & Warg, L. E. (1995). Burnout in social work. *Journal of Social Work, 40*(5), 638-646. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=9509275456&site=eds-live>
- Sorenson, C., Bolick, B., Wright, K. & Hamilton, R. (2016). Understanding compassion fatigue in healthcare providers: A review of current literature. *Journal of Nursing Scholarship, 48*(5), 456-465. doi: 10.1111/jnu.12229
- Sprang, G., Kerig, P., Ford, J. & Bride, B. (2019). Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Traumatology, 25*(2), 72-81. Retrieved from <http://dx.doi.org/10.1037/trm0000180>
- Tetrick, L. E., & Quick, Q. (2001). Prevention at work: Public health in occupational settings. In L. E. Tetrick & J. Quick (Eds.), *Handbook of occupational psychology* (pp. 3–18). Washington, DC: American Psychological Association.
- Titus, J. E., & Sinacore, A. L. (2013). Art-making and well-being in healthy young adult women. *The Arts in Psychotherapy, 40*, 29-36. Retrieved from <https://doi-org.lib-ezproxy.concordia.ca/10.1016/j.aip.2012.09.006>
- Turnau, I. (1991). *History of knitting before mass production*. Warszawa: PL: Institute of the History of Material Culture, Polish Academy of Sciences.
- Turney, J. (2009). *The Culture of Knitting*. Oxford, UK: Berg Publishers.
- Turney, J. (2012). Making love with needles: Knitted objects as signs of love? *Textile: The Journal of Cloth and Culture, 10*(3), 302-311. doi: 10.2752/175183512X13505526963949
- van Westrhenen, N. & Fritz, E. (2012). The experiences of professional hospice workers attending creative arts workshops in Guateng. *Health Education Journal, 72*(1), 34-46. doi:10.1177/0017896911430545.
- Wadson, H. (1980). *Art psychotherapy*. New York, NY: John Wiley Publishers.

Wise, E. H., Hersh, M. A. & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research and Practice*, 43(5), 487-494. doi: 10.1037/a0029446