

Counsellor self-care

Six New Zealand counsellors talk about their self-care practices

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Abstract

The purpose of this study was to better understand how counsellors in Aotearoa New Zealand experience and practise self-care by inviting six counsellors (three novice and three experienced) to talk about their own self-care experiences and practices, and their reflections concerning counsellor self-care. The study used a mixture of quantitative data from a self-care questionnaire and qualitative data from semi-structured interviews. Major findings were grouped in the following three themes: (1) In spite of some common elements, everyone has a unique way of managing self-care; (2) Self-care is not only what counsellors do, but also what is in their minds, and (3) Self-care is a journey. Self-care changes over time because counsellors learn and grow.

Keywords: counsellors, novice, experienced, self-care, quantitative research, qualitative research, mindset

Helping professionals can become highly stressed due to the nature of their work. Kumar (2011), for example, conducted a questionnaire study of burnout and job satisfaction in Aotearoa New Zealand psychiatrists over three years and found a significant prevalence of burnout. Similarly, a small-scale qualitative study by Evans and Payne (2008) revealed that school counsellors in Aotearoa New Zealand seldom acknowledged their own issues of wellbeing and paid insufficient attention to alleviating job stress or achieving work-life balance.

Acknowledging this prevalence of stress and burnout, literature specifically related to self-care practice can be found in two main categories: individual self-care and on-job/professional self-care. In respect to individual self-care, Bickley (1998) describes self-care practices as self-initiated behaviours that promote good health and wellbeing. A common individual self-care strategy mentioned in many publications was the importance of a holistic and balanced lifestyle; for example, Norcross (2000) emphasised the importance of relaxation, exercise, diversion, and interpersonal relationships. In a study by Killian (2008) clinicians working

with trauma survivors reported the importance of having quality time with friends and family, exercising, and attending to spirituality. Similarly, Puterbaugh (2008), referring to bereavement counsellors, emphasised a holistic approach which included addressing physical needs (such as sleep and exercise), spirituality (such as praying), and ongoing professional and social support.

For on-job/professional self-care, literature is wide ranging. Theriault and Gazzola (2006) highlighted the importance of being self-aware when responding to feelings of incompetence at work, and the need to learn to set healthy boundaries in the work context. There is also recognition given to the importance of having a supervisor and/or peers with whom to consult and debrief (Evans & Payne, 2008; Killian, 2008). Other research studies highlight the importance of having a sense of control and diversity in the workplace (Norcross, 2000; Theriault, Gazzola, & Richardson, 2009).

With respect to recent Aotearoa New Zealand literature and research on counsellors' self-care, this was very limited. Thus, this current study is designed to find out how Aotearoa New Zealand counsellors look after themselves by exploring their personal reflections on self-care activities. Permission to undertake this research was granted by the University of Auckland Human Participants Ethics Committee and was in partial fulfilment of the requirements for the Master of Counselling at the University of Auckland. The article has been written by the primary author, Betty Lin, and reports the work she carried out as researcher with supervisor and secondary author Jan Wilson.

As primary author, I regard myself as a beginning counsellor who has experienced feelings of incompetence and being emotionally drained after a difficult session or an intense day. Skovholt, Grier, and Hanson (2001) discussed the sources of counsellor stress for both novice and experienced counsellors and suggested that these different developmental stages required a different focus of self-care. Dettle (2014) came to a similar conclusion in respect to there being different self-care needs for early- and late-career psychologists. Unsurprisingly, therefore, I have a personal and professional interest in expanding my understanding of self-care practices for counsellors and in discovering whether there are differences in self-care practices for novice and experienced counsellors.

Participants

The participants in this study were six Aotearoa New Zealand counsellors, three novice and three experienced (see Table 1). Five were recruited from advertisements displayed in the New Zealand Association of Counsellors (NZAC) newsletter and the counselling programme at the University of Auckland. A sixth participant was recruited through networking. Novice counsellors were all provisional members of NZAC, and the experienced counsellors had all been practising and full members of NZAC for more than fifteen years. Every effort was made to maintain the confidentiality of the participants, but it is possible that people who know them well will identify them from the data presented. Participants were made aware of this.

Table 1. Demographics of the six participants

Pseudonym	Gender	Ethnicity	Age range	Experienced or novice counsellor	Years of full NZAC membership
Angus	Male	NZ European	Between 40 and 50 years old	Novice	Provisional member
Anna	Female	NZ European	Between 50 and 60 years old	Novice	Provisional member
Becca	Female	NZ European	Between 50 and 60 years old	Novice	Provisional member
Claire	Female	Jewish	Between 50 and 60 years old	Experienced	19
Rita	Female	NZ European /Jewish	Above 60 years old	Experienced	25
Tom	Male	NZ European	Above 60 years old	Experienced	21

Method

In this study, both quantitative and qualitative approaches were used with the six participants in semi-structured interviews followed by a self-care questionnaire. Participants were given the questionnaire to complete immediately after their interview to ensure triangulation (Creswell, Shope, Plano Clark, & Green, 2006) through collecting both qualitative and quantitative data during the same timeframe. Due to the smaller size of the participant base there was more emphasis on qualitative data instead of equally weighting both qualitative and quantitative data, as might have been appropriate with a much larger sample size.

The self-care questionnaire used in this study was adapted from a questionnaire by Saakvitne and Pearlman (1996). This questions the frequency of participants' engagement in six different dimensions of self-care strategies. These dimensions include: physical, psychological, emotional, spiritual, workplace or professional, and balance. Each of the six contains activities which respondents rate from one to five in terms of how often he or she engages in each activity, where: 1 = Not applicable to me; 2 = Never; 3 = Rarely; 4 = Often; and 5 = Frequently. The self-care questionnaire contains a total of 65 self-care activities and took around 15 to 20 minutes to complete. Although there is no reliability and validity data available (Saakvitne & Pearlman, 1996), the tool is recommended by the American Counseling Association for members to use for monitoring their self-care.

Interestingly, Saakvitne and Pearlman's (1996) self-care questionnaire has a holistic focus on wellness. It includes dimensions that are similar to those described in Te Whare Tapa Whā, a model of Māori health developed by Sir Mason Durie (1985) and widely recognised in Aotearoa New Zealand. Durie's model views health in terms of the four walls of a whare (house), where all are needed to be in balance for strength and wellness. These four walls or cornerstones of health include taha wairua (spiritual), taha hinengaro (mental), taha whānau (family), and taha tinana (physical) (Durie, 1985). Taha wairua, the spiritual dimension, recognises the importance of culture for a person's identity as well as the significance of long-standing connections between people and their ancestors, and with the natural environment. Taha hinengaro is the mental dimension which recognises that thoughts, feelings, and emotions are integral components of the body and soul. It is the capacity to communicate, to think and to feel, to recognise that mind and body are inseparable, and about how we see ourselves in this universe. Taha whānau is the dimension of family and relationships and the capacity to belong, to care, and to share. Emphasis is on individuals being part of wider social systems. Lastly, taha tinana, the physical dimension, is the capacity for physical growth and development as one's physical "being" supports essence and shelters individuals from the external environment. Given Saakvitne and Pearlman's (1996) self-care questionnaire had such resonance with the Te Whare Tapa Whā model of health, it felt an appropriate choice on which to base the questionnaire for this study.

The qualitative data obtained from the interviews was analysed using the Braun and Clarke (2006) thematic analysis process, which involved six steps. The first step

was to become familiar with the interview data by listening to audio recordings as well as reading and rereading the transcripts. The second step involved noting down initial themes and ideas that seemed to capture the essence of the text. Thirdly, initial codes were generated. This led to the fourth step, which involved searching, reviewing, defining, and naming themes within the data. Fifthly, as all potential themes were identified and listed, connections and similarities between them were identified and patterns within the themes began to emerge across the full dataset, highlighting what participants had in common as well as how they differed. The challenge here was to strike a balance between within-case and across-case analysis (King & Horrocks, 2010). The final stage involved reducing the number of themes by combining or eliminating them to end up with key themes that described the essence of the collected stories. As researchers, we are constantly making choices about what to include and what to discard and how to interpret the participants' words (King & Horrocks, 2010). After identifying themes, the stories were reread, noting each occurrence, and exemplars selected and presented as verbatim extracts from the collected stories (Sanders & Wilkins, 2010).

The role of the researcher is particularly critical during the interview phase. Sanders and Wilkins (2010) state that in qualitative research, researchers use their bodies as an instrument and therefore it is important to locate oneself in the research by being aware of one's tendencies, attitudes, and ways of seeing things. Merton (1972) stated that insiders are the members of specified groups and collectives, or occupants of specified social status, whereas outsiders are the non-members. An "insider piece of research" is research completed by members of organisation systems in and on their own organisation (Brannick & Coghlan, 2007). Consequently, I am both an insider and an outsider in this research. I am a new member of NZAC, so I am inside the counselling profession. However, I am also a novice counsellor, so outside the world of experienced counsellors. I monitored the impact of this and other potential biases through self-reflexivity, consistent with feminist research recommendations (Dwyer & Buckle, 2009). As there might also be questions about the credibility, trustworthiness, and intention of my research, my pre-research personal and professional communication with participants was intended to eliminate these concerns. With novice counsellor participants, as I was also a novice counsellor, I was aware of my own perspective and assumptions and careful not to put my own judgements and experiences into the process. A presuppositions interview was carried out with my academic supervisor before I

started interviewing to identify any personal bias and assumptions.

Results from interviews

To provide an in-depth understanding of how the six Aotearoa New Zealand participant counsellors take care of themselves, this section includes some of the key findings taken from the qualitative interviews. As the main emphasis for this article is on the qualitative rather than the quantitative aspects of the study, these qualitative findings form the major part of this results section. The findings of the quantitative self-care questionnaires, analysed using descriptive statistics, are briefly presented at the end of this section in Table 2, which shows the top 15 self-care activities that both novice and experienced counsellors engaged in.

The following results draw on all six semi-structured qualitative interviews, and any differences between novice and experienced counsellors are noted. Three major themes emerged:

1. In spite of some common elements, everyone has a unique way of self-care;
2. Self-care is not only what counsellors do but also what is in their minds;
3. Self-care is a journey that changes over time as counsellors learn and grow.

Theme 1: In spite of some common elements, everyone has a unique way of self-care

All six participants talked about common self-care practices, including: looking after their individual and professional needs; being aware of their energy levels, identifying their stress indicators, and finding ways to relax; and having a balance of both routine/familiar and something different/fun to look forward to.

Looking after our individual and professional needs

Under the individual self-care category, participants talked about how they looked after their physical wellbeing. Exercise, eating, and sleeping well were mentioned by most participants under physical wellbeing. Many of them exercised regularly, including walking in nature, going to the gym, and doing yoga. In addition, participants mentioned activities which took care of their emotional, social, and spiritual needs, such as personal therapy, meditation, and journaling. They also mentioned their needs for pleasure, fun, creativity, and engaging in entertainment

with others, which included fun times with family, catching up with friends, or attending a group or a class. Entertainment activities on their own were also important, such as watching movies and television, listening to music, having a hot bath, and driving.

It is interesting to note that participants offered mixed views on some self-care activities that fulfilled both their need for pleasure and acted as rewards and treats. These included partaking in food and drink or watching television. Some worried about the additional risk of “so-called” less healthy self-care activities like eating sweet foods, drinking alcohol, and watching soap dramas, while others were more open and flexible about these. Becca, for example, who worked in addictions, was more alert to the risks in this area and did not see food, drinking, or watching TV as pathways to self-care. Claire was more relaxed and open towards such practices, if they were done in moderation and “worked.” Rita also mentioned that her “happy place” also included seemingly “useless” activities, such as doing jigsaws on the computer and internet browsing.

In the professional or on-job self-care category, participants talked about the importance of three areas: a good working environment and context; continual learning and growing; and good external supervision and peer support. In respect to a good working environment, this included not working full-time in counselling, taking regular breaks, maintaining a flexible work schedule, supportive colleagues, having a well-resourced work environment, a sense of control at work, having variety at work, and being able, as Tom suggested, to “declare” or express “what we believe.”

Tom also talked about the significant impact of changing the setting in his counselling room. He said that he moved around the room during the day to get different views. He also liked to put candles and flowers in the counselling room. He observed that a little difference can punctuate the week or the day to refresh and bring a different spirit into the room. Moreover, many participants had variety in their work other than counselling, such as teaching, running seminars, and writing articles and books. Anna, for example, taught wellbeing and mindfulness at night school for adults and she also tried to bring mindfulness into her school. Tom believed teaching was a healthy way to declare what he believed and to grow even further:

[Teaching is] also having a sense of declaring what we believe in as well. . .that's quite

inspiring and empowering, to be able to have that balance to practice as well. So, it's a declarative thing that I think is really healthy. And it's another means of reflecting on what we do. . . And it's, you always get feedback, and [it] make[s] you stop and think and adjust your practice. . .

Awareness of our energy levels, identifying stress indicators, and finding ways to relax

Most participants talked about their self-monitoring and self-protection strategies, which included being aware of their energy levels, identifying stress indicators, and finding their own ways to relax. In terms of self-monitoring, both Claire and Anna emphasised the word “energy” when they talked about their self-care practice. For example, Claire was very aware of her energy level and she used drumming and visualisation to shift heavy energy and create energy movement. She also had rituals involving visualisation to finish her day.

In addition to self-monitoring, participants talked about identifying their own stress indicators. Claire had learnt that if she couldn't sleep well and got sick often, she knew something was “going on” that she had to attend to. Tom said he noticed if he felt television was distressing, or noticed his body was tight, or he was getting similar symptoms to those of his clients. He was careful to notice if he was tired, due for a break, or needed to do something about the stressors.

Both Claire and Tom noted that, like stress indicators, strategies are very individual and unique. Participants in the study had their own ways of releasing stress and relaxing. This included using cognitive and mental processing to shift energy, such as letting go through visualisation and/or writing notes. Knowing that they have safe practice in place, or by doing something to lose themselves, distract or shift focus, were also identified strategies—for example, doing physical activities such as drumming, yoga, going outside, doing household chores, and gardening. Enjoying treats, having pleasure and fun, like playing games, internet browsing, and eating and drinking also helped.

Having a balance of both routine/familiar and something different/fun to look forward to

Some participants talked about having a balanced lifestyle which included both the

routine/familiar and something different or fun to look forward to. For example, Angus had a morning routine during the week and also ran a weekly discussion group where he met new people and experienced playfulness and creativity. Claire had a routine of starting and finishing her day by walking on the beach and yoga to start and finish her week. She also mentioned the importance of having something different and fun to look forward to in the schedule, like a trip somewhere or a massage.

Theme 2: Self-care is not only what counsellors do but also what is in their minds

In addition to what he did on a daily basis, Tom emphasised that it was how he thought—his attitude, values, and beliefs—that was also an important form of self-care for him:

I think there are two parts to that for me; one is, how do I look after myself day to day? But probably more importantly, is how do I look after myself long term, in the big picture? And I'm of the belief that mostly how I look after myself is what I say about myself in my head, and what I expect of myself.

Similarly, Rita was very positive, with a great sense of humour. She also had a strong mindset in terms of her positive relationship with work and herself. Across all participants there was a sense of how important mindset is in relation to self-care. This could be called a self-care mindset, as it demonstrates three main elements: positivity, belief in ourselves, belief in our clients, and passion in our work; realistic expectations, of our work, our role, and ourselves; and striving for a balance, within ourselves and with our clients.

Positivity: belief in ourselves, belief in our clients, and passion at work

Findings also showed that it was important that counsellors stay positive and believe in themselves. Some participants talked about how they had a positive sense of self, a great sense of humour in any challenging or stressful situation, and a “can-do” attitude. Rita had a positive understanding of her capacity for resilience, her health limitations, and a strong sense of humour. Tom had a very strong can-do attitude derived from his family history and previous work background.

Secondly, it seemed important to the counsellors that they had a belief in

their clients' capacities and worked to bring out their clients' inner resources, their internal wisdom, and their ability to make changes and heal. For example, as a novice counsellor, Angus said that the most valuable concept he learnt from counselling training was that people are not "broken" and that they have an ability to heal themselves.

Thirdly, it seemed important for these counsellors to have passion and positivity at work. For example, both Rita and Tom were passionate about what they did, and able to find positivity and satisfaction in their work.

Realistic expectations of our work, our role, and ourselves

Findings showed that it was also important to counsellors that they had a realistic understanding and expectations for their counselling work. For example, Tom mentioned that as counsellors we needed to expect and prepare to engage with urgent or heavy work with clients:

I tend to say to supervisees, and this sounds really tough talk, but I tend to say, if you don't like blood, you don't work in ED, if you can't cope with dying, don't work in a hospice. And part of me says if we can't cope with some urgent stuff, with some heavy stuff, with some dark stuff, don't be a counsellor. . . That's pretty tough, isn't it?

Secondly, in order to set boundaries and have good self-care, it was important to have a realistic understanding and expectation of our roles as counsellors. For example, Anna mentioned that although counsellors are often caring people:

. . . we're not carers in counselling, it's not about that. . . we're not looking after them and trying to fix things with them because we can't. . .

Moreover, Tom made an important point that counsellors should not be responsible for life and death in other people. The following is an excerpt from Tom about encountering suicidal clients:

So, do I have suicidal clients? Yes, absolutely, I do, and have, and will. But as long as I know that I've done really good and safe practice, I'm of the belief that I'm not responsible for life and death in other people; I have to do my part very well. . . because I am of the belief that if a person is really, really determined to self-destruct, they will. . . Yeah, sadly, but that's true.

Thirdly, in addition to having realistic expectations about counsellors' work and roles, it was also important for counsellors to have realistic expectations about their capacity and limitations as a "normal" human being. This could include limitations such as the impact of ageing on energy levels, at times questioning or doubting themselves and their competence, feeling the undue influence of clients' distress, and having to manage stress in their own lives. Then counsellors could be in a better position to accept, allow, and/or adjust to those limitations.

For understanding their own capacity as counsellors, it seemed important to accept that everyone had a different capacity that also changes over time. In relation to having self-doubting moments or feeling themselves to be incompetent, it seemed important to participants to know that self-doubt was experienced not only by novice counsellors but also by experienced counsellors. For example, Rita is an experienced counsellor who said that she still had self-doubting moments about her performance from time to time:

I might have three wonderful sessions that I come out going, "Yes I'm not going to retire yet." [Laughter] And I might have tough ones where I come out thinking, "I'm too old for this". . . I self-doubt about everything.

With regard to accepting that life/work could be stressful, Rita said that instead of putting more energy into fighting the stress, it might be better to accept the stress as the norm and try to have more downtime and become good at being stressed instead.

These reflections on the roles of positivity and having realistic expectations in managing stress offer insight into the possibilities for achieving balance as counsellors if these aspects are used together in a harmonious way. For example, ways are suggested as to how counsellors can thrive when they work toward a balance of holding the positivity alongside setting boundaries and having good self-care practices. This section looks at further aspects of balance, but there appears to be a core foundation in being able to balance positivity with realistic expectations.

It seemed important to be aware of and watch our ego as counsellors when striving for a balance between feeling marvellous and special versus feeling incompetent and self-doubting. For example, Rita mentioned that she still had frequent moments of self-doubt, and pointed out the danger of losing humility, suggesting that it is possible to become less effective if "we think we know

everything.” Tom mentioned the danger of falling into “rescuer” or “firefighter” roles:

. . . I have realistic expectations of myself. And along with that belief, I don't think I'm wonderful and marvellous and special because I'm a counsellor. I think I do a good job and can do the work, as I should at twenty-odd years in practice. . . I think it's easy to become special and precious, and self-absorbed. I think self-absorption is another step towards burnout and fatigue.

It also seemed important to be monitoring boundaries with our clients while striving for a balance between having empathy for clients and not being influenced by them. Rita mentioned the danger of worrying too much about every client versus the other extreme of nothing bothering her:

If I worried about every client I couldn't survive, I'd be dead. . . I certainly couldn't sleep. If on the other hand nothing bothers me then I've lost my humanity and then I should be out of counselling. So, it's a balance between the two. . .

Theme 3: Self-care is a journey—it changes over time because counsellors learn and grow

Participants noted that their self-care practice was not static; it changed over time because they took notice, learnt from their mistakes, and made conscious decisions to change and grow. Many participants mentioned changes in self-care practice because they had a better understanding of who they were, their personality and preferences, and better understood their personal needs. Claire became more understanding that she was not a morning person and she now never starts work before 9.30am. Rita said it took a long time for her to discover that she was lonely in private practice. When she realised that her social life was so important to her she sought more time with people.

Many participants also mentioned their changes in self-care practice because they had learnt the importance of having boundaries at work: having regular breaks, having more “wiggle” room, not acting as if they were in a crisis team, not overcommitting, and not stretching the day out to meet clients' needs. Claire mentioned that she used to find it hard to say no and that would stretch her day out to meet clients' requests, but now she has learnt to make herself a priority and only provide a counselling service at certain times on certain days.

Results from the self-care questionnaire

From the self-care questionnaire, six different dimensions of self-care practice emerged: physical, psychological, emotional, spiritual, workplace or professional, and balance. Table 2 shows participants' levels of engagement (in total) in these six dimensions of self-care practice. Each of these dimensions contains activities which respondents rated from one to five in terms of how often he or she engages in each activity (1 = Not applicable to me, 2 = Never, 3 = Rarely, 4 = Often, 5 = Frequently). The self-care practice questionnaire contains a total of 65 self-care activities. As researcher I performed the analysis by adding up the scores rated by each participant about how often they engage in each self-care activity, grouped in six different self-care dimensions, and showed the grand total of all 65 self-care activities at the foot of Table 2. The higher the grand total, the higher level of engagement in 65 self-care activities for that participant (maximum grand total = 325 and minimum grand total = 0). When comparing the grand total of six dimensions of self-care practice among the six participants, it was clear that two of the experienced counsellors (Claire and Tom) had the two highest levels of engagement in self-care practices, with 283 and 279 respectively; they were followed by Anna, a novice counsellor, with 277; then Becca, another novice counsellor, with 240; Rita, an experienced counsellor, who scored 237; and Angus, a novice counsellor, with 234.

Table 2. Participants' level of engagement (total) in six dimensions of self-care practice

Self-care practices	Angus	Becca	Anna	Claire	Rita	Tom
	Novice counsellors			Experienced counsellors		
Physical self-care total	49	48	56	63	51	60
Psychological self-care total	44	40	53	49	41	50
Emotional self-care total	35	37	40	43	38	36
Spiritual self-care total	58	67	71	70	63	72
Workplace/professional self-care total	38	39	49	48	38	51
Balance total	10	9	8	10	6	10
Grand total of 6 self-care practices above	234	240	277	283	237	279

In order to find out which of the self-care activities, among the 65 listed in the questionnaire, were engaged in most by the six participants, an analysis was undertaken that added up the frequency rating scores from all six participants in each of the self-care activities. These were sorted from the highest scores to the lowest, as shown in Table 3 (maximum score = 30; minimum score = 0) and shows the top 15 self-care activities from all six participants. The self-care activity carried out most frequently was to “eat regularly;” followed by “be curious;” “cherish your optimism and hope;” “read inspirational literature;” “get regular supervision or consultation.” Among the top 15 most favoured self-care activities, participants seemed to do more spiritual self-care activities, with seven self-care activities related to spiritual dimensions, rather than other dimensions of self-care activity. For example, only two self-care activities related to physical dimensions and workplace/professional dimensions, and one self-care activity related to psychological dimensions, emotional dimensions, and balance.

Table 3. Top 15 self-care activities most engaged in by the six participants

Dimensions	Activities	Total by all
Physical self-care	Eat regularly (e.g. breakfast, lunch and dinner)	30
Psychological self-care	Be curious	29
Spiritual self-care	Cherish your optimism and hope	29
Spiritual self-care	Read inspirational literature (talks, music, etc.)	29
Workplace or professional self-care	Get regular supervision or consultation	29
Spiritual self-care	Be open to inspiration	28
Spiritual self-care	Be aware of non-material aspects of life	28
Spiritual self-care	Contribute to causes in which you believe	28
Physical self-care	Wear clothes you like	27
Psychological self-care	Notice your inner experience—listen to your thoughts, judgements, beliefs, attitudes, and feelings	27
Spiritual self-care	Make time for reflection	27
Spiritual self-care	Identify what is meaningful to you and notice its place in your life	27
Workplace or professional self-care	Arrange your work space so it is comfortable and comforting	27
Balance	Strive for balance within your work life and workday	27
Emotional self-care	Find things that make you laugh	26

As mentioned above, since the number of participants was too small for further sophisticated statistical analysis, it is acknowledged that although differences and findings are only “suggestive,” they might provide a basis for future larger research projects. Because of their limited value and lack of statistical significance, I have not reported the differences here.

Discussion

By inviting six counsellors, three novice and three experienced, to talk about their own self-care experiences and practices, and their reflections concerning counsellor self-care, this study explored how counsellors in Aotearoa New Zealand experience and practise self-care. While many of the study findings are consistent with previous research, some new insights are revealed.

Consistent with the literature, the self-care activities which emerged from this study can be categorised broadly as either individual self-care or professional self-care. Individual self-care practices in this study, consistent with the publications described in the literature review, indicate an emphasis on having a holistic and balanced lifestyle, which includes healthy eating, good sleeping, sufficient exercise, engaging in hobbies, and in spirituality, and having emotional support from friends and family (Killian, 2008; Norcross, 2000; Puterbaugh, 2008). The professional self-care activities which emerged from the study also showed three main elements: (1) good working environment and context; (2) continual learning and growing; and (3) good external supervision and peer support. Examples in the category of good working environment and context include not working full-time, taking regular breaks, having a flexible work schedule, access to a good supervisor, a good referral system, having control over the physical working environment including working hours and type of clients, having variety at work, and the opportunity to declare and share what we believe.

These findings are similar to the published literature, where it was found that on-job/professional self-care is related to the work environment, including: self-awareness and self-monitoring of risk factors on the job, working to stay positive; regular supervision, peer support and continual learning; and having a sense of control and diversity at one’s workplace (Conrad & Kellar-Guenther, 2006; Evans & Payne, 2008; Killian, 2008; Norcross, 2000; Theriault & Gazzola, 2006).

From this study, it is clear that self-care practice is not only what we do to take

care of ourselves in terms of self-care activities, but also what is in our minds, in effect, our self-care mindset. The self-care mindset concerns our attitudes, values, and beliefs about our role and our work as a counsellor and about ourselves as normal human beings. It is related to how we think about ourselves, our clients, and our work, and how we expect ourselves to be and become as we develop. Three aspects of the self-care mindset emerged in this research: positivity, realistic expectations, and balance.

The aspect of positivity in the self-care mindset is seen as a positive belief in ourselves and our clients and having passion at work. It is like the “sense of hope” emphasised in Meyer and Ponton’s (2006) “tree of counsellor well-being” (p. 197). This sense of hope is one aspect of their complex tree metaphor that conceptualises wellbeing as organic and fluid and affirms a belief in our own ability to initiate and sustain positive change and to expect a positive outcome.

The importance of having realistic expectations emerged in this study. This included counsellors having a reasonable and realistic understanding and expectations about their work and role, and regarding themselves as human beings. This is about setting healthy boundaries necessary to achieve self-care and self-protection. Establishing limits and having a healthy boundary are consistent with one of the four self-care strategies suggested by Gladding and Newsome (2014). These authors suggest that in order to establish limits, counsellors need to use appropriate assertiveness and say no; consider doing less, not more; and create boundaries around the private spaces of life.

The aspect of balance offers an opportunity for counsellors to use positivity and realistic expectations in a harmonious way at work. Nissen-Lie et al. (2017) argue that exaggerated self-confidence does not create a healthy therapeutic attitude, and suggest that being healthily self-critical is an ingredient of successful professional performance. Nissen-Lie et al. (2017) also claimed it is better for counsellors to allow themselves to reflect upon the difficulties that arise in their therapeutic relationship, and to be open, sensitive, reflexive, and take responsibility for relationship struggles in therapy while taking a nurturing and caring stance. By cultivating a more accepting and less attacking way of treating ourselves they suggest that it would be more beneficial to “love yourself as a person and doubt yourself as a therapist” (Nissen-Lie et al., 2017, p. 58). Rita, who had positivity toward herself personally and healthy self-doubts professionally, was a perfect example

of this in action. Could it be that despite her relatively low level of engagement in self-care practices, shown in both her quantitative and her qualitative results, her pragmatic approach and realistic self-awareness have also supported her to sustain her success in the counselling profession for such a long time?

Conclusion

The purpose of this study was to better understand how counsellors in Aotearoa New Zealand experience and practise self-care by inviting six counsellors (three novice and three experienced) to talk about their own self-care experiences and practices, and capture their reflections concerning counsellor self-care. The major findings of the subsequent data analysis can be summarised in the following three themes:

1. Despite some common elements, everyone has a unique way of managing their own self-care;
2. Self-care is not only what counsellors do, but also what is in their minds;
3. Self-care is a journey—it changes over time because counsellors learn and grow.

There are several limitations in this study. Firstly, there were only six participants; any differences between novice and experienced counsellors that were observed in this small study, though only suggestive, might provide a basis for larger research projects in the future. In addition, there was a lack of variation in participants in terms of their demographics. For example, four of the participants identified ethnically as New Zealand Europeans, one as New Zealand European/Jewish, and another as Jewish. There were no participants in this study representative of other New Zealand ethnic groups such as Māori, Pasifika, or Asian. Secondly, as is appropriate for qualitative research, it is noted that this study was not done by random sampling among Aotearoa New Zealand counsellors. All participants were self-selected, therefore there might be a self-selection bias in this study sample. For instance, people who have strong opinions, or substantial knowledge or interests in self-care, might be more willing to spend time and make the effort to participate in self-care research than those who do not. In addition, due to the research design, for convenience individual participants were asked to fill in the self-care questionnaire right after their interview and as a result their questionnaires were not anonymous. Therefore, there might be a concern over the validity of their answers for that reason.

Although the current study's findings are generally in line with those reported in its review of the literature about counsellors' self-care, there are still opportunities to expand this research further and it is hoped that this study will stimulate more research on counsellors' self-care in an Aotearoa New Zealand context. It is suggested that the number and variety of participants could be increased, and that a larger scale distribution of self-care questionnaires would yield more data. Moreover, analysis using more sophisticated statistical tools might produce more robust results.

Working through this research project has been an informative and inspiring experience, leading to personal growth for me as a researcher. It has influenced both my personal and professional lives. I am now more aware of my energy level during the day, taking more breaks, setting healthy boundaries, and going to personal therapy for my own personal development. I also learnt that counsellor's self-care is not just what we do in daily life to entertain ourselves or relax, but also what we think or expect of ourselves as both professional counsellors and as people generally. As this research has made me more aware, it is my hope that this article will promote more awareness in the reader about counsellor self-care, particularly in Aotearoa New Zealand.

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