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Creative Counselor Self-Care

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Abstract

While most counselors have knowledge about self-care and the ability to articulate its importance to clients and others, a disconnect between knowledge and counselor self-care action remains. Expressive arts therapy techniques and creativity in counseling may provide answers to this problem. The same types of techniques used with clients could be useful for counselors in managing their own career stress and for creating more balance in their lives. Creative self-care helps the counselor by providing therapeutic value in the process of creation, increasing self-awareness, externalizing the problem, and symbolically containing the problem. The authors offer a seven-part model for creative self-care: 1) create a consistent plan to engage in mentally, emotionally, physically, and spiritually nourishing activities; 2) schedule restorative rejuvenation when anticipating stress; 3) prepare a list of emergency strategies for unanticipated stress; 4) meet regularly with peers or colleagues for support; 5) evaluate counselor-specific professional, perceptual, and personal challenges to self-care; 6) record and review successes; and 7) include self-compassion as an essential element of healthy self-care.

Keywords: counselor, self-care, wellness, self-compassion, creative counseling, expressive arts, creative self-care

Those in the helping professions often work with clients in emotional pain, taking in that pain, but not always taking care of themselves. Although promoting self-care is now part of most counselor training programs, few practitioners have well-developed, flexible, and adaptive plans for self-care that they consistently implement. According to Bradley, Whisenhunt, Adamson, and Kress (2013), self-care can be broadly defined as actions or experiences that enhance or maintain counselors' well-being, possibly including such research-supported activities as eating a balanced and nutritious diet,

exercising, sufficient sleep, and seeking support from other professionals. Barlow and Phelan (2007) referred to the kind of work that counselors do as “emotional labour” (p. 5) and defined self-care as the integration of mental, emotional, physical, and spiritual well-being, emphasizing that attention to self-care is also an important aspect of a counselor’s work experience. Carnes-Holt, Meany-Walen, and Felton (2014) asserted that exploring a wide variety of interventions that promote holistic, balanced individuals is fundamental to the profession of counseling. Therefore, the definition of counselor self-care for this article is an action that enhances mental, emotional, physical, or spiritual well-being resulting in a more holistic, balanced individual.

Despite this knowledge, Barlow and Phelan (2007), in their Canadian study on peer collaboration and self-care, observed that although counselors often taught clients self-care strategies and had the ability themselves to engage in self-care pursuits, such as meditating, exercising, or time alone, counselors struggled with the fact that knowledge about the subject did not readily translate into self-care activity. Barlow and Phelan suggested several reasons for this. First, it may be professionally inappropriate to show true reactions with clients, creating a disjuncture between displayed emotions and private feelings, which may translate into not displaying or expressing pain and grief in response to what is witnessed or heard. Second, the reluctance to engage in a practice of self-care, especially for female counselors, may be due to societal pressures and self-perceptions that expect women to care for others, and caring for themselves may be perceived as selfish. Finally, a cultural unacceptability for counselors to engage in self-care could stem from living in a society that values self-control, self-reliance, and autonomy. Therefore, when counselors neglect to practice self-care and instead attempt to appear collected, controlled, and caring for others, this disconnect can result in identity confusion and stress (Barlow & Phelan, 2007). Knowledge alone is not sufficient to create action in self-care unless it addresses these professional, perceptual, and personal challenges.

Importance of Self-Care

Undoubtedly, counselors hear heavy stories and walk with clients through dark journeys, and they unavoidably carry some of those experiences with them after the session ends. Counseling is a stress-filled profession. Sommers-Flanagan (2007) quoted Natalie Rogers describing the effect of early encounter groups saying, “I realized that my body became a sponge for all of the deep pain and anger and frustration being expressed. They were wonderful encounter groups, but . . . they didn’t pay any attention to what was going in our bodies” (p. 122). Practitioners may notice the physical responses to stress, such as Rogers’ feeling like a sponge soaking up the hurt, yet still not actively develop outlets for releasing that stress.

In a Barlow and Phelan (2007) study examining how a trio of grief counselors engaged in self-care through peer collaboration, the participants considered daunting workloads to be a primary barrier to self-care.

Such case loads left them struggling with their professional choices as, for example, when Beatrice wondered if she should have focused so much energy on a suicidal woman, thereby neglecting other referrals? During their early meetings, Mary and Beatrice talked about their full schedules, with clients booked several months in advance. Mary worried aloud about what would happen if she became

ill: “I’d still have to go to work because all these people depend on me.” . . . After discussing the article, Mary reflected on feeling indispensable to clients. “There is a strong sense of responsibility for our work that gets expanded into thinking ‘What will happen without us?’” (pp. 10–11)

Because counselors absorb and hold emotional pain presented by clients and feel the needs of clients so acutely, lack of self-care combined with harmful coping practices can increase risk of burnout, compassion fatigue, and vicarious trauma. A full caseload of emotional pain is a compelling reason to apply basic self-care strategies to avoid counselor impairment, which is described by the American Counseling Association (ACA) Task Force on Wellness as occurring when counselors’ own personal issues impact their ability to effectively interact with clients (Bradley et al., 2013). Counselor self-care, therefore, has an ethical dimension (Barlow & Phelan, 2007).

The ACA *Code of Ethics* (2014), in section C.2.g., implicitly states that:

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. (p. 9)

Impairment could be caused by mental illness, personal issues, burnout, physical illness, disability, or substance abuse (Bradley et al., 2013), but it also results from depleting emotional labor without rejuvenating self-care.

However, most counselors already have knowledge about self-care and the risks of impairment and can articulate why it is important. They readily lead discussions with clients about client self-care and co-create helpful strategies in session because it falls in the category of caring for others. Yet, the disconnect between knowledge and counselor self-care action remains.

One solution to the challenge of consistent counselor self-care may be applying the very techniques used with clients on themselves. More specifically, counselors who use creative art, music, movement, writing, photography, sand tray, and other expressive art techniques could benefit from the therapeutic value of the process, even in the absence of an outside therapist.

Creative Counseling and Expressive Arts

Creativity used with clients in counseling facilitates expression, serves as a coping mechanism, and assists in problem solving (Bradley et al., 2013). Expressive arts can also facilitate self-awareness (Purswell & Stulmaker, 2015). The creative process can be naturally cathartic and self-soothing, and creative expression may help bring awareness (Bradley et al., 2013). Creativity is not bound by cultural, ethnic, gender, age, or other limitations, so creativity is a universal language—a way of being that can be achieved by any client (Keller-Dupree & Perryman, 2013).

In an article exploring the distinctions of expressive arts therapy and creativity in therapy, Rosen and Atkins (2014) described creativity in counseling as a broad term for practices that included a variety of therapeutic approaches used in creative ways. Creative

arts therapy denoted a general grouping of all of the arts modality-based therapies such as poetry, dance/movement, drama, art, and music. Expressive arts was described as a broad categorical term including a wide variety of interventions such as mandalas, clay, psychodramas, guided imagery, puppetry, and sand tray. Expressive arts therapy, however, is a distinct discipline that emphasizes an integrative and intermodal arts-based approach to therapeutic work. Counselors use expressive arts, particularly if their intention is to further clients' self-knowledge through arts integration, but may not call themselves by the professional title of expressive arts therapists as defined by the professional organization of that field. The words creative and expressive, according to the authors, can be confusing because all art may be both creative and expressive. Further, expressive arts therapy incorporates many methods, which are more than just expressive, using art, creativity, and aesthetic experience to further human well-being (Rosen & Atkins, 2014).

Expressive arts therapy is, according to Rosen and Atkins (2014), distinct from more generalized practices of using the creative and expressive arts in counseling in several ways:

1. Creative counseling is theoretically and philosophically rooted in the social sciences, but expressive arts therapy is based more in postmodern art and aesthetics.
2. Creative counseling incorporates art as an adjunct to therapy, while expressive arts therapy views art practice as therapeutic in and of itself.
3. In creative counseling, art making is a means of expression, but in expressive arts therapy, art making is viewed as a primary means of inquiry.
4. While the arts can be used within a variety of theoretical perspectives in creative counseling, expressive arts therapy is by definition interdisciplinary, intermodal, and integrative.

While becoming a credentialed Expressive Arts Therapist requires specific education and supervision experiences, all counselors have basic training that enables them to approach their clients in creative ways, what would be considered using creativity in counseling or even expressive arts in counseling (Rosen & Atkins, 2014). Carl Rogers believed that experiential learning was the only type of learning that produced effective counseling (Purswell & Stulmaker, 2015). His daughter, Natalie Rogers, expanded her father's person-centered theory to include the expressive arts, and currently, she is the only expressive arts theorist represented in any major texts of counseling theories (Rosen & Atkins, 2014) because her work offers a theoretical integration of expressive arts into counseling practice. She used the person-centered approach to facilitate therapeutic growth through art, movement, writing, and music modalities (Rogers, 1993), and her person-centered expressive art therapy is a theoretically grounded alternative to more traditional talk therapy approaches and have been especially helpful for clients stuck in linear, rigid, and analytic ways of thinking and experiencing (Sommers-Flanagan, 2007). Just as in traditional therapies, the process is of inherent value (Keller-Dupree & Perryman, 2013).

Although expressive arts therapy began in the 1970s, it is still considered an emerging field, one gaining recognition and credibility. Within the counseling profession,

the formation of the Association for Creativity in Counseling as a division of the American Counseling Association, along with the creation of the *Journal of Creativity in Mental Health*, marked a huge step in validating work in the arts as an important part of the counseling profession (Rosen & Atkins, 2014).

Relationship Between Creativity and Self Care

Creativity using expressive arts techniques could, by extension, be useful for bridging the gap between knowledge and action in counselor self-care. According to Gladding (2016), creative counseling has demonstrated efficacy, and people who engage in creativity tend to share characteristics with those considered psychologically healthy. The same types of techniques could therefore be useful for counselors in managing career stress and creating more balance in their lives. Aside from the personal value of wellness and self-care, professional counselors are more likely to be effective in their therapeutic intervention when they experience balance and psychological health (Bradley et al., 2013).

Benefits of Creative and Expressive Self-Care

While evidence abounds for the need for self-care and the benefits of expressive arts used with clients in therapy, very little has addressed using creativity and expressive art as a way of caring for the counselor. However, expressive therapy can be a vehicle for awakening dormant creativity and restoring the cognitive-intellectual, emotional-affective, and creative-inspiration vacuums in today's stress-driven, technological, impersonal, and often unsafe world (Snyder, 1997). Counselors using creative self-care strategies may experience multiple benefits of engaging in the creative process, both personally and as a means of coping with a demanding career in the helping profession, and the application of creative techniques could be helpful in countertransference issues and assist professional counselors in processing difficult emotions related to client care (Bradley et al., 2013). Four benefits of incorporating creativity and expressive arts in self-care for counselors include the therapeutic value of the process, increased self awareness, externalizing problems, and containing problems.

Therapeutic value of the process. Creativity can be transformative and facilitate self awareness (Bradley et al., 2013). Art is its own language, so with expressive art for therapeutic purposes, the process is more important than the product. According to Sommers-Flanagan (2007) the intent is to peel away the layers of defense and find the true nature. Art, and other expressive techniques, allow the counselor to go into his or her own pain, rage, and grief, often more effectively and acceptably than with mere words, and deal with difficult and complicated emotions.

Expressive arts work within the visceral and internal experience of the individual, as opposed to cognitive and rational experience. Expressive techniques do not typically involve critical thinking or problem-solving; instead, they connect with unconscious or implicit experiences or feelings that one might otherwise struggle to reach (Purswell & Stulmaker, 2015). Rosen and Atkins (2014) wrote, "I found that when I used creativity such as art methods or guided imagery, it often facilitated the process of bringing together a cognitive, emotional, and/or spiritual understanding that otherwise might have been elusive" (p. 294).

Self-awareness. Using expressive arts produces deeper insight. The creative process promotes risk-taking and develops a deeper sense of self that is more representative of the authentic self rather than the externally constructed self (Purswell & Stulmaker, 2015). By engaging in creative techniques, counselors better understand clients' experiences and their own reactions to the process (Purswell & Stulmaker, 2015). Visual, auditory, and other sensory stimuli allow a creative way to experience the self, and a novel way for counselors to develop new and adaptive behaviors (Gladding, 2016).

Externalizing the problem. The expressive process may help externalize problems, making what is abstract more concrete. Expressive arts techniques create internal movement toward a solution in the safety of the counseling space. This can be helpful when professional counselors find themselves taking ownership of clients' issues or needing to compartmentalize client concerns (Bradley et al., 2013). When using creative techniques for personal self-care, counselors can create a protective distance between themselves and the problems so that whatever the artistic image reflects (i.e., negative feelings, concern, problems, pain) can be observed objectively and discussed more concretely, leading to an exploration of imaginative solutions (Bradley et al., 2013).

Containing the problem. Expression through creation helps contain emotions, facilitate healing, and avoid potential vicarious trauma that may occur when hearing clients' experiences. Symbolic containment (vases, bowls, boxes, or fences) may be helpful when counselors experience complex emotions or when countertransference interferes with the therapeutic relationship (Bradley et al., 2013). Rosen and Atkins (2014) wrote that writing provides a physical container for the experience simultaneously allowing a counselor to own the experience and be distanced from it. Just as client issues are complex for the clients, they are also complex for counselors sorting through their own responses.

Self-Compassion

One aspect of counselor self-care, which may also be part of creative self-care, that is beginning to emerge in the literature, is the construct of self-compassion. Neff (2011) described self-compassion as: a) recognizing one's own suffering; b) wanting health and well-being for oneself, leading to proactive behavior to better one's situation; and c) recognizing one's shared human condition. Studies suggest that a capacity for self-compassion may help to protect against anxiety and depression, facilitate resilience and healthier coping with stress, and be positively associated with life satisfaction and social connectedness; in addition, self-compassion may function as an antidote to self-criticism (Patsiopoulou & Buchanan, 2011).

Patsiopoulou and Buchanan (2011) conducted a qualitative narrative inquiry study to explore this construct. They began with the research question: how do experienced counselors practice self-compassion? Participants had a minimum of 6 years of counseling experience and already identified self-compassion as an important aspect of their professional growth. One noteworthy finding of the research was that self-care strategies could be performed without attention to self-compassion, but with these participants, self-compassion enabled them to nourish themselves, practice self-care regularly, and develop work-life balance. They found that most participants referred to their self-care plans as a means of maintaining balance. One of the most common aspects of self-care was ensuring leisure time, but participants also identified a need for solitary

time, as well as time with spouses, family members, friends, and community members. Others identified self-care strategies including: getting enough sleep, nutritious eating, regular exercise, yoga, meditating, massages, time in nature, creative projects, helpful attitudes (such as enjoying successes and allowing themselves to cry when needed), humor, personal therapy, complementary healing practices, and spiritual/religious practices. A self-compassionate approach supported participants to more skillfully manage the impact of career stress and challenges. Participants used descriptive words such as: balance, clarity, groundedness, openness, wisdom, joy, creativity, and freedom.

Self-compassion, often described as an aspect of self-care by these participants, improved their therapeutic work with clients, lowered unrealistic self expectations, developed more effective boundaries and a finer balance between client needs and counselor needs, helped counselors self-correct when necessary, and sustained engagement in more proactive, preventative self-care. Self-compassion also improved psychological strengths such as happiness, optimism, wisdom, personal initiative, and curiosity. Yet, according to this research, nearly every participant indicated that compassionate self-care must be counselor initiated, and it is a responsibility of being a counselor (Patsiopoulos & Buchanan, 2011).

While self-care is an essential component of counselor wellness, it alone is not sufficient to protect counselors from the stress, burnout, and compassion fatigue that exist as occupational hazards. Feasibly, a counselor could self-critically complete self-care tasks and be less healthy than before. When self-care is combined with self-compassion, however, research indicates that it has tremendous personal and professional benefits. It fosters happiness and optimism, allows one to flourish, and turns suffering into joy (Neff, 2011).

Practical Implementation and Strategies for Creativity and Self-Care

While the need for consistent counselor self-care is evident, and expressive art techniques can be beneficial with clients, how does one implement a self-care plan that includes creativity for the counselors? Using the aforementioned expressive arts and self-care literature, Figure 1 provides a model for implementation.

1. First, create a plan to quickly, creatively, and consistently—perhaps daily—engage in mentally, emotionally, physically, and spiritually nourishing activities (Barlow & Phelan, 2007). As an example, one might develop a morning routine that includes (on most days) spending 10 minutes painting a spiritual reflection/ or sketching images accompanying prayer and meditation time and then engaging in a brisk 20-minute walk or run accompanied by a podcast such as Motion Traxx for tempo and mental clarity. This is the maintenance and prevention portion of the plan, especially when implemented at the beginning of the day.
2. Schedule larger blocks of time for wellness rejuvenation when needed. Often counselors can anticipate busier weeks, stressful events, or more demanding client-load days of the week. This allows the counselor to also anticipate and be proactive by planning and scheduling recovery time as well. This might be an after work stroll through an arts museum, an hour at a coffee shop journal

writing, or a block of time for another creative activity quickly following a demanding day. This is the restorative part of the plan.

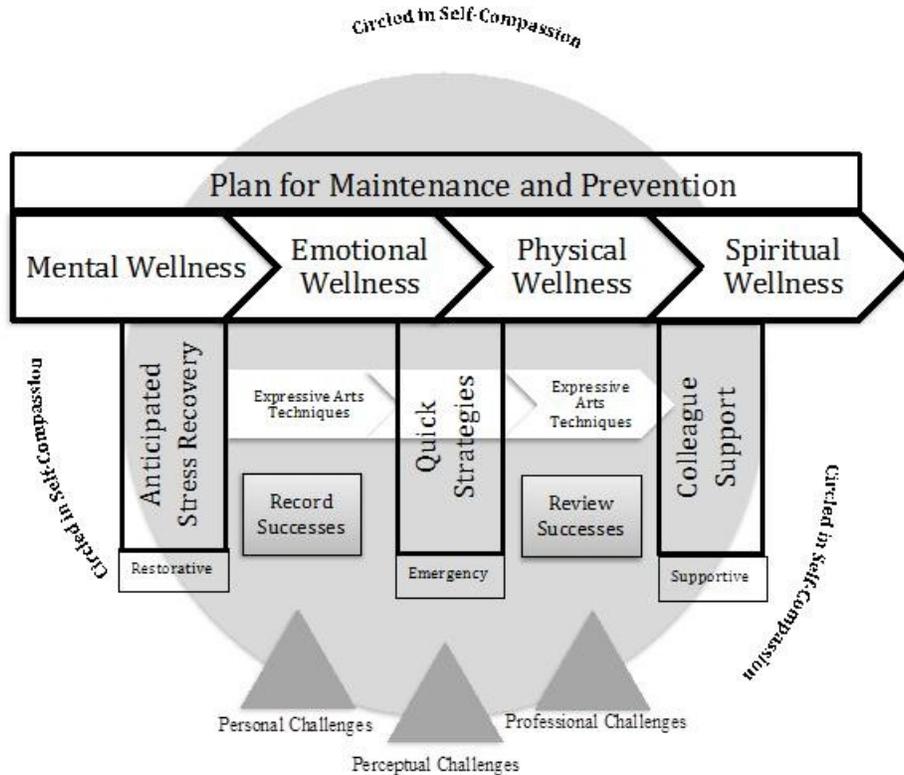


Figure 1: Model for Creative Self-Care

3. Prepare for unanticipated stressful times. While maintenance can be helpful at preventing feeling depleted, and recovery can revive flagging energy, unanticipated stressors may also drain the well. Counselors could create a list of 5-minute strategies that work for them and are easy to implement in short amounts of time, such as between clients, if needed. As an example, a short visualization or meditation technique, taking a walk around the building, doodling for a couple of minutes, or creating a counselor sand tray may change perspective, relax, or contain the stress. For a list of 100 ideas to reduce stress, see Thomas (2011). This is the emergency part of the plan.
4. Meet with peers or colleagues for support. Barlow and Phelan (2007) described peer collaboration contributing to self-care with continuous learning, in a non-task-driven, inward looking, and focused approach. Bradley et al. (2013) wrote that support from other professionals helps reduce the likelihood of counselor impairment. Some group ideas that could be helpful include sharing a song representing the week, a group art activity, or a prompted sand tray such as, "Show me what is like to do the work you do." This is the supportive portion of the plan.

5. Next, consider counselor-specific personal, perceptual, and professional challenges to self-care. Labeling representations of mountains can identify these challenges creatively. Answer these questions:
 - a. What is the strength required for this emotionally labor-intensive job? How appropriate is it to be emotionally authentic with this particular caseload? How disconnected is the counselor presentation from the inner state?
 - b. What concerns exist about appearing weak or incompetent when feeling intense emotion about a client's situation? How does self-care seem selfish? What other personal demands need to be considered as challenges to self-care?
 - c. How does the counseling environment contribute to stress? Who is trustworthy to express professional vulnerability and who is not?
6. Commemorate successes. Bradley et al. (2013) recommended that counselors take time to acknowledge their clinical efforts and any small client successes. Capturing small successes (preserving client confidentiality) on beautiful pieces of paper kept in a private, decorative container or a scrapbook of victories serves as a reminder of the helpful service counselors provide. Scheduling a weekly 15 minutes of time to add and review successes could be included as part of the counselor self-care plan.
7. Finally, a complete self-care program is surrounded by self-compassion. The purpose of the plan is to be rejuvenating, nurturing, restful and energizing. Implementation of a plan that includes a dialog of self-criticism and perfectionism may turn a "get to" activity into a "have to" activity and become self-defeating.

Additional ideas, below, are provided as examples that may be included in the self-care program outlined.

- Use a drawing tool without trying to create something specific. Rosen and Atkins (2014) asserted that when followed by journaling, this drawing technique seems to reach beyond psychological and emotional defenses.
- In a group, visualize and sketch the counselor as a tree or plant and discuss personal self-care. This can be done as a single event exercise or a consistent practice, chronicling withering and growth times.
- Create a personal sand tray as a transition exercise before leaving the office. While this may include miniatures from clients' work, the emphasis is on the counselor's processing his or her responses to the clients' work.
- Generate a self-care playlist. It may be one for background music during exercise, to be played while driving home, or for morning sounds.
- Address nutritional concerns by creating a collage of favorite, healthy foods.
- Try a new recipe (or create a new one) and engage in creative cooking.
- Take a walk in a natural setting. Photograph interesting colors and textures.
- Identify a safe circle of professional friends and schedule a monthly or weekly time to meet. Resist creating an agenda.
- Read *The Creative Arts in Counseling* (Gladding, 2016) and select a few techniques to add to the maintenance plan and 5-minute strategies list.

Although most counselors have knowledge about self-care and convey the importance to others, the same knowledge may not translate into self-care action—often when it is most needed. It was the aim of these authors to outline a practical seven-part plan for self-care to aid practitioners in managing their own career stress and creating more balance. By intentionally creating a consistent self-care plan, counselors can act on the knowledge they already possess. Counselors should engage in mentally, emotionally, physically, and spiritually nourishing activities; schedule restorative rejuvenation when anticipating stress; prepare a list of emergency strategies for unanticipated stress; meet regularly with peers or colleagues for support; evaluate counselor-specific professional, perceptual, and personal challenges to self-care; record and review successes; and include self-compassion as an essential element of healthy self-care. Creative self-care strategies included as part of this plan help the counselor by providing therapeutic value in the process of creation, increasing self-awareness, externalizing the problem, and symbolically containing the problem.

References

- American Counseling Association. (2014). *2014 ACA code of ethics*. Alexandria, VA: Author.
- Barlow, C. A., & Phelan, A. M. (2007). Peer collaboration: A model to support counsellor self-care. *Canadian Journal of Counselling, 41*(1), 3–15.
- 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
- Carnes-Holt, K., Meany-Walen, K., & Felton, A. (2014). Utilizing sandtray within the discrimination model of counselor supervision. *Journal of Creativity in Mental Health, 9*(4), 497–510. doi:10.1080/15401383.2014.909298
- Gladding, S. (2016). *The creative arts in counseling* (5th ed.). Alexandria, VA: American Counseling Association.
- Keller-Dupree, E. A., & Perryman, K. L. (2013). The effects of an expressive arts therapy group on female counselors-in-training: A qualitative study. *Journal of Poetry Therapy, 26*(4), 223–235. doi:10.1080/08893675.2013.849041
- Neff, K. (2011). *Self-compassion: The proven power of being kind to yourself*. New York, NY: William Morrow.
- Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice, 42*(4), 301–307. doi:10.1037/a0024482
- Purswell, K. E., & Stulmaker, H. L. (2015). Expressive arts in supervision: Choosing developmentally appropriate interventions. *International Journal of Play Therapy, 24*(2), 103–117. doi:10.1037/a0039134
- Rogers, N. (1993). *The creative connection: Expressive arts as healing*. Palo Alto, CA: Science & Behavior Books, Inc. .
- Rosen, C. M., & Atkins, S. S. (2014). Am I doing expressive arts therapy or creativity in counseling? *Journal of Creativity in Mental Health, 9*(2), 292–303. doi:10.1080/15401383.2014.906874

- Snyder, B. (1997). Expressive art therapy techniques: Healing the soul through creativity. *Journal of Humanistic Education and Development*, 36, 74–82.
- Sommers-Flanagan, J. (2007). The development and evolution of person-centered expressive art therapy: A conversation with Natalie Rogers. *Journal of Counseling & Development*, 85(1), 120–125. doi:10.1002/j.1556-6678.2007.tb00454.x
- Thomas, D. (2011). 100 ways to reduce stress: Making the balancing act more manageable. In *Ideas and research you can use: VISTAS 2011*. Retrieved from http://www.counseling.org/docs/default-source/vistas/vistas_2011_article_27.pdf?sfvrsn=11

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