

THE ROLE OF SPIRITUALITY IN THERAPIST SELF-CARE:  
AN EXPLORATION OF STUDENTS BELIEFS AND PRACTICES

A Thesis  
Submitted to the Graduate Faculty  
of the  
North Dakota State University  
Of Agriculture and Applied Science

By

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In Partial Fulfillment of the Requirements  
For the Degree of  
MASTER OF SCIENCE

Major Department:  
Human Development and Family Science

December 2012

Fargo, North Dakota

North Dakota State University  
Graduate School

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**Title**

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The Supervisory Committee certifies that this *disquisition* complies with North Dakota State University's regulations and meets the accepted standards for the degree of

**MASTER OF SCIENCE**

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## ABSTRACT

The purpose of this study was to determine the extent to which family therapy students used their spiritual and/or religious beliefs as a resource for preventing clinical burnout and in their self-care practices. Additionally, this study sought to explore the specific ways or strategies that students used their spiritual beliefs in their personal and professional lives. Participants were master's and doctoral students from programs accredited by the Commission on the Accreditation of Marriage and Family Therapy (COAMFTE). A total of 341 students participated in the study. The results demonstrated that the majority of students reported that they used their spiritual and/or religious beliefs as an important resource for preventing burnout and for self-care. Additionally, thematic analysis revealed several different themes regarding the specific spiritual practices participants used within their personal and professional lives.

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## INTRODUCTION

Recent research in the mental health field has given more attention to burnout and compassion fatigue (Aggs & Bambling, 2010; Clark, 2009; Figley, 2002a; Negash & Sahin, 2011; Rosenberg & Pace, 2006; Schure, Christopher, & Christopher, 2008; Shapiro, Brown, & Biegel, 2007; Sori, Biank, & Helmeke, 2006; Stebnicki, 2007; Yager & Tovar-Blank, 2007). Burnout and compassion fatigue are described as a physical and emotional exhaustion that leads mental health professionals to a decreased sense of personal accomplishment and empathy toward others (Clark, 2009; Figley, 2002a; Linley & Joseph, 2007; Rosenberg & Pace, 2006; Shapiro et al., 2007; Schure et al., 2008). In particular burnout has a significant impact on therapists' ability to be effective in their work by increasing feelings of hopelessness, ineffectiveness, and incompetence (Craig & Sprang, 2010; Figley, 2002a; Killian, 2008; Valent, 2002).

The most common strategy presented in the literature to help therapists deal with the effects of burnout is to encourage therapists to increase their level of self-care (Brucato & Neimeyer, 2009; Linley & Joseph, 2007; Shapiro et al., 2007). Self-care is described in the literature as the ability on the part of the therapist to maintain his/her physical and emotional health as well as overall well-being (Brucato & Neimeyer, 2009; Clark, 2009). Some of the strategies that have been noted include maintaining diet, hygiene, exercise, hobbies and personal relationships (Brucato & Neimeyer, 2008; Clark, 2009). Examples of these strategies might include pleasure reading, vacations, physical exercise, volunteer work, or even prayer (Mahoney, 1997). Another common strategy in the literature relating to self-care includes clinical supervision (Clark, 2009; Linley & Joseph, 2007; Rosenberg & Pace, 2006)

Two common practices that scholars recommend for preventing burnout and increasing therapist self-care are mindfulness and spirituality (Aggs & Bambling, 2010; Carlson, Kirkpatrick, Hecker, & Killmer, 2002b; Haug, 1998b; Prest, Russel, & D'Souza, 1999; Schure et al., 2008; Shapiro et al., 2007; Sori & Helmeke, 2006; Stander, Piercy, Mackinnon, & Helmeke, 1994). Mindfulness is described as helping individuals focus on the present moment and increase an awareness of his/her emotions, thoughts, behaviors, and sensations in the present moment (Aggs & Bambling, 2010; Schure et al., 2008; Shapiro et al., 2007). Mindfulness aims to disengage those who practice it from ruminating thoughts and anxious emotions (Shapiro et al., 2007). Some examples of mindfulness strategies include meditation, attention to breathing while remaining open to physical sensations, emotions, and thoughts about the self (Shapiro et al., 2007). Other strategies include the practice of yoga to enhance balance and awareness of the body, compassion toward others and self, and practices to incorporate mindfulness into daily life (Shapiro et al., 2007). In recent years, mindfulness practices have been included in therapy training programs to prevent or decrease levels of burnout or "compassion fatigue" (Aggs & Bambling, 2010; Shapiro et al., 2007; Schure et al., 2008).

Other strategies in the literature that relate to addressing issues of therapist burnout include religion and spirituality (Carlson et al., 2002b; Haug, 1998b; Prest et al., 1999; Sori & Helmeke, 2006; Stander et al., 1994). Scholars highlight that religion and spirituality can play an important role in improving therapist well-being and self-care. Particularly, scholars argue that spirituality can be a helpful mechanism for coping and resource for preventing burnout (Carlson et al., 2002a; Prest et al., 1999; Sori & Helmeke, 2006).

Given the negative impact that burnout can have on therapists' well-being and perceived competence and the potential role that spirituality may play in helping therapists prevent burnout

and increase well-being, both of these issues have begun to receive increased attention in the training literature (Haug, 1998; Sori et al., 2006). Burnout or compassion fatigue are important concepts for student therapists to recognize in order to notice the risks and ways in which they can prevent these conditions. One strategy that student therapists can utilize to prevent and manage the effects of burnout and compassion fatigue is through the use of spiritual practices (Carlson, Erickson, & Seewald-Marquardt, 2002a; Prest et al., 1999; Sori & Helmeke, 2006). The way that student therapists utilize their spiritual practices will help to show the effects that their spiritual beliefs and practices have on their personal and professional lives.

It seems important to explore whether or not student therapists' use of spiritual practices positively influences their overall sense of well-being and decreases the likelihood of experiencing burnout. Therefore, the purpose of this study is to explore: (1) the extent to which student therapists incorporate their religious and/or spiritual beliefs and practices as a resource for professional self-care, (2) the extent to which student therapists use religious and/or spiritual practices as a means of preventing clinical burnout and (3) the specific religious and/or spiritual practices that student therapists utilize as a resource for self-care.



## LITERATURE REVIEW

Given that the purpose of this study is to explore the role that religion and spirituality can play in therapist self-care and preventing clinical burnout, this literature review will focus on the following areas: (1) the impact and implications of burnout and compassion fatigue, (2) the importance of therapist self-care, and (3) the potential role that religion and spirituality can play in enhancing self-care and preventing burnout.

### Faith Communities, Religion, and Spirituality

For this study the terms religion and spirituality were combined for student therapists who might identify as spiritual and not religious or vice versa. Within the literature religion is commonly described as the more formal and institutional system of beliefs that include structure or hierarchy (Carlson et al., 2002a; Carlson et al., 2002b; Haug, 1998). Faith communities are used within this study in order to incorporate participants who did not identify within a Christian community and broaden the results. Spirituality is described as the more personal set of beliefs that a person holds relating to a higher power (Carlson et al., 2002a; Carlson et al., 2002b; Haug, 1998).

### Clinical Burnout and Compassion Fatigue

The literature has noted that therapists may enter the field of psychotherapy in an effort to help people who are faced with various types of challenges and struggles (Figley, 2002a; Rothschild, 2006). Therapists are commonly placed in the position of being a witness to the difficult stories that clients share and often work with victims of trauma on a consistent basis (Figley, 2002a; Killian, 2008). Therapists frequently enter the helping profession because of an awareness of their abilities to remain compassionate and empathetic toward the struggles of others (Figley, 2002a; Rothschild, 2006). While compassion and empathy allows therapists to

connect to their clients and their struggles, Figley (2002a) argued that the very compassion and empathy that brought therapists into the field also puts them at risk for compassion fatigue or burnout.

### Compassion Fatigue

Compassion fatigue is a term commonly used in the caregiving literature to refer to the emotional costs associated with the daily caregiving activities to a loved one. This term has been more recently adopted by scholars in the field of family therapy to describe the similar emotional costs that are associated with acting as a witness to the trauma experienced by clients.

Compassion fatigue, in the context of therapy, then refers to the emotional and physical fatigue that therapists experience as a result of giving or showing compassion towards others (Figley, 2002a). Berzoff and Kita (2010) argue that therapists are particularly susceptible to compassion fatigue due to their continual exposure to the traumatic experiences of clients which accumulate over time (Berzoff & Kita, 2010; Craig & Sprang, 2010; Killian, 2008). For example, therapists are particularly susceptible to compassion fatigue given that they are often in the role of witness and listening to the traumatic experiences or stories of their clients which can have a negative impact upon the personal and professional life of the therapist (Berzoff & Kita, 2010).

Researchers have argued that therapists who experience compassion fatigue often experience symptoms that are similar to post-traumatic stress disorder, also known as secondary exposure or trauma (Berzoff & Kita, 2010; Figley, 2002a; Figley, 2002b), (Berzoff & Kita, 2010; Craig & Sprang, 2010; Figley, 2002b; Killian, 2008). Compassion fatigue impacts therapists in a number of aspects of life including cognitive, emotional, behavioral, spiritual, as well as somatic effects and impacts on personal relationships and professional performance (Berzoff & Kita, 2010; Figley, 2002; Figley, 2002b).

## Burnout

Another risk factor that therapists experience in their work with clients is clinical burnout (Figley, 2002a; Figley, 2002b; Killian, 2008; Rothschild, 2006). Authors have argued that therapists who experience burnout often struggle with many of the same symptoms associated with compassion fatigue (e.g., feelings of hopelessness, incompetence, isolation, depression, emotional exhaustion, and anxiety; Craig & Sprang, 2010; Figley, 2002a; Killian, 2008; Valent, 2002). Although compassion fatigue and burnout are often used interchangeably in the literature, several authors argue that while these concepts are related they are distinctly different from one another (Figley, 2002a; Killian, 2008, Rothschild, 2006). Scholars argue that the main distinction between clinical burnout and compassion fatigue is that clinical burnout is experienced within the context of the workplace whereas the effects of compassion fatigue extend to therapists personal lives and interpersonal relationships (Harrison & Westwood, 2009; Rothschild, 2006). Therefore, burnout refers to the clinical work that a therapist does and leaves the therapist with a sense of hopelessness and lack of compassion for clients. Both of these terms are still being explored and differentiated within the field and authors are working to provide clearer distinctions between burnout and compassion fatigue. However, it seems as though burnout can be seen as an effect of compassion fatigue that enters into the work of a therapist.

Burnout is also described as having an effect of disconnecting therapists from the passion and energy that therapists feel for their work. This is particularly problematic since these personal passions often are what has motivate therapists to enter the therapy profession and contribute to the feeling of “calling” that many therapists feel about their work (Carlson et al., 2002a; Carlson et al., 2002b; Clark, 2009; Prest et al., 1999). Since these personal motivations or passions are often the source of the compassion and empathy that therapists bring to their work,

clinical burnout has the effect of disconnecting therapists from the emotional or empathetic responses that a therapist has with her/his client (Figley, 2002a; Figley, 2002b; Killian, 2008; Rosenberg & Pace, 2006; Shapiro et al., 2007).

### The Importance of Self-Care

Due to the risk compassion fatigue or burnout much attention has been given in the literature to the importance of therapist self-care (Brucato & Neimeyer, 2009; Clark, 2009; Figley, 2002a; Killian, 2008; Linley & Joseph, 2007; Rothschild, 2006; Schure et al., 2008; Shapiro et al., 2007). While there are many articles and books dedicated to the topic of self-care, the definition of self-care seems to be assumed by the authors. In doing a literature review on this topic, it was difficult to find a clear definition of self-care. Therefore, I will provide a summary of main ideas and concepts presented in the literature as they relate to self-care. The primary way that self-care is referred to in the literature relates to the strategies that therapists use to prevent the risk of burnout from the emotional costs of being a therapist (Brucato & Neimeyer, 2009; Killian, 2008; Rosenberg & Pace, 2006; Shapiro et al., 2007). When referring to self-care, authors commonly use terms such as “activities that promote emotional and physical well-being and self-awareness” (Brucato & Neimeyer, 2009; Clark, 2009; Killian, 2008; Linley & Joseph, 2007; Rosenberg & Pace, 2006; Schure et al., 2008; Shapiro et al., 2007). Some examples of common self-care strategies that scholars recommend include participating in personal therapy and supervision, personal hobbies, mindfulness, spirituality, taking time away from work, and maintaining personal and professional relationships (Clark, 2009; Linley & Joseph, 2007; Mahoney, 1997; Rosenberg & Pace, 2006). The use of these practices can enhance therapists’ overall sense of well-being and contribute to their ability to be more emotionally present for their clients (Killian, 2008; Linley & Joseph, 2007; Schure et al., 2008). Of the above self-care

strategies, the importance of mindfulness and spirituality have received increased attention during the past decade (Aggs & Bambling, 2010; Carlson, et al., 2002b; Haug, 1998b; Prest et al., 1999; Schure et al., 2008; Shapiro et al., 2007; Sori & Helmeke, 2006; Stander et al., 1994).

#### Mindfulness as a Strategy for Self-Care

Within the literature mindfulness is also addressed as a self-care strategy for therapists to prevent burnout or help them overcome the negative effects associated with burnout (Aggs & Bambling, 2010; Schure et al., 2008; Shapiro et al., 2007). Throughout the literature mindfulness is described by researchers as a practice to help therapists remain focused in the present moment and recognize the various emotions, thoughts, and sensations that he/she is having in the moment to decrease negative thoughts and emotions (Aggs & Bambling, 2010; Schure et al., 2008; Shapiro et al., 2007). Mindfulness practices might include meditation or yoga practices (Shapiro et al., 2007). Research has shown that mindfulness programs for student therapists resulted in lower levels of stress, increased compassion toward one's self, greater spiritual awareness, and increased capacity to handle challenging interpersonal situations (Aggs & Bambling, 2010; Schure et al., 2008; Shapiro et al., 2007). Researchers argue that mindfulness programs help student therapists to be more present in therapy, reduce the potential for burnout, and improve overall personal well-being (Aggs & Bambling, 2010; Schure et al., 2008; Shapiro et al., 2007).

#### Religion and Spirituality as Strategies for Self-Care

Researchers have also argued that religion and spirituality can be important resources for therapists' self-care and well-being (Carlson et al., 2002a; Carlson et al., 2002b; Carlson, McGeorge, & Anderson, 2011; Haug, 1998b; Prest et al., 1999; Stander et al., 1994). While therapists have acknowledged the importance of drawing on the religious or spiritual beliefs of clients as a positive resource for change in therapy, scholars have more recently begun to explore

how therapists' religious and spiritual beliefs may serve as a valuable resource in their work (Carlson et al., 2002a; Carlson et al., 2011; Prest et al., 1999; Sori et al., 2006). Given that religion and spirituality often provide people with a source of inspiration and meaning in life, Sori and colleagues (2006) argue that therapists who regularly draw on their religious or spiritual beliefs as a resource for self-care are better able to manage the emotional and physical demands of being a therapist. Carlson et al. (2002a) also argue that drawing on one's spirituality in the context of therapy can be helpful due to the relational or communal nature of spirituality. Being connected to one's spirituality, they argue, invites therapists into a relational space that could potentially promote and enhance their relationship with clients.

It seems then that therapists' personal spiritual beliefs can serve as an important resource not only for preventing burnout or compassion fatigue but it can also be a valuable source of inspiration in therapists' work with clients. For example, several authors have discussed the ways in which spirituality can bring a sense of meaning and purpose to the work of therapy and as well as promote growth and healing during trying or difficult times (Carlson et al., 2002a; Haug 1998b; Patterson, Hayworth, Turner & Raskin, 2000; Prest & Keller, 1993; Stander et al., 1994). Additionally, therapists' spiritual beliefs can serve as a source of strength, peace, and security for therapists as they face the challenges associated with the daily witnessing of clients' struggles. (Carlson et al., 2002a; Haug, 1998; Prest & Keller, 1993; Stander et al., 1994). Finally, scholars have also argued that therapists' spiritual can help therapists view their clients and their struggles from a place of compassion rather than judgment and help them embrace a more positive view of humanity and human relationships (Haug, 1998; Patterson et al., 2000; Stander et al., 1994).

The literature also provides some examples of how therapists could incorporate religion and spirituality into their professional lives. For example, Frame suggests that therapists create a spiritual genogram to help them be better connected to their own spiritual beliefs and histories (Frame, 2001). Spiritual genograms are similar to traditional genograms, but aim to trace the history of family religious or spiritual belief systems to discern the origins of a person's beliefs (Carlson et al., 2011; Frame, 2001; Haug, 1998; Haug 1998b). Through the construction of a spiritual genogram therapists may uncover the foundations of their religious or spiritual attitudes that are most helpful to them or serve as a resource in their clinical work (Haug, 1998). Additionally, scholars have recommended that therapists could use prayer or meditative practice to help center themselves in a compassionate place before a therapy session (Stander et al., 1994). Other examples of how therapists can incorporate religion and spirituality in their clinical practice may include reading spiritual texts, attending worship services or scriptural studies, participating in faith communities, meditation, seeking religious support, spending time with others or in nature (Sori et al., 2006).

## RESEARCH QUESTIONS

Given the apparent important role that spirituality plays in facilitating therapist self-care and preventing burnout, the research questions for this study are: (1) What is the extent to which student therapists incorporate their spiritual beliefs and practices as a resource for their professional self-care? (2) Do student therapists use their spirituality in an effort to prevent clinical burnout? (3) What are the specific spiritual practices that student therapists use as a resource for self-care?



## METHODS

### Participant Recruitment and Description

This study used secondary data from a larger study that explored the level of training that student therapists received in couple and family therapy training programs regarding the use of spirituality and religion in therapy. Participants were graduate students enrolled in master's or doctoral programs accredited by the Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE). Email invitations were sent to program directors of the 87 accredited master's and doctoral programs who were asked to forward the email invitation on to each of the students enrolled in their programs. Email invitations to participate in the study were also sent out on the family therapy listserv for the National Council on Family Relations (NCFR) and to state associations of the American Association for Marriage and Family Therapy (AAMFT). Additionally, information about the study was posted on professional social media sites including the AAMFT Community and Facebook pages maintained by state associations of the AAMFT. A total of 340 people participated in the study. Only students who indicated that they had graduated from an accredited program were included in the study. Most of the participants were female with 18.6% of the participants reporting that they were male. The majority of the participants were Caucasian, African American, or Latino. The vast majority of the participants reported being heterosexual. Participants were between the ages of 21 and 70 with a mean age of 32.26, and a standard deviation of 9.76. For a detailed list of demographic characteristics see (Table 1).

Table 1

<i>Characteristics of Participants</i>	<i>Participants</i>	
Characteristic	<i>n</i>	<i>%</i>
<b>Gender</b>		
Female	271	79.5
Male	62	18.2
<b>Race</b>		
African American	15	4.5
Asian American/Asian	9	2.7
Biracial/Multiracial	10	3.0
European American/Caucasian/White	272	82.4
Latino(a)/Hispanic	14	4.2
Middle Eastern/Arabic	3	0.9
Pacific Islander	1	0.3
Other	4	1.2
<b>Sexual Orientation</b>		
Bisexual	22	6.6
Gay	4	1.2
Heterosexual	293	88.0
Lesbian	5	1.5
Questioning	2	0.6
Other	6	1.8
<b>Level of Program</b>		
Master's	239	72.2
Doctoral	87	26.3

*N=341*

### Procedures

Email invitations were sent to program directors of accredited programs inviting them to forward the study on to students enrolled in their programs. The email invitations contained an overview of the study, informed consent, and a link to a website where students could complete the electronic survey and a brief demographic questionnaire. A reminder email was sent to program directors two weeks after the initial email invitation asking them to once again forward

the study on to students in their programs. This study was approved by the Institutional Review Board (IRB) at North Dakota State University.

### Instruments

This study was conducted as a part of a larger study that utilized the Religion and Spirituality Clinical Training Scale (RSCTS) The RSCTS was designed to measure the level of training that students received related to spiritual and religious issues in their training programs. The RSCTS was comprised of 40 items and utilized a six point Likert scale ranging from one (1) (strongly disagree) to six (6) (strongly agree).

For the purpose of this study, only three items from the RSCTS were used (See table 2). The first item asked participants to identify the extent to which they used spiritual and religious beliefs as a resource for self-care in their professional lives. The second item asked participants to identify the extent to which they used spirituality and religion as a resource to prevent clinical burnout. The third item was an open-ended item that asked participants to list specific ways or to provide examples of how participants utilized spirituality and religion as a resource in their professional life (See table 2).

#### Table 2

##### *Research Questions: Items from Religion and Spirituality Training Scale*

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I use my spiritual and religious beliefs as a resource for self-care in my professional life.

I use my spiritual and religious beliefs as a resource for preventing burnout.

Please list specific ways or examples of how you use your own spiritual beliefs and practices as a Resource for self-care in your professional life

---

## Data Analysis Plan

The data for this study were analyzed through the use of descriptive statistics and qualitative thematic analysis. For the first and second research questions, descriptive statistics were used to report the mean scores and standard deviations of the participants' responses on the first, second, and third items.

The third research question used thematic analysis to analyze participants' responses regarding the ways in which they used their spiritual beliefs as a resource for self-care in their clinical work. Thematic analysis is a strategy used in qualitative data analysis that identifies the patterns or themes present within data (Braun & Clarke, 2006). Braun and Clarke (2006) described a six step process to utilize thematic analysis. The first step in this process involved becoming familiar with the data through repeated readings and note-taking. For this step, I read through the data two times without taking any notes in order to familiarize myself with the data. Next, I read through the data a third time making note of significant comments or statements that related to the research questions. I repeated this process several times. The second step identified by Braun and Clarke (2006) involved generating initial codes to organize and identify noteworthy features within the data. For this step, I read through the notes and highlights to look for commonalities between them and group them together. The third step of thematic analysis involved sorting the initial groupings into potential themes present within the data. For this step, I attempted to look within the groupings for larger overarching themes that were representative of the participants' comments. This process involved collapsing these groupings into one another until a theme emerged. The fourth step involved refining potential themes until they were potentially separated or discarded if they are deemed irrelevant. The fifth step involved defining and describing the themes that were present and naming the themes concisely. The final step

involved a final analysis and writing of the report to describe the validity of analysis (Braun & Clarke, 2006).

Credibility is important within qualitative research and refers to the consistency and accuracy within the research (Morrow, 2005). Credibility helps to ensure that the research is not influenced by researcher bias; examples of how credibility was maintained include the use of peer debriefings, engagement with research participants, or field observations (Morrow, 2005). In order to help ensure credibility I utilized the process of peer debriefings with my thesis advisor to provide alternative viewpoints and perspectives in the process of thematic analysis in an effort to avoid researcher bias (Morrow, 2005). The process of peer debriefings included looking through the data and meeting with my thesis advisor throughout each step in the thematic analysis process to discuss possible themes within the data.

## RESULTS

### Descriptive Findings

The first two research questions sought to explore the extent to which participants use their spiritual beliefs as a resource in preventing burnout and their own self-care. In regard to the participants' use of spirituality in preventing burnout, 59.9% agreed or strongly agreed with the statement "I use my spiritual and/or religious beliefs as a resource for preventing clinical burnout." Additionally, 65% of participants agreed or strongly agreed with the statement "I use my spiritual and/or religious beliefs as a resource for self-care in my professional life." These findings suggest the majority of participants utilize their spiritual and/or religious beliefs to help them cope with the stressors associated with clinical work and to enhance their sense of well-being. See (Table 3) for a detailed list of results from these questions.

Table 3

*Research Questions One and Two: Spirituality, Self-Care, and Burnout*

Frequencies	%	<i>n</i>
Spirituality as a resource for preventing burnout		
Strongly Disagree	5.8	19
Disagree	7.0	23
Somewhat Disagree	8.5	28
Somewhat Agree	19.1	63
Agree	26.4	87
Strongly Agree	33.3	110
Spirituality as a resource for self-care		
Strongly Disagree	5.1	17
Disagree	6.9	23
Somewhat Disagree	5.7	19
Somewhat Agree	17.4	58
Agree	23.7	79
Strongly Agree	41.3	138

## Qualitative Findings

The thematic analysis for the third research question resulted in the identification of eight themes including: prayer, spiritual purpose, spiritual meaning, meditation/mindfulness, participation in a faith community, nature, music, and no identification with spiritual beliefs. While some of the respondents provided a brief response to the questions that were asked, other respondents provided more depth in their responses discussing what their practices meant for them. The next section provides the main findings for each theme. Please see (Table 4) for a list of themes and sub-themes by participant number.

Table 4

*Participants Identified Within Themes*

Categories	Participants
Prayer	6, 13, 16, 21, 26, 36, 50, 55, 79, 80, 89, 92, 101, 111, 117, 125, 127, 131, 144, 161, 172, 173, 192, 195, 198, 203, 211, 212, 225, 227, 228, 229, 247, 250, 261, 291, 292, 299, 303, 307, 322, 326, 328, 338
Prayer for relief or well-being	26, 202, 303
Prayer for guidance/help/inspiration	27, 59, 87, 88, 107, 110, 138, 162, 164, 226, 245, 248, 254, 274, 283, 284, 285, 327, 334
Spiritual Purpose	8, 9, 12, 37, 39, 62, 71, 97, 102, 104, 156, 159, 166, 176, 179, 193, 193, 194, 207, 210, 221, 265, 267, 298, 309, 310, 311, 312, 324, 332, 333, 336
Spiritual Meaning	3, 19, 25, 43, 46, 52, 66, 70, 77, 81, 93, 135, 151, 157, 167, 190, 214, 233, 238, 253, 260, 287, 288, 302, 321, 331, 341
Mindfulness/Meditation	10, 11, 14, 17, 23, 32, 34, 35, 45, 53, 54, 71, 72, 82, 84, 91, 93, 95, 98, 108, 114, 120, 121, 124, 126, 130, 132, 133, 134, 135, 140, 140, 146, 148, 149, 151, 153, 154, 158, 165, 167, 170, 175, 177, 178, 191, 206, 217, 218, 230, 231, 236, 237, 243, 251, 252, 271, 278, 281, 290, 305, 308, 315, 319, 325, 329, 335
Worship Attendance	51, 68, 69, 73, 75, 85, 90, 99, 103, , 122, 128, 136, 137, 141, 145, 160, 163, 171, 183, 186, 189, 204, 215, 219, 220, 232, 241, 242, 249, 258, 264, 270, 273, 294, 317, 330, 340, 341
Nature	38, 56, 60, 76, 169, 305
Music	42, 119, 147, 199, 208, 209, 216, 255, 269, 297
None	1, 24, 48, 57, 58, 63, 34, 67, 94, 96, 109, 112, 113, 115, 152, 180, 181, 185, 187, 201, 213, 223, 240, 244, 257, 259, 268, 276, 282, 286, 296, 300, 306, 313, 320, 323

Theme One: Prayer

One of the themes that participants identified was the way in which they use prayer as a resource for self-care in their work as therapists. Student therapists reported using prayer in a variety of ways to enhance both their personal and professional lives. This theme includes the



more general theme of prayer in which participants simply responded with short answers like “prayer” or “pray daily” indicating the use of prayer within their practices of self-care, while other participants provided more detail about their prayer practices. For example, one participant said, “Making time to pray daily and go to church weekly to give thanks and ask for help and strength.” Some of the participants discussed how there is a contemplative component in their self-care practices of prayer. Another participant said “prayer combined with meditation is very helpful for me.” Another participant stated “I do contemplative Christian spiritual disciplines like prayer, fasting, silence and solitude.” While this participant specifically discussed Christianity, these practices could be used in a variety of religious disciplines. As mentioned above the majority of the prayer responses said “pray” or “pray daily”. The qualitative analysis also revealed two sub-themes: prayer for relief or well-being and prayer for guidance, help, or inspiration. Within these sub-themes participants provided more detail regarding the particular ways that they use prayer for self-care (e.g. stress management, strength, humility) and the effects of prayer on their personal and professional lives.

#### Sub-theme One: Prayer for Relief or Well-being

This sub-theme highlights how participants used or thought of prayer as something that brings them a sense of relief or well-being in their personal and professional lives. For example, one participant stated:

Prayer assists in radical acceptance, reduces anxiety, reduces pride/facilitates client centered focus, increases objectivity, reduces transference, increases empathy, increases insight, increases patience, refreshes and encourages, increases subjective sense of well-being.

Another participant said that prayer offered them a “source of stress relief.” Another discussed how prayer is something that provides them with the ability “to relieve my own stressors in regards to my clients and workload.” These quotes highlight how these participants use prayer as a means of reducing their level of stress or anxiety and increase their overall sense of well-being.

#### Sub-theme Two: Prayer for Guidance/Help/Inspiration

The second sub-theme of prayer called “prayer for guidance, help, or inspiration” is different from the more general theme of prayer as participant responses indicated a more focused or purposeful use of prayer that was related to seeking guidance, help, or inspiration in their clinical work. Within this sub-theme there were two particular ways that participants described seeking out this guidance. One of the ways that the respondents indicated using prayer was to guide or inspire them in their clinical work as professionals. For example one participant said “I pray for direction and for patience. I leave healing to God and do and use the best interventions and techniques I have available.” Another participant replied “When I feel overwhelmed about not being able to help my clients, I pray that God will help them. I pray for inspiration to know how to be a better therapist.”

Another way that participants referred to using prayer was as a means of asking for guidance or helping their clients make needed changes in their lives. For example one of the participants said “I pray for each of my client's before session and even during session as a means of asking for guidance and discernment.” A participant described how they would pray for clients when moved to do so “in order to de-stress and take care of my own self.” These quotes provide examples of the ways in which participants are able to utilize prayer in their professional lives for a specific purpose to provide them with help, guidance, or inspiration as a part of their self-care.

## Theme Two: Spiritual Purpose

Another theme that emerged through the qualitative analysis was spiritual purpose. Spiritual purpose refers to the way in which the participants utilize their spirituality as a worldview that helps them make sense of life and its purpose. For example, one participant discussed the importance of their faith by saying that it provides a secure attachment with God and is “where I find direction, purpose, meaning, hope, peace, and rest.” Another participant shared how spirituality “broadens my scope in relation to people and values. It is also like a light tower. It keeps me from getting lost in strong storms. I know my North.” One of the participants shared how their spirituality allows them to view “everyone as valuable because God created them.” Another participant discussed how their spirituality provides them with “An attitude of grace and mercy toward my clients as well as for myself leads to patience and compassion as we journey through specific experiences and phases of life. Knowing the ultimately it is God's ministry of which I am only a pawn.” These quotes and responses highlight how participants’ spiritual beliefs provided them with an overall sense of purpose for life and the helped them place their works as therapists within this larger purpose.

## Theme Three: Spiritual Meaning

A third theme that emerged through the qualitative analysis was spiritual meaning. This theme refers to the way in which the participants reported that they use their spirituality to give meaning to their work and to make sense of the struggles of their clients’ lives. For example, one participant stated: “we all belong. My spiritual beliefs help me get connected with my inner self and accept everybody around me.” Another participant shared how spirituality helps in viewing clients with more compassion by “Viewing my clients as children of God.” Another discussed how drawing on faith “refreshes my compassion.” These quotes describe the ways in which

participants feel that their spirituality and faith are able to provide meaning in their clinical work and within their personal lives.

#### Theme Four: Meditation/Mindfulness

The fourth theme identified through the analysis was meditation/mindfulness. While meditation and mindfulness are similar to the concept of prayer, some participants refer to meditation and mindfulness as separate from the practice of religion and more connected to an overall sense of spirituality, while other participants refer to meditation and mindfulness as practices which they use alongside spiritual and religious practices. Within this theme participants often used brief answers that simply responded with “meditation” or “mindfulness”. Other participants provided more detailed responses which highlighted the specific ways in which they use meditation and mindfulness in their self-care practices. For example, one participant stated:

My practices of meditation, visualization, grounding, recognition of connection to larger healing consciousness, recognition of innate wisdom and compassion of client all help in not burning out and in recognizing strengths in myself, colleagues and clients.

Another participant described using meditation in the following way “I incorporate positive thoughts and energy into my daily life and invite others to do the same.” Another participant described meditating on hope and “what it is and how to hold on to it.” A participant discussed how practicing mindfulness allows them to maintain appropriate “boundaries and work/life balance, as well as reduce my stress.” Another participant stated that the use of mindfulness allows them to “connect with the universe.” These responses provide some insight into the ways in which participants use mindfulness and meditation as self-care practices to help maintain their overall well-being.

### Theme Five: Participation in a Faith Community

The theme of participation in a faith community deals with the communal aspect of spirituality and/or religion. Participants in this theme shared how their involvement in faith communities provided a sense of belonging and support. The majority of participants in this theme gave short responses like “attend church” or “church” Some participants identified as non-Christian; for example one participant said “I identify as Buddhist, and I incorporate many of the practices and theories of my spirituality into my self-healing, reflection, reacting, non-anxious presence” other participants discussed attending Buddhist temple, studying Zen Buddhism, and one of the participants said “I am Buddhist, so I use meditation practices, yoga, and meditation to moderate the emotional stress of going through the process of becoming a therapist.” to describe the practices that they use for self-care. Other participants elaborated on the communal aspect of participating in services associated with their faith community. For example, one participant described worship as “A place to grow spiritually in your community and with your family.” Another participant shared, “I use worship as a centering and nurturing practice. I have regular fellowship with my spiritual family.” Another participant discussed how attending church services helped “as a way to calm me down.” Finally, one of the participants offered a very specific example of how “Going to church and Bible study is a source of self-care in my personal life which spills over into my professional life.” These quotes describe how attending worship or church services contribute to participants’ well-being or self-care and how these practices have positively influenced their work as therapists.

### Theme Six: Nature

Some of the respondents did not identify as spiritual in a religious sense, but found a connection with nature, and an example of one of the responses that was given by a participant is

“I consider myself to be developing an earth based spirituality, and I find great comfort in connecting with the earth and I believe that doing so replenishes my soul and energy and allows me to be more available for clients.” A participant discussed connecting with nature and feeling as though it was “spiritually fulfilling.” Another participant discussed walking “in the woods to practice mindfulness and gain perspective.” These quotes show the role that participants feel their connection with nature and spiritual practices relate to nature have in their self-care practices.

#### Theme Seven: Music

The theme of music has to do with participants who had identified singing music, playing music, or listening to music as ways to enhance their self-care practices. Some of the participants specifically identified playing or listening to Christian music, while one participant said “Listening to positive music.” as a part of their self-care practices. A participant described how they would “play spiritual songs on the piano for relaxation.” One of the participants said that they would listen “to Christian music when I am feeling particularly down or overwhelmed.” While another participant described how they sang in the church choir as a part of their self-care practices. These quotes and responses show the way in which participants feel that listening to and participating in music (whether Christian or positive) contribute to their self-care practices.

#### Theme Eight: None

There were some participants who replied with answers such as “none” or did not identify as religious or spiritual and utilizing spirituality as a part of their self-care practices. For example, a participant stated: “I identify as an atheist so this question is not applicable.” One participant said that their “self-care work does not utilize religion/spirituality.” Another participant discussed how they are not spiritual and so this “is not a resource for me.” One of the

participants discussed how they are not currently spiritual or religious, but “intend to explore this aspect of myself later in my career.” These quotes and responses describe some of the ways in which some participants feel that religion and spirituality do not play a role in their self-care practices because they may not be spiritual or religious, but also show that some participants feel as though spirituality or religion might play a role in their future work.

## DISCUSSION

Based on the findings of this study, there are several areas or topics that seem to emerge across the different themes that seem important to discuss. These areas include: use of prayer within self-care practice across themes, the general importance that participants place on spirituality as a viable resource for self-care and preventing burnout, the role spirituality plays in bringing participants a sense of inspiration and purpose to their work as therapists.

### Importance of Spirituality as a Resource for Self-Care

Perhaps the most important finding of the study is the overall importance that spirituality played as a resource for self-care for the participants in this study. While Sori and colleagues (2006) argue that therapists who regularly draw on their religious or spiritual beliefs as a resource for self-care are better able to manage the emotional and physical demands of being a therapist, this is the first study that supports this conclusion. Given the vulnerability that therapists have when it comes to experiences of burnout and compassion fatigue, these findings suggest that spirituality may serve as a resource for therapists and provide a sense of meaning and inspiration for their personal and professional lives.

### Prayer

Prayer was the most commonly mentioned self-care practice by participants and was mentioned in almost every other identified theme in the study. For example, participants mentioned utilizing prayer as a source of strength and guidance in their personal lives while other participants discuss utilizing prayer specifically in the context of their clinical work as a means of seeking divine guidance or for the well-being of clients. This means that prayer is used in a variety of different ways and is a part of other self-care practices to help therapists prevent some of the negative effects of burnout.



This finding is important as prayer has not been previously mentioned in the literature as a practice that therapists can use to help prevent burnout. Given the limited information in the literature regarding the specific types of self-care practices that therapists can engage in, it would seem important that training programs consider introducing this practice as a viable self-care resource for students and in preventing some of the negative effects of clinical burnout.

### Spirituality as Source of Inspiration and Purpose

Another finding that is important to discuss is the role that spirituality plays in bringing participants a sense of inspiration and purpose not only in their personal lives but in their work as therapists as well. As previously mentioned, participants commonly referred to the ways in which their spiritual beliefs provide them with a sense of overall meaning or purpose that helps them make sense of some of the normal struggles associated with being a therapist. While this clearly could be useful in helping participants prevent the negative effects of burnout in their work, participants appear to talk about how their spiritual beliefs offer them something more than simply preventing burnout; it provides them with an overall sense of calling in their work as therapists. This sense of calling seems to serve as a buffer to the common experiences of burnout and help some of the participants stay connected to the “larger purpose” of their work. For some participants, this sense of inspiration or calling is directly related to their overall well-being as therapists. The finding that spirituality can be used as a source of inspiration that moves beyond preventing burnout is consistent with Carlson et al., (2002) who argue that therapists who identify as spiritual or religious can use those beliefs to enhance their sense of calling and inspire a greater sense of connection to their clients.

Another way that participants discuss using their spiritual beliefs as a means of moving beyond burnout relates to the ways that they used their spiritual beliefs and practices to increase

their sense of connection and compassion towards their clients. Given that a decreased sense of connection and compassion are common effects burnout and compassion fatigue, this finding seems of particular importance. This finding is also consistent with Carlson et al, (2002) who argue that therapists can use their spirituality to enhance their overall ability to feel compassion for the struggles that clients face.

### Recommendations for Clinical Training

Based on the findings of this study, there are several important implications for training programs to consider when preparing their students to prevent the negative effects of burnout or compassion fatigue. Given that burnout and compassion fatigue can lead therapists to lose hope in their work and to feel disconnected within their personal and professional lives (Craig & Sprang, 2010; Figley, 2002a; Killian, 2008; Valent, 2002), it would seem particularly important to encourage students to draw upon their spiritual beliefs as a way of holding on to hope and connection in their work (Carlson et al., 2002a; Haug, 1998; Prest & Keller, 1993; Stander et al., 1994). For example, family therapy faculty members could encourage therapist to consider how their personal spiritual beliefs might invite them to relate to their clients in therapy that might enhance their ability to feel a greater sense of understanding and compassion.

Given that prayer and meditation was identified throughout the study as a primary way that participants used their spiritual beliefs for self-care and preventing burnout, it might be important that family therapy training programs invite their students who identify as spiritual and/or religious to identify ways that they can integrate prayer and meditation into their daily self-care practices.

Another important recommendation for training programs has to do with the importance of the topic of religious diversity. Based on the responses of the participants of this study, it

became apparent that there were respondents from numerous different religious backgrounds to include: Christianity, Buddhism, Taoism, Naturalism, and those with no religious preferences. These findings would suggest that training programs should consider including content on religious diversity as they prepare students to integrate spirituality into their clinical work. Additionally, it would be important for training programs to be aware that students in their programs may be from diverse religious backgrounds and to teach students about spiritual self-care practices that would be consistent with a variety of faith traditions. This recommendation is consistent with Stander et al, (1994) who argue for the increased inclusion of content on working with clients from diverse faith traditions.

#### Suggestions for Future Research

One area for future research would be a study of faculty members that explores their beliefs about the role of spirituality in preventing burnout. Additionally it might be important to explore whether or not faculty members encourage students to draw their spiritual beliefs as a resource for self-care. Further research could also be done on participants that did not identify as religious and the spiritual self-care practices that they engage in. Another suggestion for continued research would include performing a quantitative study that explores the extent to which students utilize their spirituality in their self-care practices by providing specific examples of self-care practices. Additionally, further research could the potential relationship between the frequency of their self-care practices and therapists overall sense of well-being as a therapist.

## CONCLUSION

In conclusion, this study sought to determine whether the spiritual and religious beliefs of student therapists were being used for self-care or their professional life. In particular, this study explored the specific spiritual practice participants engage in and also looked at whether student therapists use spirituality as a resource to prevent burnout. The findings showed that the majority of family therapy students in this study reported using their spiritual beliefs as a resource for preventing burnout and self-care. The thematic analysis revealed several themes related to the specific spiritual practices that participants used for self-care and preventing burnout. These themes included: prayer, spiritual purpose, spiritual meaning, mindfulness/meditation, participation in a faith community, nature, music, and none. Based on the findings, several recommendations for clinical training were made. In particular, programs were encouraged to consider helping students identify ways that they might draw upon their spiritual beliefs and practices as a means of coping with the potential negative effects of burnout and to enhance their overall sense of well-being.

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