

An exploration of the experiences that counsellors have of taking care of their own mental, emotional and spiritual well-being

Heather Barton 

University of Chester, Chester, UK

Correspondence

Heather Barton, University of Chester,
Chester, UK.

Email: heatherdbarton@yahoo.co.uk

Abstract

Introduction: The purpose of this study was to explore the experiences of therapists in taking care of their own mental, emotional and spiritual well-being. This is an under-researched area that is of vital importance, not only for the well-being of the therapists themselves, but also for their clients.

Aim: This qualitative study examined the experiences that counsellors have in taking care of their own mental, emotional and spiritual well-being.

Method: Semi-structured qualitative interviews were conducted with five experienced therapists who had all been qualified for eight years or more. Data were thematically analysed within the overall principles of Interpretative Phenomenological Analysis.

Results: Four superordinate themes were identified. These concerned: (a) the demands and challenges that therapists face in their work, particularly when dealing with difficult clients and client issues; (b) the perception that the therapists have that their own preparation and training for taking care of themselves was inadequate; (c) growth for the therapists personally and in self-awareness, learning their own limitations, building resilience and realising the necessity of prioritising self-care; (d) therapists becoming more compassionate towards themselves, and finding ways of managing their own self-care.

Discussion: Results revealed that the process of managing good self-care is a journey that begins with little or no knowledge of the importance of self-care, to arriving at a point of realising its importance and making it a priority.

Conclusion/Implications: Gaps in training were highlighted along with a need to support broader understanding and recognition of the value of therapist self-care.

KEYWORDS

burnout, emotional well-being, self-compassion, spiritual well-being, therapist self-care

1 | INTRODUCTION

Self-care is an area of vital importance for the therapist (Gilroy, Carroll, & Murra, 2002). In fact, the therapist has responsibility for their own self-care, as well as holding the balance of the well-being of the client and the client's autonomy (Welfel, 2006).

Counsellors may be liable to becoming vicariously traumatised or developing compassion fatigue, which makes them vulnerable to burnout (Christopher & Maris, 2010). It is essential, therefore, that when counsellors begin their training, they are helped to realise some of the stresses and pressures that potentially lie ahead (Yalom, 2010).

The purpose of this study was to explore the experiences that counsellors have in taking care of their own mental, emotional and spiritual well-being. The subject of therapist self-care is an extremely important issue that is currently under-researched in the UK. In particular, there is a limited amount of up-to-date British research into therapist self-care in the areas of mental, emotional and spiritual well-being.

2 | LITERATURE REVIEW

There is a risk for the therapist of becoming burned out and suffering from exhaustion, according to Kottler (2010). In his opinion, it is important that therapists pay attention to self-care, self-knowledge, and also have the ability to be resilient. According to Figley (2015), those who have the greatest capacity for expressing empathy are at most risk of compassion stress. This means that the most effective therapists are possibly the most vulnerable. However, each therapist does have the potential to engage deeply with their client and is allowed a view into the lives of other people, at a deep level of intimacy. This can bring risks to the therapists' own mental, emotional and spiritual well-being (Kottler, 2010).

There are potential risks associated with practising in the field of counselling, and it is, therefore, important that those setting out on this career path are adequately prepared (Sussman, 2007). For example, trainees may often be unprepared for the difficulties of being confronted by those who are in deep despair or are suicidal (Mander, 2007). Christopher and Maris (2010) found that very few counselor training programmes provide the necessary education in stress management or self-care. In fact, it is also generally found that whilst clinical issues are dealt with in training, the subjects of the needs and motivations of practitioners themselves are rarely approached or explored.

Even though therapists use their education, training, and skills to help their clients live more rewarding and healthy lifestyles, they are often reluctant to offer the same kind of understanding and compassion in order to care for themselves (Welfel, 2006). This means that, by not attending to their own vulnerability and needs sooner, the client may be let down by their therapist in a much more harmful way (Adams, 2014).

It seems, therefore, that therapists often ignore the warning signs that they may be close to burning out (Kottler, 2010). In this way, they are guilty of neglecting themselves. Vicarious trauma is a serious consideration for most therapists, both trainees and more experienced practitioners. This makes therapists vulnerable to developing compassion fatigue, as well as becoming burnt out and suffering physical fatigue (Siegel, 2010). Their concentration and effectiveness may well be harmed, making them less successful in their work. This puts them in an extremely vulnerable position (Christopher & Maris, 2010).

3 | METHODOLOGY

This was an exploratory, semi-structured interview study analysed using Interpretative Phenomenological Analysis (IPA). IPA is concerned with the examination of particular experiences of people within their relational contexts (Smith, Flowers, & Larkin, 2009). Therefore, this method was well-suited to this particular study where the participants were experienced counsellors, and the setting was their clinical practice.

Participants were recruited through an MA Counselling training programme at Waverley Abbey College. Five participants responded and were all selected. The sample consisted of female counsellors who were qualified to at least BA Level. They were all experienced practitioners with at least eight years of experience in practice and were all professed Christians. Each of the participants was allocated a pseudonym.

Ethical approval for the study was obtained. Participants were fully informed about confidentiality and its limits. Principles of beneficence, non-maleficence, autonomy and fidelity were adhered to (McLeod, 2003). Participants were given an information sheet, and written consent was obtained. Interviews were audio-recorded with consent from the participant. The interview schedule consisted of open-ended questions that aimed to explore the experiences of therapists taking care of their own mental, emotional and spiritual well-being.

Each recording was listened to twice, and the transcript read through several times. Initial annotations were made in one margin, with exploratory comments describing thoughts about the content, language use and more conceptual, interrogative comments. Each transcript was then re-read and the second margin used to note emergent themes. Each interview was analysed in this way until all five interviews had been analysed to this level. Emerging themes and sub-themes, patterns and connections were identified from the data. This was then interpreted and written up by the researcher and the results were presented (Smith et al., 2009).

4 | FINDINGS

Four superordinate themes were identified, along with subordinate themes (Table 1).

4.1 | Superordinate theme 1: Perceptions of challenges of working as a therapist

This first superordinate theme revealed that participants referred to the many demands placed on them by difficult clients and client issues. The participants' sense of the challenges and difficulties faced in their work as a therapist were explored and captured in this theme. Two subordinate themes, 'The Demands of Working as a Therapist' and 'Challenges of Difficult Clients and Client Issues', were explored.

TABLE 1 Superordinate themes and subordinate themes

Superordinate themes	Subordinate themes
Perceptions of challenges of working as a therapist	The demands of working as a therapist Challenges of difficult clients and client issues
Perceptions of lack of preparation for self-care	Perceptions of inadequate preparation for self-care Challenges to appropriate self-care
Perceptions of growth	Personal growth Growth of self-awareness Learning limitations Resilience
Perceptions of caring for self	Prioritising self-care Self-compassionate care Relational care Spiritual care Mindful care

4.1.1 | Subordinate theme 1.1: The demands of working as a therapist

All five participants revealed how challenging they found their work, and the demands it placed on them. P4 spoke about levels of anxiety being raised for therapists, particularly when ethical dilemmas are involved. She commented:

If you're assessing risk and wondering whether you should break confidentiality, there tends to be a lot of anxiety involved

P1 admitted that there were challenges when working from home as a therapist. She claimed:

I always have access to my work ... never ending admin is always on my desk. I've got my study separate from my counselling room, I'm very lucky, but nevertheless it's so easy to have stuff in my living room and all of that, you know, and I think it's challenging to keep personal life separate particularly when you work from your own home.

4.1.2 | Subordinate theme 1.2: Challenges of difficult clients and client issues

Difficult clients or client issues can raise problems for the therapist. All of the participants found working with difficult issues tiring and emotionally draining. For example, the issue of keeping therapeutic life and home life separate was raised. P4 commented:

It is hard to keep your personal life separate after dealing with suicidal clients.

There can be a range of difficulties when dealing with clients. P3 was left feeling unsure of herself after counselling one particular client:

I was seeing some years ago now a client who in retrospect ... he had some slightly narcissistic qualities and it was very challenging and he deskilled me actually

Participant P5 had two clients who became terminally ill during their counselling process, which she found hard, and it was very difficult for her. She demonstrated the extent to which this had affected her:

It triggered quite a lot having two clients that were terminally ill - trying to sort of process and help them process what they were going through but at the same time it's also touching on me, and so that has been challenging, and it has been quite gruelling I think at times.

4.2 | Superordinate theme 2: Perceptions of lack of preparation for self-care

This theme found that each of the participants had a sense of their lack of preparation for coping with the demanding work they have faced over the years. All five participants remembered being taken through the BACP Ethical Framework in training and agreed that self-care had been highlighted in this. However, it seems they were given very little idea of what it would be like to sustain this in practice.

4.2.1 | Subordinate theme 2.1: Perceptions of inadequate preparation for self-care

Participant P4 felt that she had understood the information given regarding BACP guidelines. This seemed to her, however, like theory only, and she did not understand on a practical level what that would mean:

I think that when I first started training obviously I was aware that it was part of BACP Ethical code and there's a lot about self care and self respect—applying all the ethical principles to yourselves—I kind of knew that on a head level, but I didn't really understand what looking after myself really meant at that stage.

P1 had very strong feelings about the lack of preparation. She said:

I don't hesitate to say there was no preparation. I don't think I had any idea of what it would be like to be in private practice and sustain yourself in private practice over the last ten years. It's quite a thing to manage that actually.

4.2.2 | Subordinate theme 2.2: Challenges to appropriate self-care

The perceptions of the therapists regarding their own self-care were given in this subordinate theme. All of the participants felt that it is generally the nature or personality of a person that makes them want to be a counsellor. They felt, therefore, that there should have been more teaching to help them to become aware of this motivation, in order to take better care of themselves.

P5 felt that due to the personalities of counsellors, there is often a tendency to want to fix or rescue people. This makes being able to say 'No' or 'I'm sorry. I can't' very difficult. She said:

Just the type of people we are as counsellors means that there should be more teaching around self-care. An elastic band can get stretched and stretched and if it gets stretched too much it breaks eventually.

All the participants believed that it is not unusual for those who care for others to struggle with self-care. They all felt that there is something about self-care that feels selfish. In fact, they claimed that part of the self-care journey had been to learn that taking care of themselves is not selfish. They believed that, as children, and particularly as Christians, it is often taught that caring for others is more important than caring for self, and so there is a conflict with self-care.

4.3 | Superordinate theme 3: Perceptions of growth

This superordinate theme draws upon the areas in which participants feel they have made progress since they first began their training.

4.3.1 | Subordinate theme 3.1: Personal growth

P2 explained how she felt she had grown personally through her counselling and training journey:

I think I've grown quite a lot as a person through doing the training. I'm more comfortable in my own skin and probably more assured in who I am as a person ... I am quite different—more confident and more assured. It's hard to pin it down specifically. I almost want to say I feel more grown up! I have changed definitely.

P4 also expressed how she has changed and grown:

I think I've moved again from being more self sacrificial when I started but I think part of that's to do with wanting to do your best - you're quite concerned about getting things right - you'll put yourself out there for clients and now I'm more, I don't know, I'm more self-preserving than

sacrificial. That sounds a bit selfish, but I don't believe it is. I think looking after ourselves - that actually equals better therapy for our clients.

4.3.2 | Subordinate theme 3.2: Growth of Self-awareness

P3 explained that when she had a difficult family bereavement, she did not take enough time off from her work. However, through this, she had become more aware of her own needs and was able to do things differently when another bereavement occurred. She explained:

And there was another difficult bereavement later on that same year and I did things differently. I took time off and I also went for counselling as well and I was really aware that I needed to do that and it was the best decision.

P1 felt that not taking good care of herself had been a contributory factor in becoming ill. However, over time, she had been able to become more aware of warning signs so that it was less likely to happen again:

I'm more aware of warning signs of when I need to pull back although I live a very busy life these days, so self care is also being attuned to when I just need to slow down a bit and maybe do some good stuff.

P5 explained that her self-awareness has grown:

I've become quite conscious that if my client stuff is becoming quite heavy or there's a lot of stuff going on personally, then I try to increase my self-care a little bit, and I think for me it is about being intentional as far as self-care is concerned.

4.3.3 | Subordinate theme 3.3: Learning limitations

The participants felt they had learned their own limitations, and had become willing and able to put them into practice. All five participants said that, through their own experiences in practice, they had become better at laying down boundaries.

P4 explained:

Being quite firm about what I know I can do and what I can't do has got increasingly important to me. I don't really mind if somebody thinks I'm slacking. I know - ten years on—I know what my limits are and that's fine.

P1 said:

Making sure that my boundaries are in place as well so that I am empowering the client and that can feel really challenging so what do I mean by that—recognising what are the client's responsibilities here as well as what are my responsibilities.

P5 explained:

I have for my own health reasons had to prioritise [self-care]. I can just wear myself out to a frazzle you know. I do have that tendency

P3 expressed the importance of being aware of the need to take care of herself:

I hadn't realised what was happening. I'm more aware now, and aware that actually being stressed can really creep up on you. You go into what I would call survival mode like just trudging on - just getting on with it and actually not realising that you're feeling stressed and how did you get into that?

4.3.4 | Subordinate theme 3.4: Resilience

All of the participants mentioned that being resilient was extremely important to therapists. P4 recognised that her resilience had increased over time due to her own experiences:

I think a lot of that just comes from experience just you know hundreds of client hours on you see more and you learn how to work. I think training, whether it's doing more sort of formal training or just CPD days, increases your capability, and that increases your sense of confidence, and that builds inner strength. So yeah I'm definitely more resilient ten years on than when I first started.

P1 believed that her resilience is God-given inner strength and also that it can grow following difficult experiences. She said:

I do feel that I have a great deal of inner strength. I don't think that's all up to me. I think that's God given as well. I have obviously done a lot of work on myself over the years, so I also think those difficult experiences in life that we all have, have the potential to give us inner strength, but also they might enable us to sit with clients in a different way that is self-caring rather than for example, fixing and rescuing.

4.4 | Superordinate theme 4: Perceptions of caring for self

This superordinate theme addresses the issue of therapists caring for themselves. All of the participants, having recognised the importance of self-care, now made it a priority in their lives.

4.4.1 | Subordinate theme 4.1: Prioritising self-care

Due to illness, three of the participants said that they were now forced to make self-care a priority. They believed that their illnesses had been caused partly due to not previously taking adequate care of themselves.

P4 noticed that her friendships had changed due to awareness of her own emotional needs. She commented:

I'm much more aware of my emotional needs now. I see that particularly in terms of some of the friendships I have outside of counselling. Whereas before I had quite a few friends where I was the listener, and was prepared to be there for people, whereas now I'm much keener and feel that I need reciprocal relationships—friendships which are two way and not just one way, and that's been a big change actually.

4.4.2 | Subordinate theme 4.2: Self-compassionate care

Participants revealed that they now sought out ways of being caring and kind towards themselves:

P5, for example, said:

Being kind to yourself - allowing yourself—giving yourself permission to put in the time you know every now and then. I think, now I'm allowed to do this. I'm allowed to take an hour out in the garden centre, or you know spend a few hours in the garden, or giving myself permission to do that.

4.4.3 | Subordinate theme 4.3: Relational care

Participants declared the importance of 'normal' relationships and the need to do 'ordinary' things. All of the participants had found that good relationships outside of the counselling world are extremely important to them.

P1 said:

If I ever feel that I need to self-care around client work I will make sure I can go and have a hug from my youngest

grandchild. There's something about just holding him—or just being with a five year old—that can really be grounding.

P4 expressed how much she needed ordinary relationships:

I find I just need normality and that's like family—husband, children and friends—I can't think of another word for it really—normality—just ordinary people with ordinary lives—go out for a coffee with someone or for a meal. You're not talking about what you do as a counsellor, you just, I just want normal life really, so there's something really important about that.

4.4.4 | Subordinate theme 4.4: Spiritual care

This constituent theme demonstrates the importance of communicating with God through prayer or reflection for the participants. Each of the five participants talked about the help they feel they gain by being able to communicate with God in the process of their work.

P3 said:

I do believe in involving God in the counselling in the sense that before I start a session, before I go into a counselling session, on the way there beforehand, I will pray for that client and ask God to be present in the room. I'll ask that he prompts me and gives me ideas how to help this person, how to be a channel of blessing to them, and it is amazing actually how often a thought will occur to me and I think well where's that come from? And I put it to the client and they've responded to that. Somehow knowing that God is the one who's ... it's very liberating.

4.4.5 | Subordinate theme 4.5: Mindful care

Each of the participants emphasised that they now find the need to look after themselves mindfully, as well as holistically. They explained that that they looked on self-care as being holistic. They did not think that any of the areas of mental, spiritual or emotional well-being was more important than another. They all thought they had grown equally in each of the areas.

All of the participants were able to talk about things they do to help them to care for themselves. These included walking, going to the gym, experiencing nature, cake decorating, knitting, puzzles, journaling, writing poetry, holidays and taking regular breaks. They felt these were mindful interventions that enable them to take their minds off the stresses that occur as a result of their profession. Of greatest importance was finding ways of transitioning from the counselling room back into their 'normal' everyday life.

P2 said:

I make sure at the end of the day ... I've got space to diffuse. So my family are all at home so I have a cup of tea before I leave the office just spending those few minutes processing and thinking about the day and the not so good days and so that's probably mainly what I do. And then other days I'll come in by myself and watch TV or read a book and just switch off really.

5 | DISCUSSION

Participants claimed that they had come to realise how inadequately prepared they had been in training, particularly for the challenges and demands that the work would bring them. This was consistent with findings from other studies (Christopher & Maris, 2010; Mander, 2007; Sussman, 2007; Theriault & Gazzola, 2006). This literature emphasises that few training programmes deal adequately with the concept of therapist self-care.

One of the main difficulties that participants had to overcome was that of isolation, as well as feeling unable to put in adequate boundaries that would enable them to enjoy 'normal' family life. Participant 1 commented that although she had supervision in place, she could still feel very isolated. Participants were not asked specifically about supervision in the interview questions; however, Participants 3 and 5 made cursory reflections that supervision had been helpful when dealing with difficult clients. There was no mention that supervision was part of their self-care strategy.

Findings from this study indicate that all of the participants had found areas where they needed to increase their ability to care for themselves. P1, for example, realised that it would have been beneficial to take more off when she became bereaved. This is in line with Adams (2014), who contends throughout her study that therapists had repeatedly said they had not taken enough time out during times of personal crises. However, this participant was able to learn from the situation and, when a second bereavement occurred, she was able to put this into practice and take more time off.

P5 became aware that she needed to learn to put additional self-care strategies in place when her client material began to touch on her own issues. This is consistent with literature (Baker, 2003; Siegel, 2010) that emphasises the importance, for therapists, of developing their capacity and awareness for taking care of themselves, spiritually, mentally and emotionally. The work of the therapist is, by nature, extremely intense and draining as it uses a great deal of emotional energy (Siegel, 2010). Therefore, the therapist may become overwhelmed by the needs of the client. It is important, therefore, that the therapist builds up ways of strengthening their own mind and increasing their resilience. Participants demonstrated that they had been able to learn, grow and introduce measures into their practice that enabled them to deal with similar situations when they happened again.

The analysis in this current study demonstrates that the participants were able to learn a great deal about the importance of

grounding. Their transition back to 'normal' life when leaving the counselling room was particularly important to them. In her study, Adams (2014) found that therapists held great value in being able to re-enter back into their normal life in a good way. Similarly, in this study, it was found that participants had come to value and prioritise their time of re-entering back into family life. It was those who worked from home that found this process extremely difficult.

Participants felt there were certain challenges they needed to overcome in order to improve their self-care. One of the barriers they faced was the difficulty in keeping their therapeutic life separate from their personal life. However, according to Jensen (2001), it seems that almost no one is able to become a therapist and keep their personal life separate to their therapeutic life. Jensen believes that attitudes, feelings, beliefs and upbringing will always play a part in the work done by therapists. Participants, however, felt that they were able to develop strategies that enabled them to be more effective in doing this, even though sometimes they found it very difficult.

One strong belief that participants found they needed to challenge and overcome was that self-care is potentially a selfish act. This was particularly due to them having been brought up in childhood with a very strong Christian influence. Neff (2011) comments that many people believe they should not be kind to themselves. This may be especially strong if this was a message they received in childhood. However, Holt (2005) believes that Christians should have a proper care and concern for themselves that is distinct from selfishness. This means that they should not take from others in order to satisfy their own needs, but neither should they neglect their own physical, psychological and spiritual needs. Olthius (2006) believes that any psychotherapeutic approach that is Christian ought to work out of a psychology of love, and should therefore be congenial with the emphasis on love of God and neighbour, as well as self.

Participants in this study, over time, came to understand that they needed to exercise self-compassion and be wiser in the choices they made. Neff (2011) believes that self-compassion is a requirement to stop and recognise our own suffering, although this is very hard to do and, in fact, is rarely done. Part of the struggle for therapists is that they have a great ability to rationalise their own behaviour (Adams, 2014). They are able to rationalise ways of continuing to do what they want to do. They even go as far as to convince themselves that their clients cannot do without them, and in the process they make their own value greater.

For participants, a tension had existed between caring for self and caring for others. This is even more intense for those therapists who are, by nature and inclination, more emotionally attuned to the needs of others. This is especially so if the therapist has at their core a constant requirement for success and pleasing others. This means that therapists are exhausted when they have to keep saying 'Yes' to work, but feel guilty when they choose to say 'No' (Skovholt & Trotter-Mathison, 2011).

The findings from this study provide strong support to published literature (Christopher & Maris, 2010; Kottler, 2010; Siegel, 2010; Yalom, 2010) that practitioners often neglect themselves. They are inclined to ignore the warning signs that they may be close to burning out.

However, in contrast to the literature, findings from this current study also suggest that there is a journey in self-care that ends in competent, adequate and appropriate self-care for the therapist. Participants identified that they were able to learn from their experiences and make adjustments. This enabled them to continue in the profession without becoming burnt out. They were able to put measures into place that helped them to not only continue, but to grow and change according to their own needs. They had been able to develop their capacity for taking care of their own mental, emotional and spiritual well-being.

Participants felt that they had grown in self-care holistically, rather than in any one particular area. They believed that this holistic growth had helped them to sustain their practice, and had also enabled them to enjoy their lives away from the counselling room. This is in agreement with literature (Harrison & Westwood, 2009; Wicks, 2012) that found that clinicians who take a holistic approach to self-care, within both the personal and professional areas of their lives, are able to maintain a balance which makes them less vulnerable to bringing harm to themselves or those in their care.

As the participants in this study gained more experience, they were able to develop the ability to apply more self-care strategies and become more intentional about it. They described the importance of their growth in self-awareness, which allowed them to become more aware of their own needs. This then enabled them to develop an awareness of some of the stresses that clients bring to them. They were able to pull back from taking on too much stressful work when this became necessary. They had developed resilience and an inner strength that helped them in their work. This is in line with literature (Wicks, 2012; Yalom, 2010) which emphasises the importance of therapists developing an inner strength. This helps them to cope with the difficulties they come across on a daily basis.

Participants agreed that the growth they had experienced, and the ability they now had to put measures of self-care in place, made them better therapists. They felt this also enabled them to give their clients better care. This is in agreement with literature (Wicks, 2012; Yalom, 2010) that warns of the danger of emotional depletion for therapists who practise without developing compassion for their own thoughts and feelings.

The findings in this study provide broad support for previous literature (Christopher & Maris, 2010; Theriault & Gazzola, 2006) that better training in self-care for therapists needs to be in place on courses as a fundamental discipline. The study highlights the value and importance of self-care, both for the therapist and the client. Wicks (2012) makes the observation that although mindfulness and awareness can be taught to a client, they will benefit from it much more if the therapists themselves have the ability to practice it.

6 | CONCLUSION

The primary aim of this study was to gain an in-depth understanding of the experiences that counsellors have of taking care of their own mental, emotional and spiritual well-being. The analysis revealed that the participants found their work as a therapist both challenging and

demanding. They felt that they had been inadequately prepared for the toll that this particular career path would take on their lives. They had not realised how difficult it would be to care for themselves appropriately whilst in practice. However, despite this, they had grown in many areas of their lives. They had learned, from experience, the things they needed to do in order to take appropriate care of themselves. They had found ways to do this, and were now able to make self-care a priority in their lives. Above all, they had learned that self-care is vitally important and an essential part of being a therapist.

The extracts show that issues of mental, spiritual or physical health can slowly take root for the therapist unless they become aware of them. They had come to realise that issues could take them unaware if they did not keep a watchful eye open for them. Participants had been able to realise the need to be self-aware so that such issues did not suddenly overwhelm them.

The investigation suggests that self-care is a journey that begins with very little or no awareness of its importance, and ends in competent, adequate and appropriate self-care for the therapist. All of the participants described their lack of knowledge and understanding of self-care at the beginning of their training. However, they arrived at a point of realising that it is extremely important, hence prioritising it in their lives. Experiences through their time in practice, which included illness for some, had taught them a great deal about the importance and, indeed, the necessity of self-care.

7 | IMPLICATIONS

7.1 | Limitations of the study

The findings suggest that there is room for further research into the subject of therapist self-care. A need to support a broader understanding and recognition of the value of therapist self-care in training was highlighted. It seems there is a missed opportunity in training for participants to learn coping skills and awareness in self-care, mindfulness and self-compassion.

Further research might investigate the motivations that therapists have for choosing this particular career path, in order to bring out a fuller understanding of the personality type of counsellors and the reasons that they take up this profession. This would help in gaining self-awareness and being able to look out for potential areas that might jeopardise them and their career.

7.2 | Implications for practice

- Therapists to gain a broader understanding and recognition of the value of their own self-care in all areas—spiritually, mentally and emotionally.
- Therapists to develop their capacity and awareness for taking care of themselves in all areas—spiritually, mentally and emotionally.
- Supervisors and therapists to further understand and develop supervision as an area for self-care.

7.3 | Implication for policy

- Training programmes to include and deal adequately with the concept of therapist self-care in all areas, spiritually, mentally and emotionally.

ORCID

Heather Barton  <https://orcid.org/0000-0003-2644-4729>

REFERENCES

- Adams, M. (2014). *The myth of the untroubled therapist*. London, UK: Routledge.
- Baker, E. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: APA.
- Christopher, J., & Maris, J. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research*, 21(2), 114–125. <https://doi.org/10.1080/14733141003750285>
- Figley, C. (2015). *Compassion fatigue – coping with secondary traumatic stress disorder in those who treat the traumatised*. London, UK: Routledge.
- Gilroy, P., Carroll, L., & Murra, J. (2002). A preliminary survey of counselling psychologists' personal experiences with depression and treatment. *Professional Psychology: Research and Practice*, 32(4), 351–352.
- Harrison, R., & Westwood, M. (2009). Preventing vicarious traumatization of mental health therapist: identifying protective practices. *Psychotherapy Theory, Research, Practice, Training*, 46(2), 203–219.
- Holt, B. (2005). *Thirsty for god: A brief history of christian spirituality*. Minneapolis, MN: Augsburg Fortress.
- Jensen, J. (2001). *The recovering counselor as wounded healer*. Retrieved from <http://www.counselormagazine.com/feature-articles-mainmenu-63/61-professional-ethics/197-the-recovering-counselor-as-wounded-healer>
- Kottler, J. (2010). *On being a therapist*, 4th ed.. San Francisco, SF: Wiley.
- Mander, G. (2007). The selection of candidates for training in psychotherapy and counselling. *Psychodynamic Practice*, 10(2), 161–172. <https://doi.org/10.1080/14573630410001686762>
- McLeod, J. (2003). *Introduction to counselling* (3rd ed.). London, UK: Open University.
- Neff, K. (2011). *Self compassion stop beating yourself up and leave insecurity behind*. London, UK: Hodder & Stoughton.
- Olthius, J. (2006). With-ing: A psychotherapy of love. *Journal of Psychology and Theology*, 34(1), 66–77.
- Siegel, D. (2010). *The mindful therapist*. New York, NY: W.W. Norton.
- Skovholt, T., & Trotter-Mathison, M. (2011). *The resilient practitioner. Burnout and Compassion fatigue prevention and self-care strategies for the helping professions* (3rd ed.). Abingdon, UK: Routledge.
- Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, UK: Sage.
- Sussman, M. (2007). *A curious calling* (2nd ed.). Plymouth, UK: Rowman & Littlefield.
- Therault, A., & Gazzola, N. (2006). What are the sources of feelings of incompetence in experienced therapists. *Counselling Psychology Quarterly*, 19(4), 313–330. <https://doi.org/10.1080/09515070601090113>
- Welfel, E. R. (2006). *Ethics in counselling & psychotherapy. Standards, research & emerging issues* (3rd ed.). Belmont, CA: Thomson Higher Education.
- Wicks, R. (2012). *The inner life of the counselor*. New Jersey, NJ: John Wiley.
- Yalom, I. (2010). *The gift of therapy*. London, UK: Piatkus.

AUTHOR BIOGRAPHY

Heather Barton is a qualified Counsellor, Play Therapist, Coach, Supervisor and Trainer, and currently studying for a Professional Doctorate in Counselling and Psychotherapy Studies at Chester University. Her main therapeutic work is in schools, although she also has a small private practice. Her research interest is the role of spirituality in counselling, and the impact on Counsellors of working with those who hold very different worldviews.

How to cite this article: Barton H. An exploration of the experiences that counsellors have of taking care of their own mental, emotional and spiritual well-being. *Couns Psychother Res.* 2020;20:516–524. <https://doi.org/10.1002/capr.12280>

APPENDIX 1

INTERVIEW SCHEDULE WITH PROMPTS

Questions:

1. Are you aware of any changes in your attitude to your own mental, emotional and spiritual well-being since you first began your counselling training?

Is there any of these areas (mental, emotional or spiritual) that particularly stand out as having changed?

Have there been any challenges in any of these areas?

2. Have you noticed changes in your self-awareness?

For example, boundaries, attitudes, insight?

If yes, what have you noticed? How has this changed?

3. Are there any sort of client or issues that you find particularly challenging? How do you deal with this?

Are there any issues that you find particularly difficult?

Have there been times when clients' issues have resonated with your own? How have you dealt with this?

Do you feel able to keep your personal life separate to your therapeutic life?

Have you seen clients who are in deep despair, suicidal or self-harming? If yes, how do you ensure that your own emotional, mental and spiritual health is not harmed?

4. Do you have any strategies in place that you find helpful?

For example, meditation, mindfulness, prayer?

Yalom (2010) believes that it is important that therapists are helped to realise some of the stresses that lie ahead and develop an inner strength that allows them to cope with the difficulties that they come across on a daily basis.

Do you think this is important?

Have you managed to develop this inner strength and how?

5. Do you consider that your training prepared you adequately for the self-care journey you have been on?

What else could have been done?

How would you prepare a trainee counsellor for their journey to come?