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Enhancing and Sustaining the Personal Wellness/ Self-efficacy Cycle of a Dance/Movemet Therapy Intern

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ENHANCING AND SUSTAINING THE PERSONAL WELLNESS/SELF-EFFICACY
CYCLE OF A DANCE/MOVEMENT THERAPY INTERN

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Abstract

The purpose of this study was to investigate the personal wellness/self-efficacy cycle of a dance/movement therapy (DMT) intern, in order to deepen understanding of the interrelatedness of personal wellness and professional self-efficacy, as well as explore how to enhance and sustain them. Interns must develop the skill of self-care in order to promote health, wellness, and confidence in their work and prevent burnout and low self-efficacy. By focusing on process, this study highlighted the skill development of self-care. Therefore, two questions guided this heuristic study: What DMT techniques enhance and sustain my personal wellness/self-efficacy cycle? What is the process that I use to identify those techniques? Results included eight key steps in the process of building a DMT-based personal wellness practice. The researcher's personal wellness practice contained three dimensions with two DMT-based self-care elements in each. The researcher experienced an improvement in both overall personal wellness and professional self-efficacy. The results of this study are not prescriptive, but rather descriptive of the researcher's own lived experience, and are offered as a resource and example to other DMT interns who seek to develop their own personal wellness practice.

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Table of Contents

Chapter One: Introduction.....	1
Chapter 2: Literature Review.....	6
Wellness.....	7
Self-Efficacy.....	13
Development of Novice Counselors/Therapists.....	19
Clinician Self-Care.....	22
DMT Theory and Practice.....	31
Summary.....	34
Research Questions.....	34
Chapter 3: Methods.....	35
Chapter 4: Results.....	43
Chapter 5: Discussion.....	66
References.....	79
Appendices.....	88
Appendix A: Definition of Terms.....	88
Appendix B: Visual of Indivisible Self Model of Wellness.....	90
Appendix C: Visual of DMT-Based Personal Wellness Practice.....	91
Appendix D: Self-Interview & Reflection Questions.....	92
Appendix E: Resonance Panel Letter Adapted from Moustakas (1990).....	93
Appendix F: Confidentiality Contract Adapted from Moustakas (1990).....	94

Chapter One: Introduction

This thesis is rooted in my experiences in high school and college when I noticed that my overall feeling of wellness, my stress levels, and my self-efficacy were interconnected. At the time, I would not have been able to articulate the interaction of these factors to any great degree, but I was compelled to search for ways to improve my quality of life in light of them. In particular, I faced many physical health challenges that were unexplained by doctors of various modalities, and underappreciated by many around me, yet devastating to my personal life— my identity, my daily functioning, and my self-efficacy. Unable to have a normal young adulthood due to these health challenges, I continued search for and try new ways of supporting myself physically and emotionally. Eight years into my journey, I began the Dance/Movement Therapy and Counseling graduate program at Columbia College Chicago. My move to the city was marked with high hopes and excitement for the future, as well as with some hesitation. Could I do it? Would I make it? Would my body support me through the process?

Despite my best attempts to be well, two days into classes I was in such pain and physical distress that I wanted to give up. I was frustrated and I felt defeated. My body felt like an enemy, and my efforts to find wellness seemed futile. I carried on, troubled by the fact that most of the time I did not feel safe, comfortable, or happy in my body. In January of my first academic year, I came face-to-face with my reality. As I trained to become a dance/movement therapist and counselor, I was learning to use my own body and kinesthetic awareness/empathy to attune to and assist others in finding wholeness. Yet, my sense of poor physical health and overall wellbeing greatly interfered with my self-efficacy in my ability to carry out that task. Questions swirled in my mind, like, “If I do not feel well, how can I effectively help others? If my body feels like an unpredictable enemy, how can I use it to help people?” Along with these questions

came the observation that as I felt more defeated, unskilled, and ill-equipped, my sense of overall wellness declined as well. It was here, in my wondering, that my thesis topic developed.

As the relationship between my wellness and my self-efficacy became clearer to me, so did my desire to improve my wellbeing holistically. It was clear to me that each aspect of myself was interconnected, and thus, the cyclical relationship between my wellbeing and self-efficacy needed to be addressed holistically. One way to frame the interconnection of the self is the body/mind connection. Though the body and mind are differentiated, they are integrated. Additionally, as I engaged in this study, it became clear to me that people are interconnected on many levels: within our bodies, between all aspects of the self, and with each other. My theoretical framework is therefore, a holistic, strengths-based approach to systems theory (Bronfenbrenner, 2005; Meyers & Sweeney, 2005; Levy, 2005).

Because my study directly relates to my personal experience, it made sense for me to use a heuristic methodology. I wanted to systematically investigate my experience to support my own process of becoming an effective, healthy clinician, and, ultimately, also explore how I can help others do the same. It seemed best to start with myself. It is my belief that as my personal wellness and self-efficacy improves, I can help others enhance and sustain their personal wellness too. As an intern just beginning my career as a therapist, I felt a personal responsibility and call to enhance and sustain my own wellness now, in order to provide the best care for clients as I assist them on their own journey of living well.

Two questions guided my research: What dance/movement therapy (DMT) techniques enhance and sustain my personal wellness/self-efficacy cycle? What is the process that I use to identify those techniques? Both questions were answered throughout the process of my study. I originally intended to develop a self-care plan that could be implemented by myself and/or

others. However, by shifting my focus to the *process* of identifying DMT techniques to care for myself (a true integration of my research questions), I learned the skill of self-care. Cultivating a lifestyle that promotes personal wellness and self-care is important for interns and clinicians, both for their own quality of life and the quality of their work. As interns and clinicians engage in the process of caring for themselves and living well, they may inspire and empower others to do the same.

My study focused on my interrelated cycle of personal wellness and self-efficacy. Wellness can be defined as the subjective perspective of one's positive functioning across all domains of life (Hattie et al., 2004). Self-efficacy is how effective people perceive themselves to be in certain situations (Bandura, 1997). My position on the relationship between personal wellness and self-efficacy is that it is unique, powerful, and reciprocal. As my wellness is influenced, my self-efficacy is also influenced. As self-efficacy changes, so can one's sense of personal wellbeing. Throughout this thesis, I used the phrase, "personal wellness/self-efficacy cycle" to reflect that perspective. The purpose of this study was to investigate the personal wellness/self-efficacy cycle as a DMT intern, in order to explore how to enhance and sustain personal wellbeing and further explore the interrelatedness of wellness and self-efficacy.

As mentioned above, my goal for engaging in this study was to cultivate wellness in myself, the researcher, by developing a DMT-based personal wellness practice. Because DMT can both enhance self-awareness and provide tools to meet one's self-care needs, it follows that a DMT-based wellness practice may enhance and sustain the cyclical relationship between self-efficacy and self-care (Goodill, 2005a). Furthermore, I aimed to both deepen understanding of the process of developing a wellness practice, and build the skill of self-care, in order to prevent burn-out, low self-efficacy, and a general sense of being unwell.

This research addresses a general lack of understanding regarding the process of self-care, as well as the relationship between wellness and self-efficacy. While there is a shared belief that self-care improves wellbeing and is important for interns and clinicians to be effective in their work, many may use it ineffectively or engage in self-care only after negative symptoms of distress and burnout have set in. Interns and clinicians must develop the skill of self-care as a practice in order to promote health, wellness, and confidence in their work. Interns who do not learn how to identify and meet their self-care needs may run the risk of burn-out and low self-efficacy.

For too long, self-care has been largely perceived as a treatment for burnout, a personal check list to complete, or a quick fix. This study seeks to contribute to and expand current perspectives of wellness and self-care in the field of DMT and counseling. In addition, it contributes to the body of literature regarding the connection between health and wellness to self-efficacy, as well as the relationship between wellness and self-care.

The World Health Organization (1948) declared that, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The public mental health model, which refers to collective societal attention to prevention, treatment, and postvention, may best serve as the foundation for wellness-based psychotherapeutic practices, like DMT (Downey & Imus, 2008). Additionally, the public health paradigm and model values the importance of factors like self-efficacy in influencing levels of motivation and adherence to positive health behaviors. In order to emphasize wellness and self-efficacy for clients, it is imperative that clinicians enhance and sustain personal wellness in order to conduct best practice, ward off burnout, and find professional satisfaction.

The results of this study are not prescriptive, but rather descriptive of my own lived experience; therefore, the greatest value of my research study is to myself as researcher. Secondly, it may benefit other emerging dance/movement therapists who may encounter similar experiences regarding their relationship between self-efficacy and an aspect of their wellness. My findings can be shared as a resource and example with other DMT clinicians who seek to develop their own personal wellness practice.

In the next chapter, I will discuss the literature regarding wellness, self-efficacy, and their relationship. An overview of current literature in the areas of counselor development, clinical self-care and burnout, and the role of DMT in enhancing and sustaining personal wellness and self-efficacy is also discussed.

Chapter Two: Literature Review

Introductions

Beginning a career in DMT is physically, emotionally, and cognitively demanding. The stress of learning new concepts, varied skills, and new ways of being, as well as experiencing new milieus of practice, requires that an intern give special attention to establishing ways of coping and maintaining wellness. When an intern experiences additional life stressors and a sense of compromised wellbeing, the need for ample and effective self-care is increased. For example, continual physical suffering and dysfunction may result in a focus on physical limitations and thus have a negative impact of self-efficacy—or how effective people perceive themselves to be in certain situations (Bandura, 1997). Bandura noted that while physiological states do not, in themselves, directly influence self-efficacy, how people cognitively evaluate body sensations and somatic experiences helps to shape their self-efficacy. Therefore, how a person interprets or perceives body sensations is critical in the shaping or reshaping of personal self-efficacy. An intern's varied thoughts and feelings about beginning a career as a dance/movement therapist may negatively influence personal and professional self-efficacy, and therefore, potentially have a negative impact on overall personal wellbeing. Conversely, compromised wellbeing may negatively shape self-efficacy over time.

Research on the topics of both self-efficacy and wellness abound (Bandura, 1997; Tierney & Farmer, 2011; Lent et al. 2009; Myers & Sweeney, 2005; Hattie, Myers, & Sweeney, 2004). However, a gap exists in the literature where these subjects overlap, particularly in respect to the development of a dance/movement therapist. This chapter explores the topic of personal, holistic wellbeing and the relationship between wellness and one's self-efficacy. An overview of current literature in the areas of counselor development, clinical self-care and burnout, and the

role of dance/movement therapy (DMT) in enhancing and sustaining personal wellness and self-efficacy is also discussed.

Wellness

Wellness is the subjective perspective of one's positive functioning across all domains of life (Hattie et al., 2004). While it is essential for all people to maintain wellbeing for long and satisfying lives, it is particularly so for clinicians who seek efficacy and longevity in their careers (Myers & Sweeney, 2005). Beyond the individual, the concept of wellness is considered to be both a paradigm in health care and a holistic, strengths-based approach to counseling (Myers & Sweeney, 2005).

Many health concerns of individuals today are a result of lifestyle choices that have resulted in chronic conditions, and our nation's health care system is largely reactive instead of proactive (Fetter & Koch, 2009). In a theoretical article, Fetter and Koch argued that a wellness approach is needed to focus on prevention, and suggested that mental health care providers are in a unique position to aid people in this situation due to their ability to support the whole person and empower their clients to incorporate wellness into their daily life. Indeed, Myers & Sweeney's (2005) specific model of wellness, The Indivisible Self model of wellness, corresponds with a strengths-based approach to counseling, and has been empirically studied and developed in the context of psychological theory.

Indivisible Self model of wellness. The Indivisible Self model is a holistic, multidisciplinary, evidenced based model of wellness (Myers & Sweeney, 2005). It is rooted in the paradigm of wellness, which serves as "an alternative to the traditional illness-based medical model for treatment of mental and physical disorders" (Myers, Sweeney, & Witmer, 2000, p.251). The construct of wellness represents a holistic focus to one's life that encompasses all

aspects of the self. It involves the body, mind, and spirit, which are all integrated, and indeed inseparable, in the pursuit of optimal health (Myers et al., 2000). This pursuit is never static, but always dynamic—human beings continually seek balance in a world of flux (Adler, 1946; Lawson et al., 2007, Meyers et al., 2000).

The Indivisible Self model of wellness is grounded in Adlerian theory (Myers et al., 2000). Alfred Adler believed that each individual has the innate tendency to strive toward health, significance, and confidence. However, each person also has the responsibility to actively shape one's personality and lifestyle through setting individual goals (Adler, 1931; Adler, 1946). Adler emphasized looking at the person as a whole being, and treating that person through a holistic lens (Adler, 1931). He emphasized the reciprocal nature of the body and mind, a concept that is at the center of both wellness and DMT theories (Adler, 1931; American Dance Therapy Association [ADTA], 2011; Goodill, 2005a; Myers & Sweeney, 2005; Squires, 1938). He states that, "in every movement of the body, in every expression and symptom, we can see the impress of the mind's purpose" (Adler, 1931, p. 27-28). Perspectives of theorists such as Jung and Maslow, who emphasized self-actualization and personal growth, also support the Indivisible Self model of wellness (Hattie et al., 2004).

The Indivisible Self model of wellness is also grounded in systems theory. Adler (1931) himself emphasized that, as humans, we are inextricably linked to our environment and to each other. We have a need for community, for social connection, and for vocational advancement, amongst other things (Adler, 1931; Woodcock, 1938). Bronfenbrenner (2005) stated that we all live within interconnected systems; we individually and collectively create the environment that helps shape our own development. We each have our own body/mind system and are part of larger family and social systems (Gladding, 2002).

Many layers of influence contribute to our state wellbeing, from our immediate experiences and interactions to national and global politics and society (Bronfenbrenner, 2005). Lerner states that Bronfenbrenner's systems theory illuminates how we can "sustain a humane and health-promoting ecology for future generations" (Bronfenbrenner, 2005, p. xxiv). In other words, by understanding our bioecology- or our biological and psychosocial characteristics as interconnected individuals and groups, we can improve our wellbeing. Bronfenbrenner emphasizes the dynamic quality of the systems that innately involve change, which supports the idea that one's sense of wellbeing will shift and develop alongside the developing individual and that contextual variables will influence an individual's sense of holistic wellness (Myers & Sweeney, 2005).

After years of continual reanalysis, Myers and associates have developed a holistic, yet empirical approach to wellbeing (Hattie et al., 2004). There are three levels, or orders, in the Indivisible Self model, with "wellness" as the highest, overarching first order (see Appendix B). Five factors were clarified as second-order wellness factors, which include the Essential Self, the Social Self, the Creative Self, the Physical Self, and the Coping Self (Hattie et al., 2004; Myers & Sweeney, 2005). The 17 third order factors each belong to one of the five selves and provide more detailed categories for considering all aspects of the self (Myers & Sweeney, 2005).

Wellness plans can be developed and implemented based on the Five Factor Wellness Inventory (5F-Wel-A), which was researched and developed by Myers and her associates. Those using the inventory to increase their sense of wellbeing are encouraged to only target one to two factors at a time in order to be effective, yet remember that work in one area will impact the whole, due to their interconnectedness (Granello, 2000; Myers et al., 2000). For instance, in one study, improvements in physical wellness through exercise showed to have a positive effect on

self-efficacy (Calfas, Sallis, Oldenberg, & French, 1997). Each of the components of the Indivisible Self model interacts with the others in a holistic manner, and each domain can be utilized to compensate for challenges in other domains (Myers & Sweeney, 2005). Therefore, if an individual struggles with one area of wellness, other areas could function as a support for that component of the self.

If one area of wellness can be influenced by others, it follows that stress in one area can negatively influence a person's overall wellness. In the Indivisible Self model of wellness, control is considered to be a third order factor in maintaining wellness. Myers & Sweeney (2005) refer to control, a factor quite similar to self-efficacy, as one's perceived influence on life choices and events. Therefore, an intern's sense of control over providing effective care and developing professionally may impact his or her overall wellness.

The importance of wellness for interns. Though interns and professionals alike may neglect themselves in order to meet the needs of others, “when counselors do not tend to their own needs, there will be consequences personally and professionally” (Cummins et al., 2007, p.41). Therefore, a therapist would benefit from examining all aspects of the self— the physical, emotional, social, spiritual, and mental, for signs of distress.

Lambie et al. (2009) examined the specific relationship between social-emotional wellbeing and social-cognitive maturity in the context of the psychological stress within the counseling profession. They found a statistically significant, positive relationship between social-cognitive development and wellness among graduate students. These results point to the need for a continued focus on intern wellness in order to support social-cognitive development, including self-efficacy, at such a stressful time. Just as it behooves interns to examine and understand themselves holistically, holistic self-care approaches may be most effective at addressing their

needs. DMT is one holistic approach that may be employed to bolster overall wellness for an intern.

Wellness and dance/movement therapy. DMT provides a holistic approach to healing and supports overall wellness. Both the theory and practice of DMT is grounded in empirically based knowledge that the body, mind, and spirit are interconnected (American Dance Therapy Association [ADTA], 2011; Levy, 2005). Blanche Evan and Liljan Espenak, two DMT pioneers, noted the similarities between Adler's holistic theory and DMT (Levy, 2005). They believed that experiencing self-confidence and health on a body level could lead to experiencing those feelings in other action, attitudes, and thoughts. Therefore, they integrated Adlerian theory into their therapeutic practices (Levy, 2005). Olson (2006) succinctly stated that

It is understood that specific body movements reflect inner emotions and changes in movement behaviors can lead to changes in the brain. These changes can eventually lead to changes in emotions and cognition, and ultimately lead to increased health and growth in an individual. This underlines the ultimate goal of DMT of helping an individual foster a sense of wholeness and unity in their mind, body, and spirit. (p. 4)

Psychotherapists may be in a unique position to address holistic lifestyle choices that influence any aspect of the self in the context of one's overall well-being (Fetter & Koch, 2009). Dance/movement therapist are naturally equipped to serve in this way because DMT is a psychotherapeutic approach that innately incorporates holistic practice and is grounded in the body-mind-spirit connection. Two specific studies serve as examples of creating body-based interventions to improve physical wellness. First, Olson (2006) conducted a heuristic study on the effects of regular practice of space harmony on her insomnia. The term space harmony reflects the synthesis of, or observable interaction between, movement both from place to place

and mood to mood (Moore, 2009). Olsen questioned whether a space harmony practice would increase her restorative sleep and daily productivity as an intern. Indeed, she found that employing a body-based, space-harmony ritual enabled her to increase her amount of restorative sleep and improve daytime productivity as an intern, as well as decrease levels of stress.

Likewise, Corbi (2010) explored the ways that an Effort Modulation Intervention Dance, or EMID, could influence her personal chronic pain experience by modulating between her healthy and unhealthy subpersonalities. Her EMID did, in fact, positively impact her experience of chronic pain. She experienced an increase of the presence of her integrated Self rather than her suffering subpersonality. In both of these studies, a movement-based intervention was found to have a positive effect on their psychological— and indeed overall— wellness as interns.

In another context, dance/movement therapist Goodill (2005b) conducted a study with medical patients with cystic fibrosis (n=42) to explore whether or not DMT could increase positive mood, positive body image, and adherence to self-care practices— all aspects of positive overall wellbeing that are important in the context of living with physical limitation. Though limited by the size and duration of the study, mood and self-care adherence seemed to be improved through DMT, perhaps because of the increased awareness of body cues (Goodill, 2005b).

Body-mind approaches increase wellbeing and support more effective coping strategies, as well as reduce anxiety, depression, and somatic symptom distress (Payne & Scott, 2010). In a preliminary study, Payne & Scott (2010) explored and evaluated the potential benefits of using body/mind approaches such as DMT for 18 participants suffering from chronic medically unexplained symptoms. Participants experienced significant symptom reduction, decreased anxiety and depression, and increased sense of wellbeing. Specifically, participants experienced

a 50-70% decrease in their ratings of distressing symptoms and a poor sense of wellbeing. These changes were still present after three months. Medically unexplained symptoms, also known as psychosomatic conditions, may best be addressed through holistic approaches because both the somatic and psychological aspects of suffering are acknowledged to be powerfully interrelated. Knowing that body/mind approaches, like DMT, can support a person's overall wellbeing, it follows that interns may use these approaches to enhance and sustain their own wellness. Caring for oneself holistically as interns is essential because it improves the quality of their lives as well as the quality of their work as clinicians.

Self-care as a wellness factor. In Myers and Sweeny's (2005) Indivisible Self model of wellness, the Essential Self, a second-order wellness factors has four components: spirituality, self-care, gender-identity, and cultural identity. One's existential or spiritual beliefs, gender identity, and cultural affiliation are perhaps the most basic components of the self, and the fact that Myers and Sweeney place self-care among these points to the fundamental importance of self-care. Self-care, as part of one's total wellness, is less of an applied action to counteract stress and burnout, and more of an approach to life itself. Disregard for personal wellbeing may be indicative of hopelessness, isolation, and despair in the other areas of the Self (Myers & Sweeney, 2005). Confidence in one's perceived ability to care for oneself and be effective in the world is discussed in the following section on self-efficacy.

Self-Efficacy

Bandura's concept of self-efficacy, rooted in his social cognitive theory, refers to "the belief in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3). Self-efficacy influences the path one chooses to pursue in life, the amount of effort one invests in tasks, the extent to which one perseveres, and

ultimately, the level of accomplishment one achieves (Bandura, 1997). In other words, self-efficacy is a predictor of both how long one perseveres and how well one performs in a task (Bandura & Locke, 2003; Tierney & Farmer, 2011). It follows, then, that objective facts about one's skills and abilities are not as powerful as people's beliefs about them. Social, emotional, cognitive, and behavioral factors influence the development of self-efficacy in one's life (Bandura, 1997).

Self-efficacy and the novice counselor/therapist. The emotions, behaviors, and levels of motivation of beginning therapist are largely shaped by their self-efficacy (Bandura, 1997). Jennings, Goh, Skovholt, Hanson, and Banerjee-Stevens (2003) identified one particular emotional state that may threaten the development of self-efficacy when they note that, "The complex ambiguity of the helping profession can sometimes appear to be so daunting as to make the process of acquiring competence an impossible task" (p. 67-68). An important combination of skill and self-confidence, or the notion of self-efficacy, may help novice therapists to face the stress of living with ambiguity and move forward in their development as a professional (Lent et al., 2009). Trainee self-efficacy, which is based on Bandura's theory, refers to how trainees (or interns) use and develop skills in their field, and determines the beliefs, the choices, and the emotional responses that are experienced (Lent et al., 2009). A strong sense of self-efficacy can offer the resiliency interns need in the long and challenging pursuit of becoming a creative and effective therapist (Bandura & Locke, 2003).

Lent et al. (2009) sought to gain further understanding of the ways interns create and recreate their self-efficacy over time. They defined trainee self-efficacy as the intern's "beliefs about their ability to perform the tasks associated with the therapist role..." (p. 317). They found that it was normal to experience a shift in trainee self-efficacy over the course of leading several

therapy sessions. Feedback from clients, peers, and supervisors was particularly influential in shaping self-efficacy both positively and negatively. Interns also tended to value external evaluation more than internal (Lent et al. 2009). Bandura (1997) similarly noted that verbal feedback from others has an impact on the development of self-efficacy as it can sustain and encourage growth or inhibit it. He claimed that during the early periods of skill development, feedback is especially key in development of a sense of efficacy.

Self-efficacy and DMT. Besides feedback from others, people's unique movement influences their process of creating, shaping, and changing their personal self-efficacy and sense of agency. At the 2009 American Dance Therapy Association 44th annual conference, Sheet-Johnstone stated,

Why is movement therapeutic? ... movement validates and gives expression to an "I" ... in the sense of agency, of capability.... Movement is indeed the basis of our experience of ourselves as capable and effective agents in the world: we can do things, accomplish things, make things happen—and correlatively, we have the possibility of changing the way we do things, accomplish things, and make things happen. (p. 5-6)

Adler (1931) also acknowledged that movement expresses the feelings that reflect the meaning we prescribe to our experiences and thoughts. He discussed the importance, uniqueness, and power of our movements as humans, and stated, "A man moves. There is meaning in his movement" (Adler, 1931, p.28).

Goodill (2005a) developed five core foci for DMT, which she used in a medical setting. Of the five, self-efficacy was one, along with vitality, mood, body image, and coping through relationships— all of which are related to supporting one's overall sense of wellbeing. DMT may have an impact on the development of self-efficacy because it promotes the increase of one's

self-awareness, sensitivity to body cues, feelings of self-worth, and positive body image (Goodill, 2005a). DMT activates individual creativity, initiates physical movement, and emphasizes body awareness (Goodill, 2005a). It does not illicit passivity, but rather engagement: taking the lead in one's body may translate to feeling effective one's own life (Goodill, 2005a). DMT provides the space to explore what self-confidence looks and feels like in the body.

As part of her dance/movement therapy graduate studies, Johnson (2009) examined her self-efficacy as a DMT intern, specifically as it related to her ability to self-regulate. Self-regulation can be defined as, "the control of one's behavior through the use of self-monitoring" (American Psychological Association [APA], 2009, p. 457). Siegel (1999) also defines self-regulation as one's capacity to modulate emotions. Johnson created scales to gauge both her self-efficacy and self-regulation, and kept a detailed journal throughout the course of her heuristic inquiry. She discovered that as her ability to self-regulate increased, so did her self-efficacy as an intern. Johnson's findings correspond with Bandura's (1997) claim that the development of self-regulatory efficacy (belief in one's ability to effectively self-regulate) plays a critical role in choice-making and achieving goals.

More than other clinicians, dance/movement therapists use their body to kinesthetically attune to their clients and therefore must have strong self-regulatory skills to maintain healthy boundaries and personal wellbeing (Kleinman, 2009; Rothschild, 2006). Additionally, dance/movement therapists must utilize their movement skills and creativity within their practice. Therefore, the establishment of creative self-efficacy, or one's perceived efficacy in the realm of creativity, is particularly important for the novice DMT to become successful. Tierney & Farmer (2011) examined the development of creative self-efficacy to assess the impact of increased creativity requirements experienced by new employees as they acclimated to a

professional environment that demanded creative problem solving. Though the study showed that creative self-efficacy could fluctuate in the short term, over time, participants displayed an increased sense of efficacy. Increases in creative self-efficacy were positively correlated with increased creative performance (Tierney & Farmer, 2011). Improved self-efficacy not only increases performance in tasks, it also influences one's overall health, and specifically one's physical wellbeing.

Self-efficacy and physical well-being. In addition to being linked to self-regulation, self-efficacy is also linked to health function (Bandura & Locke, 2003). In fact, an ability to effectively self-regulate must exist in order to manage one's physiological states as well as cope with stress in the face of life's challenges (Bandura, 1997). People who perceive themselves as suffering from both stress and a poor quality of life may experience low levels of self-efficacy (Schwarzer, 1996, as cited in Bräuninger, 2006). Bandura explained that, "In judging their capabilities, people rely partly on somatic information conveyed by physiological and emotional states. Somatic indicators of personal efficacy are especially relevant in domains that involve physical accomplishments, health function, and coping with stressors" (p.106). Therefore, regulating oneself based on somatic information is crucial to both self-efficacy, physical wellness, and overall personal wellness.

In a controlled study (n=20 adults), Wiendenfeld et al. (1990) found that the immune system directly responded to the level of perceived self-efficacy in relation to specific stressors. Higher levels of perceived self-efficacy enhanced the function of the immune system, and thus supported the overall health of individuals; the reverse was also true. Caserta (2011) had similar findings in a study with 141 preteens. Higher perceived self-efficacy was correlated with lower levels of plasma IL-6 concentrations, a component of the immune-inflammatory response

(Caserta, 2011). Accordingly, Cohen (1997) argued that self-efficacy may serve as a buffer from stress. Glaser (2005, p.10) stated, “Great strides have been made in the field of PNI [psychoneuroimmunology] toward understanding some of the interactions between the CNS, endocrine, and immune systems and how behavior modulates these three complex systems.” Specifically, Glaser (2005) highlighted academic stressors correlated with a depressed immune system, with loneliness as a compounding factor, emphasizing the need for effective coping and social support for holistic wellbeing.

Murcia, Kreutz, Clift, and Bongard (2010) found that physical exercise, specifically dancing, supported a sense of self-mastery for non-professional dancers. Additionally, participants in their study experienced a decreased sense of body-felt pain and an increased acceptance of physical limitations (Murcia et al., 2010). Thus, dance and movement may positively influence both self-efficacy levels and physical wellness.

In her study with individuals with cystic fibrosis, Goodill (2005b) found that DMT supported positive mood and increased adherence to self-care. Beyond the ability of self-efficacy to bolster one’s confidence in meeting self-care needs, self-efficacy may innately improve physiological health (Sobel, 1995). In fact, self-efficacy may serve as a protective factor against stress and disease (Cohen, 1997). Sobel (1995, p. 237) states, “There is a biology to self-confidence.” Furthermore, it is well established that our immune, endocrine, and nervous systems are closely intertwined (Glaser, 2005; Goodill, 2005a). This interconnectedness both within body systems, and the body’s interaction with the environment, points to how our state of wellbeing is subject to change, and our needs are continually fluctuating (Goodill, 2005a; Sobel, 1995). Current research shows that, in some ways, the delineation of the mind and body as two separate entities is arbitrary (Fehder & Douglas, 2001; Pert et. al. 1985). Moreover, “The close

integration between immune and nervous system responses is being increasingly recognized...” (Fehder & Douglas, 2001, p. 229). Because DMT can enhance self-awareness and provide tools to meet one’s various self-care needs, it follows that a DMT-based wellness practice may enhance and sustain the cyclical relationship between self-efficacy and self-care.

Myer & Sweeney (2005) emphasized that, “As research and clinical experience suggest, what one thinks affects the emotions as well as the body” (p.273-274). An intern’s thoughts and emotions will certainly impact her body and physical well-being. Therefore, an understanding of counselor development and developmental stressors may be beneficial for clinicians who wish to intentionally sustain wellness throughout a career.

Development of Novice Counselors/Therapists

Interest in the developmental experiences of counselors and therapists, as well as interest in clarifying the qualities that deem a therapist an expert, has sparked research studies and theoretical discussions for over a decade (Jennings & Skovholt, 1999; Jennings et al., 2003; Rønnestad & Skovholt, 2003; Skovholt & Jennings, 2003). Rønnestad & Skovholt (2003) identified six phases of a counselor/therapist’s career. These six phases include the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional. Students who are just beginning to witness and engage in the clinical aspect of their academic program are considered to be in the second phase, which is a stage often filled with anxiety and a sense of vulnerability (Skovholt & Rønnestad, 2003). Because of these factors and others, there may be a higher risk for compromised wellbeing and a greater need to bolster wellbeing in order to cope with the stressors of this stage of development.

Interns in the second phase often feel very sensitive to feedback and they can often become easily distracted and react negatively to client criticism (Skovholt & Rønnestad, 2003).

Also, interns tend to measure their effectiveness externally— based on peer, professor, client, and supervisor feedback (Lent et al., 2009; Rønnestad & Skovholt, 2003). Students in this phase carefully watch mentors and model their actions (Bandura, 1997; Rønnestad & Skovholt, 2003), and it has been found that supervisor expectation and encouragement may increase an intern's sense of self-efficacy (Tierney & Farmer, 2011). During phase three, interns tend to become more comfortable and confident, yet remain aware of the long journey ahead. They are often conservative and serious, and unrealistic in the responsibility they assume (Rønnestad & Skovholt, 2003). Perceived self-efficacy influences how beginning practitioners manage the career tasks and professional relationships presented to them (Bandura, 1997).

Over time, as interns become professionals, they grow in their capacity to be an effective therapist (Jennings et al., 2003). Years of experience, and the quality of that experience, is important in shaping one's professional development; however, years of work do not automatically result in expertise (Jennings et al., 2003). Professional expertise requires additional factors, such as openness to change and growth, comfort with ambiguity, and a strong commitment to the therapeutic relationship (Jennings et al., 2003). Similarly, Jennings and Skovholt (1999) stated that factors beyond cognitive attributes or abilities should be considered when examining therapist expertise, such as the therapeutic relationship. Based on ten in-depth interviews of select therapists, Jennings & Skovholt, (1999) emphasize that the master therapist is essentially a high-functioning, self-aware, flexible individual who has dedicatedly incorporated cognitive knowledge, emotional maturity, and relational excellence into his or her professional practice.

While feelings of competence or confidence are not, in themselves, indicators of expertise, a clinician's beliefs and cognitive perceptions may help produce expertise (Jennings et

al., 2003). Therapists who believe they can have a positive impact on a client's life, feel confident in their professional identity, and are clear on professional protocol may be more successful in handling unpredictability, remaining flexible, and trusting their intuition (Jennings et al., 2003). These traits can develop from experience combined with intentional self-reflection and self-awareness (Jennings et al., 2003; Vulcan, 2013). Developing a DMT based wellness plan and working from an embodied place may enhance a dance/movement therapist's ability to adapt to fluctuating situations and lean upon their own wisdom effectively.

Several dance/movement therapists have highlighted the need for self-awareness and continued self-reflection, specifically in regards to body awareness and body sensations (Bragante, 2006; Klienman, 2009; Vulcan, 2013). Becoming an expert dance/movement therapist requires a thorough knowledge of oneself on a psychosomatic level, based on one's experiences and natural preferences (Vulcan, 2013). Additionally, dance/movement therapists must also be able to use their kinesthetic self-awareness to engage in empathic relationships with clients, and adapt to the emerging dynamic of those relationships (Bragante, 2006). Reflection one's kinesthetic responses to clients in the moment and later in supervision, personal therapy, or other time of processing, helps to ward off problems of countertransference, poor boundaries, and even burnout (Vulcan, 2013). Rothschild (2006) argued that, "Simple body awareness is the single most useful tool for identifying levels of arousal— those that are beneficial and those that threaten good functioning" (p. 106). More research is needed in the area of clinical development for dance/movement therapists in particular, specifically in regards to which factors lead to expertise and confidence in one's professional identify (Vulcan, 2013).

Throughout a clinician's professional development, it is imperative to continually acknowledge that factors in one's personal life, one's personal development, and one's overall

wellness will greatly influence one's professional life (Rothschild, 2006). Two factors may buffer an individual against threats to developing expertise and a strong professional identity: maintaining healthy boundaries with clients, and intentionally adhering to self-care practices (Rothschild, 2006). Because working with people in a clinical setting can be taxing for anyone, it is imperative for interns to attend to self-care and address the challenges associated with counselor development.

Common challenges of counselor development. As mental health clinicians progress on their journey of mastery, the very nature of their work leaves them vulnerable to stress. The challenges that arise for the developing therapist were acknowledged and richly described by Skovholt and Jennings (2003), who aimed to illuminate and validate the universal experience of many new practitioners. Seven specific stressors the novice therapist experiences include, “acute performance anxiety, the illuminated scrutiny of professional gatekeepers, porous or rigid emotional boundaries, the fragile and incomplete practitioner-self, inadequate conceptual maps, glamorized expectations, and an acute need for positive mentors” (p. 45). All of these stressors should be considered in light of both professional and personal impact because the progression from what is known as a lay helper to the unknown as a professional can be very intimidating (Rønnestad & Skovholt, 2003). Personal distress only serves to exacerbate the situation (Cummins, Massey, & Jones, 2007). Without proper self-awareness and self-care, burnout and compassion fatigue may result (Koch, 2008; Rothschild, 2006).

Clinician Self-Care

Interns are often sensitive to feedback, both positive and negative, and can feel overwhelmed, vulnerable, and anxious by the ambiguity and complexity of their new profession. Students in their second stage of development may feel threatened and stressed (Rønnestad &

Skovholt, 2003; Skovholt & Rønnestad, 2003). While the counseling profession can be deeply satisfying, and often provides meaning and purpose for the practitioner, it also comes with challenges that may dishearten and fatigue the clinician. Over time, clinicians may become depleted of the ability to invest in their clients. Proactive steps must be taken to maintain wellness throughout each day and across a career (Rothschild, 2006).

Because of the stressful demands that accompany a graduate student internship, engaging in positive self-care is considered necessary to maintain personal wellbeing (Cummins et al., 2007; Lawson, Venart, Hazler, & Kottler, 2007). Self-care can be defined as caring for oneself across multiple domains to maintain a sense of healthy well-being (Myers & Sweeney, 2005; Rothschild, 2006). It is vital for the clinician to engage in self-care practices in order to ensure the highest level of ethical practice, as well as to prevent clinician burnout (Rothschild, 2006; Witmer & Young, 1996).

Skovholt, Grier, & Hanson (2001) stated that professional vitality is essential to offering quality therapeutic services. When counselors and therapists maintain personal wellness, their vitality enters into their work and benefits the clients. Conversely, when therapists are not well and experience high levels of stress or compassion fatigue, clients suffer (Lawson, 2007; Venart, Vassos, & Pitcher-Heft, 2007). Figley (2002) explains compassion fatigue as “a function of bearing witness to the suffering of others” (p. 143). Cummins et al. (2007) affirmed that if a personal wellness plan is not designed to empower the therapist to manage stress and personal suffering, compassion fatigue and burnout may result. When a clinician’s confidence in the efficacy of his or her work is shaken, personal wellness and professional vitality is threatened (Skovholt et al., 2001). Therefore, it is important for novice therapists to create a self-care

practice and use it in order to cope with the anxiety that accompanies their new endeavor and prevent counselor impairment (Cummins et al. 2007; Skovholt et al., 2001).

Counselor impairment. Impairment is the practitioner's inability to carry out required tasks and fulfill one's professional potential (Emerson & Markos, 1996). Factors that may contribute to counselor impairment can stem from physical or mental illness, personal crisis (i.e. personal trauma, burnout, etc.), or substance abuse (Emerson & Markos, 1996). At any given point in a professional's career, a counselor will fall somewhere on the spectrum of well-stressed-distressed-impaired. Generally, therapists who are stressed are considered to still be able to maintain professional competence, however, distressed therapists experience personal interference with their work. Impaired therapists go one step further and seek to get their needs met through the client (Lawson et al., 2007).

Empathy, which is so integral to the work of counselors also makes them prone to burnout and compassion fatigue (Figley, 2002; Lawson et al., 2007; Skovholt et al., 2001). Nonetheless, Figley notes that while it is costly to care for clients in an empathic and compassionate way, it is through empathy and compassion that a relationship is formed and change occurs. Counselors with a diminished desire and ability to show care and concern to clients show signs of compassion fatigue, which not only affects the clinician, but it also poses an ethical problem in terms of providing quality care to clients. Figley (2002) stated that impaired counselors who are experiencing burnout might have a sense of becoming numb toward their clients. Impaired counselors might become defensive, permissive, aggressive, cynical, or callous as a result of their compassion fatigue. Some may struggle with focus, not engage in humor, and withdraw from social interactions as a result of burnout. Additionally, task

avoidance, absenteeism, and tardiness are also signs of practitioner burnout. Also, somatic distress may eventually arise due to poor self-care patterns and stress (Mahoney, 1997).

Signals that may indicate therapist burnout include depression, anxiety, emotional disturbances, and heightened stress-responses (Emerson & Markos, 1996; Figley, 2002). Over-involvement and under-involvement at work are signs of poor clinician boundaries. Spending too much time at work and becoming too emotionally involved, or avoiding tasks (like returning phone calls) and dreading sessions are both detrimental (Emerson & Markos, 1996). Interns can do more than treat burnout when it comes, however, they can work to prevent it and sustain their sense of wellness over time.

A paradigm shift regarding burnout. An early study in clinician distress and impairment by Deutsch (1985) found that depression and interpersonal struggles were common in psychotherapists, particularly among those at the Masters level. In response to these findings, Deutsch suggested that treatments for these impairments be pursued. His response is indicative of a former paradigm that focused on treatment rather than prevention. Around the same time, Pope, Tabachnick, & Keith-Spiegel (1987), discovered that 60% of counselors reported that they had worked under distress, which further exacerbated their problem of fatigue and impairment. These discoveries led to a push in the field to address clinician distress and impairment.

In the last 20 years or so, a paradigm shift has occurred in terms of the theoretical and practical approach to clinician self-care. What began as a focus on treating the problem, emerged into an emphasis on establishing and maintaining clinician wellness through ongoing preventative self-care. Originally, the literature focused on clinician impairment and sought self-care treatments. More recently, the emphasis has been on wellness and the importance of establishing self-care practices that prevent clinician burnout and impairment (Scholl, 2007). The

current strengths-based focus on wellness represents the philosophical shift in the field (Lawson et al., 2007; Scholl 2007).

The World Health Organization (1948) declared that, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Attempts to improve health and increase survival from preventative diseases caused by tobacco use, poor nutrition and lack of exercise, have led to a burgeoning of clinical and community based programs focused on disease prevention and overall wellness (Glasgow, Vogt, & Boles, 2008; Gaglio, Shup, & Glasgow, 2013). Many efforts to implement public health interventions have been made spanning over several decades, however, evaluation of these community and institution-based models have not been comprehensive (Glasgow et al., 2008). Glasgow et al. (2008) developed and proposed the RE-AIM model to properly evaluate programs, policies, and treatments on multiple levels (the individual, the organization, and the community). In this model, reach, efficacy, adoption, implementation, and maintenance are considered to be interrelated factors necessary for complete evaluation and promotion of effective health care.

National, and indeed international, efforts have been made to, “develop a framework for intervention that utilizes linkage between clinical practices and community organizations for the delivery of preventative services...” (Porterfield et al., 2012, p. S163). In a review of current public health literature, Porterfield et al. (2012) highlighted provider characteristics necessary for those working in the public health setting, naming self-efficacy, innovation, and skill proficiency as the top three. Furthermore, self-efficacy was also included as a patient characteristic considered in treatment, along with stage of change and attendance. The public health paradigm and model values the importance of factors like self-efficacy in influencing levels of motivation and adherence to positive health behaviors. Because DMT has been linked to the cultivation of

self-efficacy and self-care adherence (Goodill, 2005a; Goodill 2005b), it may serve as a useful modality in public health services.

Downey and Imus (2008) argued that dance/movement therapists must expand their view of mental health care to include a wellness-informed approach. The public mental health model, which refers to collective societal attention to prevention, treatment, and postvention, is a model that may best serve as the foundation for wellness-based psychotherapeutic practices (Downey & Imus, 2008). Downey and Imus predicted that the public mental health model will (and should) play a role in shaping the field of DMT as focus moves away from mostly isolated, individualized treatment to include holistic, communal preventative and postventative action.

Besides emphasizing wellness for clients, it is imperative that clinicians sustain personal wellness in order to conduct best practice, ward off burnout, and find professional satisfaction. Identifying specific strategies for self-care provides the means to establishing and maintaining wellness among counselors. In light of the challenges that may come as part of clinical work, it is reassuring to know there are indeed ways to enhance and sustain personal wellness throughout a therapists' professional careers.

Self-care strategies. In general, most counselors report high levels of career satisfaction and personal wellbeing (Lawson, 2007; Mahoney, 1997; Pearlman & Mac Ian, 1995). Promoting wellness, however, demands a continual reevaluation of one's self care in order to sustain wellbeing and ward off clinical impairment. Therefore, it is imperative that therapists maintain awareness of factors that both create and sustain personal wellness and challenge it. Achieving balance does not imply that one is able to constantly maintain optimal functioning, but rather that one notices and experiences joys and struggles, and is able to cope through self-care to maintain

wellness (Lawson et al., 2007). Wellness is therefore both a goal to strive for and an approach to daily living.

Developing a self-care practice is a highly subjective and individualized task, yet the question of how to accomplish this task begs an answer. Turner et al. (2005) conducted an online survey of clinical psychology interns to assess the use and effectiveness of self-care strategies during students' year of internship. Both the frequency of use and perceived effectiveness of self-care strategies were examined, and a strong statistical correlation between the two was found. However, the findings are limited due to the fact that the validity and reliability of the scale have not been fully tested (Turner et al., 2005).

Self-awareness is perhaps one of the most essential tools to effective self-care. Norcross (2000) stated that heightened self-awareness and multiple self-care approaches from diverse theoretical orientations could support one's wellness effectively. Self-awareness and mindfulness is a crucial step to nurturing wellness. Venart et al. (2007) discuss how increased self-awareness, which is a result of self-reflection, supports the counselor's wellbeing by illuminating feelings, needs, and limitations that alert the counselor when self-care is needed. Decreased self-awareness may be linked to higher burnout rates due to avoidance of emotional signals and stressors.

Norcross (2000) identified ten, "clinically recommended, research informed, and practitioner tested" (p.710) self-care strategies for the practicing psychotherapist, including self-awareness. Norcross emphasized that acknowledgement of the hazards of practicing therapy is the first essential step towards maintaining wellness for oneself and for one's clients. Incorporating a wellness focus amongst clinicians may include the use of wellness assessments, strengths-based counseling, psychoeducation on coping skills, and wellness supervision (Lawson

et al., 2007). Even simple efforts to create a work environment that energizes and motivates the clinician could be beneficial (Norcross, 2000; Rothschild, 2006).

Witmer & Young (1996) also emphasized that a clinician's focus on personal wellness is essential to providing quality counseling. Specific strategies toward preventing impairment and promote clinician wellness at work include selecting clientele carefully, establishing a healthy work environment, and increasing self-awareness. Other common self-care strategies among practitioners include: reading, exercising, taking up a hobby, going on vacation, praying, meditating, and seeking supervision (Cummins et al., 2007; Mahoney, 1997). In a survey that examined the factors related to counselor wellness and impairment, Lawson (2007) found that certain career sustaining behaviors (CSBs) were effective for maintaining wellness, such as: use of humor, heightened self-awareness, quality time with loved ones, and personal and professional balance. Receiving personal therapy, avoiding self-blame, doubt, and wishful thinking, and engaging in different client populations and professional activities are also self-care steps that bolster overall wellness (Norcross, 2000).

In a questionnaire, Mahoney (1997) sought to gauge common clinician self-care patterns and personal struggles, as well as attitudes towards personal therapy. Almost all participants had sought therapy themselves and found it as a satisfying experience. In fact, the majority of counselors and therapists seek personal counseling at some point, particularly in the early years of training and development (Orlinsky, Schofield, Schroder, & Kazantzis, 2011). Indeed, this may be because the novice clinician is often in need of added support. For example, Pearlman & Mac Ian (1995) found that novice clinicians with a personal history of trauma expressed the most amount of difficulty is sustaining psychological well-being when working with clients who also had a history of trauma. Interns who are starting out their counseling careers may, therefore,

benefit from giving ample attention to process traumatic events and improving their sense of wellbeing.

Holistic approaches to self-care. In order to holistically bolster wellness, Granello (2000) suggested therapeutic tools and techniques such as education, cognitive behavioral interventions, relaxation techniques, and stress management strategies be incorporate into therapy. DMT often includes the aforementioned tools, yet also provides an innately holistic approach to wellness in the psychotherapeutic context that can help promote a more stable, integrated self. Venart et al. (2007) stated that movement could promote wellness because movement can “increase one’s energy, willpower, and discipline; increase feelings of wellbeing; and reduce stress” (p.53).

Holistic self-care practices may positively influence an intern’s ability to become a healthy, self-efficacious therapist (Blazek, 2010). Blazek struggled with feeling confident in her work, and her physical distress over her premenstrual dysphoric disorder (PMDD) further challenged her professional self-efficacy. By emphasizing the importance of self-care and examining various options available to her, she devised an individualized plan for creative and effective coping. In conjunction with personal dance/movement therapy, alternate domains of wellness (spirituality), and recuperative physical and creative experiences (aerial classes), allowed Blazek to find a self-care regimen that supported her both professionally and personally (Blazek, 2010). This strategy parallels Myer and Sweeney’s (2005) emphasis on utilizing multiple domains of wellness to compensate for and strengthen areas in which an individual struggles. Perhaps due to the holistic and diverse self-care tactic she employed, Blazek achieved a high level of self-awareness and stability in her work.

DMT Theory and Practice

From the pioneers of the field of DMT to the current clinicians who are breaking new ground in both theory and practice, various techniques and practices of DMT have been explored (Levy, 2005). These can be used to comprise or contribute to an effective personal wellness practice because DMT is multifaceted and multidisciplinary. Goodill captured the complexity, breadth, and integrity of the field when she stated that,

DMT is an interdisciplinary field: a hybrid of the art of dance and the science of psychology adapted to human service. The field has a history of embracing theories and findings from various other fields including sociology, cultural anthropology, applied kinesiology, traditional healing systems and an assortment of other mind/body approaches (Goodill, 2005a).

The self-care needs of interns and clinicians alike will shift and change over time as the person grows and develops. Different aspects of DMT may be helpful to include in a self-care practice at various times throughout one's career and life. Several specific theories, practices, and techniques of DMT proved to be particularly relevant to this study. The following DMT theories and practices support and substantiate findings reported in chapter four.

DMT theory is rooted in the philosophy that movement can be healing (Hackney, 2002; Levy, 2005; Sandel, Chaiklin, & Lohn, 1993). One principle within this theory is that enlivening the body increases body awareness (and therefore, self-awareness) (Sandel et al., 1993). An example of a technique to enliven the body is to pat, tap, brush, and/or rake one's limbs and core. Several pioneers, such as Evan, Schoop, and Hawkins, developed theories and practices that emphasized the exaggeration of one's movement to increase body awareness, release tension, and externalize feelings, all of which further integrate the person and "set an optimal mode for

perception and experience” (Levy, 2005, p.74). By exaggerating one’s movement and/or working with polarities, one could reach full expression of an emotions. Hawkins considered energy, time, and space to be the core components of DMT, all of which are actively engaged as one increases the intensity of one’s movement and releases energy (Levy, 2005).

Evan believed that physical movement could release excess tension, a necessary component to feeling self-regulated (Levy, 2005). Releasing tension and becoming more regulated can lead to a deeper sense of calm. Hawkins also felt that relaxation and a sense of ease was an essential key to full self-awareness (Levy, 2005). She believed that quieting and relaxing the mind enables one to follow inner impulses and attune to one’s body, which in turn fosters non-judgment and acceptance of one’s body-felt experience (a core tenant of many pioneer and current dance/movement therapists) (Levy, 2005).

We form relationships with ourselves, others, and our environment through movement, and our ways of engaging the six total body patterns of connectives identified by Hackney (2002) inform our identity and development. Exploring the six total body patterns of connectivity helps us to appreciate our body knowledge and deepen our ability to adapt and thrive in complex relationships with our world (Hackney). Hackney stated that, “our bodies contain knowledge which is not accessible by ordinary linear intellectual probing” (p.3). Body/mind integration can be fostered by exploring the connections within the self. Honoring and acknowledging each unique aspect of the body, as well as the body as a unified whole, fosters integration and effective coping in life (Hackney).

Movement can deepen one’s understand of oneself because the body holds knowledge and emotion that is not always explicit, linguistic, or conscious (Hackney, 2002; Levy, 2005; Sandel et al., 1993). Chodorow, a DMT pioneer, used movement to explore non-conscious

imagination to help her clients gain self-insight and clarity (Chowdorow, 1991; Levy, 2005). She believed that movement could “give form to imagination” (Levy, 2005, p.148). As people deepen the connection with themselves, they are better able to identify needs and find ways to meet those needs (Chowdorow, 1991; Levy, 2005). Whitehouse’s development of Authentic Movement, similar to Chodorow’s concept of active imagination, also supports the exploration of the non-conscious to increase self-awareness (Levy, 2005).

Bartenieff, an early leader in movement analysis and DMT, developed several principles that guided her work. For example, she believed that one’s inner experience influenced our outer expression and interactions, and in turn, the environment impacts our inner experience. Being connected within one’s own body helps one to perceive and understand insights that foster fuller and richer interactions with the world (Hackney, 2002). The relationship is reciprocal in nature, much like another principle of Bartenieff’s— exertion and recuperation. Exertion is followed by recuperation, which refreshes and prepares a person for further exertion (Hackney, 2002). Increasing awareness of one’s need to recuperate inward after much outward exertion (social, physically, etc.) may, then, be beneficial in supporting one’s sense of wellbeing in a day and across a career.

Schoop, a leading DMT pioneer, would sometimes invite her clients to develop a movement phrase to express emotion and further process their feelings or experiences. She felt this deepened illumination and self-awareness of the body and mind, deepening the potential for health and stability (Levy, 2005). Developing a movement phrase slows down the process of expression and enables people to embody new ways of being because movement encodes pathways in the brain (Levy, 2005; Siegel, 1999).

Summary

In the field of psychotherapy, the focus has shifted from using self-care as an applied technique to treat compassion fatigue and burnout to using it to create and sustain wellness in the daily lives of clinicians. The new focus of wellness as an integral component of therapist development and proficiency elevates the need for self-care to a critically important factor for intern self-efficacy. Furthermore, holistic and body/mind approaches to bolstering wellness have been shown to be effective. The field of DMT is founded on holistic principles and both honors and highlights the body/mind connection. Therefore, a DMT-based wellness practice may improve one's overall wellness and support the development of self-efficacy as a professional.

Research Questions

There is a reciprocal relationship between personal wellness and professional self-efficacy: wellness is an impetus for self-efficacy and self-efficacy is an impetus for wellness. Currently, there is a gap in the literature regarding this phenomenon. It is critical that a deeper understanding of the process of developing the skill of self-care be established in the literature. This study is an attempt to make a preliminary contribution to the literature in the area of wellness and self-care for DMT interns. Specifically, this study asked two questions: What DMT techniques enhance and sustain my personal wellness/self-efficacy cycle? What is the process that I use to identify those techniques?

Chapter Three: Methods

Methodology

I chose a heuristic methodology for my qualitative study in order to make specific, meaningful discoveries regarding my personal wellness/self-efficacy cycle as a DMT intern. As both a researcher and clinician, I place a high value on personal experience for understanding human experiences. Creswell (2003) explains that qualitative, constructivist researchers, “seek understanding of the world in which they live and work. They develop subjective meanings of their experiences...[and] look for the complexity of views rather than narrowing meaning into a few categories or ideas” (p. 8). Broader, more general questions are used to more accurately understand the participants’ lived experiences within their social context (Creswell, 2003).

Heuristic research, rooted in the constructivist paradigm, values and emphasizes the researcher’s lived experience in order to deepen understanding regarding a human phenomenon (Moustakas, 1990). The research question must hold deep personal significance for the researcher (Moustakas). In my experience, personal wellness and professional self-efficacy are interconnected in a mutually influencing cycle that affects me profoundly, either positively or negatively. For many years, I felt stuck in a negative cycle of compromised personal wellness and low self-efficacy. Therefore, it was a natural fit to examine my own experience through heuristic inquiry. My research questions were deeply rooted in my personal experience, therefore it was important for me to include my experience as the cornerstone of my research.

Moustakas’ Six Phases. Though there is an organic, intuitive quality to the process of qualitative research, heuristic researchers strive to organize their studies in order to deepen understanding regarding a specific phenomenon (Moustakas, 1990). Moustakas’ six specific phases of heuristic research, for example, serve as guideposts to the researcher, and played a key

role in my research process. His phases include: initial engagement, immersion, incubation, illumination, explication, and creative synthesis (Moustakas). A description of these phases and my experience of them are below, followed by a thorough description of my procedures.

Upon initial engagement, the researcher is driven to study a specific area of interest (Cruz & Berrol, 2004). My initial engagement started on January 16th, 2012, the day I discovered intense passion, interest, and questioning for this study. Additionally, I sensed how exploring this particular phenomenon inside of myself also related to broader concerns I was identifying in the counseling field. I felt there was important personal and professional meaning for others to glean for themselves out of my exploration of my personal wellness/self-efficacy cycle (Moustakas, 1990).

When I actually began the study, conducted a review of the literature, and implemented my data collection and analysis, I was in the immersion stage. I experienced what Moustakas described as “spontaneous self-dialogue and self-searching” (p. 26, 1990). Many daily events and encounters seemed to relate to the topic of this study during this phase, and I often felt connected to the material whether awake or asleep (Moustakas). It was in this phase that I began to create and implement my DMT-based personal wellness practice.

I took an intentional step back from the research questions in the phase of incubation to allow implicit processing to naturally occur (Cruz & Berrol, 2004). This time away from the material, when my focus was not directed toward it, allowed for intuitive and tacit knowledge to emerge and deepen my understanding of my phenomenon (Moustakas, 1990). I anticipated only one incubation period in my research process, but what organically occurred were several short periods of incubation within my data collection and analysis procedures. The shorter periods of

incubation provided deeper insight during the development of my DMT-based personal wellness practice and proved to be a natural and effective way of making meaningful discoveries.

The next phase, the illumination phase, occurred when I discovered new thoughts and ideas that helped to clarify and integrate my thoughts and experiences related to my study (Moustakas, 1990). My new conscious awareness would often add to, or revise elements within my DMT-based personal wellness practice or provide deeper insight into my process. This phrase requires a degree of reflection, but closely accompanied with it is a creative, spontaneous, tacit revelation of knowledge that emerges from one's time in incubation (Moustakas). It is often experienced as an "Aha Moment."

"Aha Moments" are not the end of understanding, however. In the phase of explication, I moved beyond the transformative moments of illumination and returned to the data for continued review in the context of my new discoveries (Cruz & Berrol, 2004). This stage was about differentiating, articulating, and integrating my process and my discoveries into one meaningful whole (Moustakas, 1990). An example of explication in this study was the organization and explication of each dimension (vertical, horizontal, and sagittal) of my DMT-based personal wellness practice, which first became clear to me in an "aha moment."

The research process culminates in the phase of creative synthesis, where core themes are integrated and presented in the form of a written narrative, movement performance, and/or other creative means. This synthesis represents the full depth of understanding developed through the investigators active and tacit exploration of the research question (Moustakas, 1990). Discoveries are then contextualized within the current knowledge of the field (Cruz & Berrol, 2004). This written thesis serves as the creative synthesis of my study.

These six phases, which provide the basic research design for a heuristic study, are non-linear in nature (Moustakas, 1990). Specific methods used for heuristic research in general are very open-ended, however I have chosen specific methods that I believed would illuminate my experience most fully (Moustakas). Interviews, journal entries, note taking, stories, and creative art are all examples of methods I used for data collection.

Participants

I was the only participant in this heuristic study. I used myself, a 23-year-old female graduate student in the Creative Arts Therapies Department at Columbia College Chicago, to investigate my lived experience of the relatedness of my compromised wellbeing and low self-efficacy. I reflected on my personal experience to gain a deeper understanding of my personal wellness/self-efficacy cycle as a DMT intern and develop the skill of self-care.

Resonance Panel. I used a resonance panel to provide one source of validity to this study. Inviting individuals that have expertise and experience related to my study to examine my findings and decipher the degree to which my findings resonated with their experience and knowledge helped to support and validate my results. Three panel members served in the role of consultant to me during a resonance panel meeting, and were in no way used as participants in this study. More details regarding the resonance panel are included in the data analysis section.

Procedures

I collected data in my office at my internship site and at my home in Chicago, IL. Over a 12 week period, starting on February 4, 2013, I collected data through self-interviews and journal entries after two DMT sessions each week. The DMT sessions were the two officially set DMT groups I could count on leading every week- one on Mondays and one on Wednesdays. My thorough self-interviews were initially guided by (but not limited to) several of Moustakas’

specific questions for collecting data (see Appendix D). Instead of having set questions for every self-interview, my questions became more targeted and guided by the themes that began to emerge over the weeks. “In heuristic interviewing, the data generated is dependent upon accurate, empathic listening; being open to oneself...” (Moustakas, 1990, p. 49). I also used the Five Factor Wellness Inventory (5F-Wel-A) scale to inform and support my written components of data collection. I completed the scale and received a wellness report once at the beginning of my data collection (February 4, 2013) and once at the end (April 27, 2013).

I also included creative forms of data collection into my process, mainly through oil pastel and acrylic painting, some poetry, some movement, and embodied writing, all of which helped me to more fully immerse myself in the organic nature of my heuristic inquiry (Anderson, 2001). There were not set times for this; I intuitively chose when and how to engage in creative forms of data collection.

I began my data analysis a few days after commencing data collection in order to reflect on my experience and begin to create a personal wellness practice based on those reflections. Through concurrent data collection and data analysis, I developed, expanded, and amended my DMT-based personal wellness practice, as well as began to illuminate my process of developing the skill of self-care.

Ethical considerations. I will discard all my raw data within five years of submitting my final thesis. Because I was the only participant in my study, many ethical considerations were eliminated. However, I took active measures to ensure my personal psycho-emotional safety as well as the safety of my research materials through the completion of my study. I engaged in my own individual dance/movement therapy before, during, and after my data collection period and actively used it as a personal support throughout my research process. Additionally, I informed

my site supervisor, of my research topic and methods. I consulted her as needed regarding any concerns I had that directly related to my internship. I remained open to her feedback and committed to make changes if she expressed concern about my wellbeing at any point.

In order to keep my data collection and analysis materials safe and confidential, I kept my journal inside my private desk while at my internship, and in my purse when traveling between my internship site and my home. For my resonance panel, I provided confidentiality contracts that explain the nature of their commitment as well as the extent and limits of their confidentiality (see Appendix F).

Data Analysis

My data analysis was concurrent with my data collection and continued after my data collection was complete. Once I collected preliminary information about my experience in relation to my personal wellness/self-efficacy cycle, I began my analysis in order to select DMT techniques that would comprise my initial wellness plan. Rather than using DMT techniques as interventions for clients, in my study, I used them as elements of a wellness plan for myself that contributed to both my wellness and my effectiveness as a DMT intern. I had no predetermined techniques; instead, I evaluated, added to, revised, and removed techniques from the plan through continual data collection and analysis. What resulted was a plan for myself, a deeper understanding of my process, and a guide that others can use to reflect upon their own wellness process.

To analyze my data, I engaged in intuitive inquiry (Moustakas, 1990). I identified emerging themes through several processes including: re-reading my self-interviews and journal entries, highlighting and underlining words, phrases, ideas, or concepts that seemed relevant to my study, and spending time in introspection and reflection (Moustakas). My approach to data

analysis, regarding both time and modality remained somewhat open-ended due of the organic nature of my study. I allowed my intuition to guide the process. Sometimes, my analysis processes included art-making (mainly painting), movement, and poetry (Moustakas). These supported my process of understanding the emerging themes and experiences. Painting, dancing, and writing poems helped me synthesize and embody the material, although they were not the main forms of data analysis for this study.

Findings that emerge from heuristic data analysis are subjective and interpretive in nature (Mertens, 2010; Moustakas, 1990). However, throughout my data analysis process, I became convinced of Moustakas' (1990) argument that my experience is linked to a larger, more universal experience. The findings regarding my process may enhance the quality of the lives of other clinicians who emulate a similar process in the context of their own lives.

Validation strategies. The two validation strategies I used in my study were: 1. thick description (Creswell, 2007; Mertens, 2010) and 2. triangulation (Creswell, 2007). By providing a rich, detailed description of my research process and experiences, readers will be able to accurately evaluate the degree to which my experience transfers or relates to theirs. By using triangulation, my different sources of data collection will serve to bolster the validity of my findings (Creswell). My written journals, the 5F-Wel-A, and a resonance panel serve as my three points of validation.

Resonance panel members acted as consultants to me to help clarify my preliminary findings into meaningful information as well as identify areas I overlooked. Members were selected according to their area of expertise as related to my study such as self-efficacy, wellness, and self-care. Through email, I sent a letter (see Appendix E) with an attached confidentiality consent form (see Appendix F) to individuals who I believed would provide

valuable guidance and consultation based on their personal and/or professional experience. I recruited resonance panel members shortly after culminating my data collection. Through email correspondence, I determined the best date and time based on the schedules of those able to join the panel and sent a document of my preliminary findings for members to review in preparation for the meeting. Four individuals agreed to meet on June 13, 2013 from 6-8pm. Three panel members attended; one was a Board-Certified dance/movement therapist, one was a registered dance/movement therapist, and one was a fellow thesis student. Their feedback was integrated into my data analysis. The results from my study will be discussed in detail in the following chapter.

Chapter Four: Results

This study focused on the development of my self-efficacy as I became a professional dance/movement therapist. This research addressed not only the impairment of my self-efficacy due to my lack of personal wellness, but also the impairment of my personal wellness due to low self-efficacy. The purpose of this study was to systematically investigate the personal wellness/self-efficacy cycle as a dance/movement therapy intern in order to deepen the understanding of the interrelatedness of personal wellness and professional self-efficacy. By engaging in this process, I aimed to expand current perspectives of wellness in the field of dance/movement therapy (DMT).

In this study, I developed a DMT-based wellness practice to enhance and sustain my personal wellbeing and self-efficacy, and better understand their reciprocal relationship. As I developed my wellness practice over several months, I concurrently analyzed my process using intuitive inquiry. Concurrently collecting and analyzing data allowed me to identify my needs, observe my process, and evaluate the efficacy of elements I chose to include in or exclude from my DMT-based wellness practice.

Through examining the process as well as the practice itself, I was not only able to bolster my own wellness, but I was able to illuminate my process of how I developed the skill of self-care, which can be shared with other DMT clinicians who seek to develop their own personal wellness practice.

Two questions guided my study: What DMT techniques enhance and sustain my personal wellness/self-efficacy cycle? What is the process that I use to identify those techniques? Both questions were answered throughout the process of my study. This chapter will explain the results in detail, and a discussion of these results will follow in chapter five. First, I will explain

the process that emerged as I developed my DMT-based personal wellness practice. Then, I will share my finalized practice that developed over the course of three months and discuss its components, including the results of the 5F-Wel-A. Finally, I will report other findings that emerged in my heuristic process that were not planned or expected, but relevant.

Developing a Practice

When I embarked on my journey of developing a DMT-based personal wellness practice, I did not set expectations for the process or attempt to control factors that could dictate what the practice would include (except that it would be DMT related). I remained open regarding how I would go about developing, implementing, and revising the practice. My research questions guided me as I engaged in the process. Upon analysis I have found that I followed eight key steps to structure my process of developing an individualized DMT-based wellness practice. I also identified one core perspective that was vital to my process. Both will be discussed below.

Eight key steps. From a thorough review of the process that I used to develop, implement, and revise my DMT-based wellness practice, eight key steps emerged. These steps provided me with flexible structure, and I offer them as a guide to others seeking to develop a personal wellness practice. While others may benefit from using the eight key steps and one core perspective of my process, no one personal wellness practice will fit two different people. The practice I developed for myself in this study is not intended to be directly adopted by other clinicians as a prescription, but rather an example of what may result from engaging in the process of developing a personal wellness practice.

Within the process, salient themes emerged that assisted me in identifying my needs, identifying what was necessary to meet those needs, and then implementing specific self-care interventions. Thus, I developed the skill of self-care, which will serve me long after my needs,

circumstances, and developmental stage as a professional shift. While there is a linear aspect to the steps, I cycled through steps four through seven in a non-linear fashion multiple times throughout my process. The eight steps are as follows:

1. ***Commit to the process.*** I had to first commit to fully engaging in the process, make it a priority, and accept the unknown. I remained mindful that I was, indeed, in process, and therefore shifts and changes would continually unfold. There was a natural ebb and flow to my process— some days and weeks I felt more engaged and active in my practice than others. The important factor, however, was to consider my feelings, thoughts, and behaviors as information that would inform the development of my personal wellness practice.
2. ***Identify priorities, strengths, and deficits in regards to overall personal wellness.*** I use the word “priorities” to refer to areas of focus or concern for the individual. I chose to examine my self-efficacy and its relationship to my overall personal wellbeing. Other priorities, or sub-priorities, emerged throughout my time of developing my personal wellness practice such as integration, boundaries, and self-regulation. One particularly helpful way to identify these was through journaling, such as self-interviews, diary entries, stream of consciousness entries, or reflections on a specific event/experience. Other, more creative ways of identifying priorities, strengths, and deficits could include poetry, narrative writing, and written reflections on movement explorations or art making. I gave myself the flexibility to work in the moment in terms of how I identified priorities, strengths and deficits. Having written documentation, however, was helpful later in the process of developing my DMT-based personal wellness practice.

3. *Deepen understanding of needs and identify theories or philosophies that inform one's personal wellness practice.* I reflected on my identified priorities, strengths, and deficits to deepen my understanding of my needs. It was beneficial to examine my habits, patterns, and surprises by asking questions such as, “What happens when wellbeing is threatened? How do I cope? What are my default responses? What happens when something unexpected occurs? What am I discovering about myself that is surprising?”

It was also important for me to make connections with theories and philosophies that resonated with me and informed the development of my personal wellness practice. Reviewing DMT theories, and some theories of neurobiology proved to be particularly informative for my practice; I also used the Indivisible Self Model of Wellness (ISMW) throughout my process to help me conceptualize my experience and find ways to strengthen my personal wellness practice. For example, I noticed that one salient deficit in my sense of personal wellness was related to an ISMW factor called realistic beliefs. I discovered I was placing too much responsibility on myself, and internalizing many negative responses and reactions of my clients. I concluded I needed stronger personal boundaries after reflecting on this excerpt from a journal entry: “...can I have a realistic understanding and expectation of what group will be like...and not internalize every negative thing as my fault? How can DMT techniques help me in this area?” (February 27, 2013).

I noted early on that I often coped by reframing the situation— a strength that relates to the thinking factor in the Creative Self-of the ISMWS. On March 13th, I wrote, “I remember standing and actively resisting [my anxiety] in my head thinking ‘This is an old, automatic feeling, but in this moment I am equipped to handle this group.’” I built

upon this skill to expand my ways of coping and maintaining a sense of wellbeing *during* a session (not just before or after one).

Additionally, Hackney's (2002) concept the six total body patterns of connectivity informed the development of my personal wellness practice. I identified that integration and connection within myself was a high priority for cultivating my personal wellness because I noticed I struggled to make healthy self-care choices when I felt disconnected in my body. I came to understand my need for increased body awareness for increased body/mind integration, and therefore, increased personal wellness. Hackney's theory of total body patterns of connectivity help me conceptualize my needs and create one element of my plan to enhance and sustain my personal wellbeing/ self-efficacy cycle.

4. ***Create and implement a preliminary practice.*** I knew that the elements in my first version of my personal wellness practice might stay, be revised, or removed later, but the goal was to begin developing the skill of identifying and meeting my needs. It was important for me to remain very open and begin anywhere. One element that stayed the same from the beginning was what I called Hello Body practice— I found myself doing it naturally and chose to include it after reflecting on why I might have started that ritual (to deepen my sense of connection to body, self, and others).

Another aspect of my practice that I refer to as Energy Clearing emerged after revising a concept called Mobility/Stability (Hackney, 2002). The concept of mobility/stability is another of Bartenieff's principles, like exertion/recuperation or inner/outer, that refers to the continuous, dynamic interrelationship between mobilizing and stabilizing movement in the body. When I integrated this element as part of my preliminary practice, I wrote that I could explore this concept through dance

improvisation, authentic movement, or quick movements to mobilize stagnant energy and anxiety. Through the revision process, this Mobility/Stability element emerged into two different practices- Energy Clearing and Morning Movement, and the focus on mobility and stability diminished.

Other elements of my preliminary DMT-based personal wellness practice were later removed for various reasons. Sometimes they felt arduous, irrelevant, or ineffective. One example of an ineffective practice was one I titled Setting In, which involved visualization to help me shift into feeling embodied rather than stuck in my head. While this concept accurately represented a self-care need for me, it was ineffective in achieving my goal of settling into my body, so I removed it from my practice.

5. ***Reflect, evaluate, and further refine elements within the personal wellness practice.*** For me, this meant staying engaged in the practice I had developed and experimenting with timing, environment, and approach to each element my practice. Timing involved time of day as well as length of time engaged in practice; environment referred to physical location as well as emotional or energetic quality to that environment; approach included how I would practice certain elements (daily, weekly, as needed, mandatory, or optional). For example, I explored whether or not my BPS, like Hello Body, should be done at a certain time of the day or not. Through the process of reflecting on and evaluating my use of this element, I chose to keep it as something I could use whenever I felt I needed it. This decision reflected what I perceived as the most effective way of using this element to meet my personal wellness needs.
6. ***Revise the practice.*** While reflecting on and experimenting with elements in my personal wellness practice, I allowed my practice to emerge as I followed my intuitions, impulses,

and curiosities. I also returned to related theories that informed my practice. At times of revision, the sixth step, I intentionally wrote out a new draft of my practice. Taking time to rewrite my practice helped to concretize it and make it easier to implement and evaluate. Some of my revisions were discussed above, in the fourth step. Another example of a revision I made is what I refer to as the Release Phrase element of my wellness practice. With this particular element, I took time to explore what I was feeling and what I needed in regards to regulating what I internalized, personalized, or owned from my clients. Then I spent time developing a movement phrase, a process that innately involves revision itself. My final Release Phrase element was not complete until April, which reflects the fact that developing and revising an effective personal wellness plan is, indeed, a process.

7. *Organize, synthesize, and clarify each element of the practice and the practice as a whole.* Because the process I went through to develop my personal wellness plan was often messy and always unfolding, it was essential to take time to organize, synthesize, and clarify my practice. I found it most helpful to do this after a significant amount of revising and experimenting. Creating a somewhat finalized, written, organized practice that felt authentic and stable was essential to honing and refining my skill of self-care (knowing what I need in the moment and meeting that need). Otherwise, I might have felt lost in the process and less self-aware. Clarity in my process bolstered my self-efficacy in my ability to care for myself, which seemed to have a positive influence on my self-efficacy as a clinician.

As I felt more skilled at identifying and meeting my own needs, my journal reflections reveal that I also felt more skilled at identifying and meeting the needs of my

clients in DMT sessions. For instance, on April 14th, 2013, I wrote about how I felt more confident in my ability to detect and manage stress, that my stress response was triggered less often, that I liked myself more. At the same time, I felt better able to handle resistance from clients, explore my professional creativity, and meet clients' needs (April 8th and 10th, 2013). On April 16th, I identified that I “truly believed my body is my friend,” something I had not felt for years beforehand.

8. ***Remain mindful of indicators that further revision is needed.*** Just as my practice cannot serve as a personal wellness prescription for another DMT clinician, my personal wellness practice developed for this thesis will not serve as a prescription for me later—three years from now, perhaps even three months from now. While there will likely be resounding themes in my practice, elements and approaches will change as I change. Because of inevitable and continual changes in myself and my world, becoming proficient in the skill of self-care is essential to cultivating true personal wellness.

Full acceptance of myself and my experience. While moving through the eight key steps above, I discovered that one core perspective proved immensely helpful throughout my process: full acceptance of myself and my experience. Being completely honest with myself helped me to let go of self-judgment and find acceptance. This honest acceptance also enabled me to remain open to the revision process, allow for moments away from the process, and accept days of feeling unwell without becoming self-critical.

In order to fully engage in the process of revising and experimenting with my DMT-based personal wellness practice, I needed to be present, aware, and embodied. I noticed that I struggled to be present, aware, and embodied when I was overly critical of myself, fearful of the unknown, and closed off to exploration. Not accepting myself or my process, therefore, had a

negative impact on my overall sense of wellbeing and self-efficacy (both in my ability to care for myself and care for others). The reverse also proved true— when I fully accepted myself and my experience in the moment, I found I was able to let go, be present, and access my embodied self (which I consider to be my best self in any given moment).

I experienced this poignantly on February 24, 2013. I had been struggling with one particular group I facilitated for a couple weeks in a row and felt particularly nervous before group started this day. I sat in my chair before the clients entered the room and let out a deep, guttural moan. I reflected on that moment later, writing, “Honesty. I was honest with myself and with the room- the big old empty room where some of my fears and failures had come true... I was where I was, and therefore was able to see them where they were.” Perhaps not coincidentally, that group stood out in my memory as one of the most creative, organic, and meaningful groups I have led.

Accepting myself fully throughout my process also meant allowing for hours or days away from actively engaging in my process of pursuing improved wellness and self-efficacy. I never viewed this time as a break from the process, but rather, a necessary part of the process, much like Moustakas’ (1990) phase of incubation. Maintaining the core perspective of full acceptance of my experience allowed me refrain from negatively labeling these times of disengagement. Allowing this to occur was recuperative and later often brought clarity to my process of developing and implementing a DMT based wellness practice.

Finally, I also found it essential to accept the times I felt unwell, and resist from judging this as the result of not taking care of myself or not having a wellness practice that was effective. Accepting the reality of my humanity helped me to maintain a sense of calm, balance, and wellbeing, rather than becoming upset, disappointed, or frustrated with feeling unwell. At times,

I would fully engage in my practice and still feel disconnected, tired, and ill equipped to face my day. For instance, one morning after attempting to engage in my morning movement practice, I stopped, sat down, and wrote, “It’s hard to be in my body today” (March 15, 2013). It was honesty in these moments that enabled me to accept them as part of my experience and not always attempt to change them.

I came to understand that feeling “crummy” did not inherently mean that my personal wellness practice was insufficient, but rather that I am human and will not always feel well. I used these instances to practice self-compassion and deepen self-awareness, which, according to the ISMW, represents strength in Creative Self (Meyers & Sweeney, 2005). In the example above, I discovered that I had been over-exerting myself the days before, depleting my ability to remain balanced and integrated within myself. Through experiences like this one, I concluded that that resilience was more important than perfection (or functioning at an optimal level at all times), which is both an unrealistic and unhelpful goal. What I needed in that moment was to identify and meet my needs as best I could, while fully accepting my lived experience.

My DMT Based Personal Wellness Practice

Over months of developing a practice that enhanced and sustained my personal wellbeing and self-efficacy, three dimensions emerged that worked synergistically to support self-regulation, integration, balance, and creativity within myself. The three dimensions can be categorized as what I have chosen to call vertical integration: connecting body/mind; horizontal integration: finding coherence; and sagittal integration: regulating self in relationships. Each dimension had two components that contributed to my wellness practice as a whole. Through creating, implementing, and revising my DMT-based wellness practice, I discovered ways to enhance and sustain my personal wellness and my self-efficacy as a clinician. The diagram

below visually displays the three dimensions of integration and elements that I utilized within each category.

Three Dimensions of Integration

VERTICAL INTEGRATION	HORIZONTAL INTEGRATION	SAGITTAL INTEGRATION
<p>BPS (Body Pat Story) Mindfully pat, tap, rub, and/or brush body boundaries. Mentally send appreciative, loving thoughts to those body parts. Or keep it non-verbal.</p>	<p>Energy Clearing Move/shake out anxiety, fears, and excess energy to clear space in my body/mind. This promotes emotional wellness and physical release.</p>	<p>Body Tracking of Exertion/Recuperation Notice exertion and recuperation throughout the day/week. ID how it can become more regulated if needed.</p>
<p>Hello Body Move through total body patterns of connectivity in bed before rising with curiosity and acceptance. Consider developmental and psychological implications.</p>	<p>Morning Movement 10 minutes set aside each morning to improvise, find intention for the day, and connect to Self. Journal moments of significance. Use this to access creativity, intuition, and self-awareness.</p>	<p>Release Phrase Ritual movement phrase to let go of client actions, comments, and attitudes. This phrase helps my body/mind to maintain healthy boundaries, release any internalized/personalized material, and regain my objective perspective.</p>

Vertical integration: Connecting body/mind. For the purpose of this study, I use the term vertical integration to mean integration between the body and mind. Siegel (2011) describes integration as a system that honors differences and promotes compassionate communication. In this way, connecting my body and mind involved honoring the unique qualities of both the body and the mind, as well as acknowledging their interrelatedness and interaction. Opening the flow of communication between body and mind helped me to feel embodied, attuned to my emotions, and energized. My DMT-personal wellness practice included two DMT-based components in this category of vertical integration: Body Pat Story (BPS) and Hello Body. Both will be described in detail below.

Some of the early themes that emerged from my self-interviews and times of introspection and reflection included feeling “stuck in my head,” and full of fear and anxiety,

which I described in my journal as feeling “stirred, jittery, and vigilant” in my body (February 13, 2013). I also noticed I was highly critical of myself, and struggled with accepting my humanity. I identified a need to cope with the stressors in my environment and bring kind acceptance to myself.

Through my Body Pat Story (BPS) practice, I chose to connect with my body through patting, rubbing, brushing, or tapping body parts while sending kind, accepting thoughts and feelings toward each part. I often found myself identifying qualities about each body part that I appreciated, were unique, or were serving me in the moment. Sometimes I would acknowledge body parts, sometime encourage or thank them; sometimes I would remain completely non-verbal and find embodiment that way. I left the details to be decided in the moment, because my needs would shift throughout the day and week, however the structure of taking time to connect with my body in this way helped to renew my sense of self and integration between my body and my mind.

One example of how I utilized this practice is from April 8, 2013. I used this practice twice on this day before both an individual DMT session and group DMT session. I took time to reflect of how certain body parts were serving me that day. Because the words deeply resonated with me, I wrote them down later. What arose before I met with the individual was, “My ankles stand strong, my gut knows, my neck is my throne and my channel.” Before I met with the group, later that afternoon, my BPS message shifted to, “My feet hold joy and fun, my belly knows, my hands hold, my ears listen.” I concluded that this shift, which I experienced on many days, probably reflected my experiences earlier that day, my anticipation of upcoming sessions or events, and maybe also my intuition of what I needed to support my body/mind connection in that moment. On that day, like many others, I honored the uniqueness of each part, yet promoted

compassionate connection between them in order to increase integration. Throughout the course of my study, I used my BPS practice as needed— often before group, sometimes several times a day, sometimes not at all.

By exploring Hackney's six total body patterns of connectivity (POCs) I fostered connections within my body, between my body and mind, and subsequently between myself and others. I found the best time for me to move through the POCs was in the morning before rising out of bed and I labeled this practice Hello Body. This practice took an average of three to five minutes. It enlivened my body, open my connections between body and brain before getting up, and helped to promote self-acceptance and self-love. This practice also provided me with initial insights and body knowledge for the day.

Some days a specific POC was salient, and I often remained mindful of that connectivity throughout the day. One connectivity that was the most salient throughout my study was Body-Half. I particularly focused on the mid-line or connecting point of each half of my body. I discovered this was related to coming to my core self and finding a middle ground within myself. Practicing Hello Body in bed encouraged my process to be more about the internal connections within my body than larger external movements, although this practice almost always involved actual movement, not visualization alone. I found that it “helped energize my body” and it “turned on my mind” (April 1, 2013).

I found it helpful to use my Hello Body practice every day. On days I did not do my Hello Body practice in the morning, I would either find another time to do it during the day, or be mindful of factors that may have inhibited it, for example, not having time due to over sleeping, feeling frustrated with my process, or feeling unmotivated. Throughout my process of

developing my DMT-based wellness practice, I was mindful of my behaviors and used my journal for further evaluation, modification, and acceptance of my practice.

Horizontal integration: avoiding extremes. I used the term horizontal integration to mean finding balance from extremes— both extremes of relying too heavily on my right or left brain, and extremes of being rigid or chaotic (Siegel, 1999). Siegel made the correlation that honoring differences, which fosters integration, is related to differentiation. He went on to say that engaging in compassionate communication is related to linkage or making connections. I discovered early on in my process that I needed to find ways to self-regulate and avoid either extreme of chaos (too much differentiation) or rigidity (too much linkage). My default coping strategies led me to become too rigid, or too dependent on my left brain functioning. My intention became to find ways to support growing away from rigidity without losing all sense of structure, lost in the chaos of my feelings, body-felt sensation, and experiences. Two elements helped with promoting horizontal integration, and thus supported my overall sense of wellbeing and self-efficacy: Energy Clearing, and Morning Movement.

I implemented my Energy Clearing practice to address the physical energy I felt filling my body due to anxiety and fear. I often felt “frozen” with anxiety, yet sometimes my anxiety was so high that I felt I was shaking internally, indicating that I was moving into hyperarousal (Rothschild, 2006). My Energy Clearing element helped me to physically move out anxiety, frustration, excess energy, or anything else I felt pent up inside my body. Sometimes I would clear energy by walking briskly, shaking body parts, jumping, or dancing vigorously. By doing this, usually before groups, I felt less chaotic and out of control. It created more space in my mind and body— I felt more open to other because I was less preoccupied with my sensations of anxiety and the thoughts that almost always accompanied them. My Energy Clearing practice

helped remove feelings of stagnation and increased my sense of psychoemotional balance (March 21, 2013). Later in my process of developing my plan, I found that on some days it was not necessary to use this element of my practice (April 1, 2013). Perhaps this was due to the fact that my overall sense of wellbeing and self-efficacy was increasing and I felt the positive effects of my plan bolstering my wellness and decreasing my sense of anxiety.

I named my second element within the horizontal dimension of integration Morning Movement. I normally did my Morning Movement practice directly or soon after completing my Hello Body practice. For this practice, I moved improvisationally for an average of 10 minutes in order to attune to my inner self and find an intention for the day. Engaging in this process helped me access my creativity and intuition. In other words, it was a way of shifting from over planning and mental rigidity to becoming more open to each unfolding present moment, which increased my sense of integration, mindfulness, and balance as I approached the day.

In my journal I noted how my Morning Movement practice helped me trust my impulses, build creativity, increase self-compassion (March 21, 2013), while decreasing my need to control my environment (April 1, 2013). Also, it increased my sense of self trust, self-acceptance, and self-compassion (March 12, 2013). It became a place to process my feelings (March 15, 2013) and identify my needs for the day (March 12, 2013). One specific example of how my morning movement increased my self-awareness and sense of intuition occurred on April 10, 2013:

My arms hung limp as I leaned over in a forward fold, slowly my hands came together until my fingertips met. It was as if I was holding a big bowl from the bottom. I felt like I was carrying a big load. Burdened. Discouraged. I think today I feel like I have been working so hard but no one has benefited from it. So, I feel burdened. And I feel discouraged.

Through allowing my body to improvise through movement, feelings I was previously inattentive to came to the forefront of my consciousness, which enabled me to respond to and cope with them. Having understanding and compassion for myself in this way helped me be present in each moment.

Sagittal integration: regulating self in relationships. Sagittal integration, in the context of my study, refers to my interactions and relationships with others. Early on in my process, I discovered my tendency to exert large amounts of energy during the day and feel depleted, exhausted, and drained by the evening. This grew to such an extreme that it began to throw off my sleep scheduled and other lifestyle routines. Remembering Bartenieff's principle of exertion and recuperation, I intentionally explored ways of approaching my exertion and recuperation during the day. Recuperation is needed to refresh and prepare a person for the next movement, the next task, or the next event on the schedule (Hackney, 2002). Each unique individual has a natural rhythm and way of recuperating that works well for him or her (Hackney, 2002). My goal became to recuperate more often throughout the day to improve my stamina.

I also noticed that my exertion was outward toward other people— clients, co-workers, peers, etc. and the kind of recuperation I needed was internal. Inner/Outer is another of Bartenieff's principles, and it relates to the idea that in order to move out and connect with others, one must turn inward and connect with one's inner core (Hackney, 2002). This is true on a body level as well as a psychosocial level (Hackney, 2002). I integrated the concepts of Exertion/Recuperation and Inner/Outer in my practice titled Body Tracking of Exertion/Recuperation, in the sagittal integration dimension of my DMT-based personal wellness practice.

My second practice within the sagittal dimension I named Release Phrase, which refers to a movement phrase I choreographed to help me maintain healthy boundaries with my clients, let go of client actions, attitudes, and comments, and release any internalized or personalized experiences. The purpose of this was to regain an objective perspective. It also served as a time to find my compassion for the clients I had and would encounter. I discovered that taking ownership of client's emotions, reactions, and resistance was inhibiting my sense of wellbeing and self-efficacy. I felt as though I was failing when I encountered resistance, disapproval, or mockery because I wanted everyone to approve of me and find healing in my group. One cannot control a group of people or perfectly predict their responses, and I found that dancing my Release Phrase enabled me to strengthen my boundaries and keep my mind focused on having more realistic expectations of my clients. After completing the phrase, I felt peace and a sense of warmth or care towards those clients with whom I struggled. Salient movement qualities of my Release Phrase included yielding into the floor and then pushing away, symbolically pulling internalized client material out from my body, pressing an imaginary substance down into the ground, and then moving freely in a circle to represent a fresh start. Practicing my Release Phrase left me feeling remarkably different, more "clean" inside, and exponentially more compassionate to myself and my clients at the same time.

Indivisible Self Model of Wellness Inventory

I used the ISMW to help conceptualize my study and my DMT-based personal wellness practice. The ISMW resulted from extensive research and is rooted in theories of holism and systems (Meyer's & Sweeney, 2005). Their model, which serves as the basis for the inventory, has three levels, or "orders" of wellbeing: the first order is overall wellness, the second order includes the five selves discussed throughout this thesis, and the third order factors are 17

subcategories within each of the five selves (see Appendix B). For example, the Physical Self has third order factors of nutrition and exercise (Myers & Sweeney, 2005). I completed the evidence-based ISMW inventory (5F-Wel-A) at the beginning and end of my data collection to both provide deeper insights into my process and practice, as well as serve as a validation strategy. Overall, comparing and contrasting the results from February 4, 2013 and April 27, 2013 confirmed my findings and concretized what I already sensed; the results convinced me further of what I was finding through other forms of data analysis. The inventory results were reported using percentiles.

My overall wellness scores remained relatively stable at 78.3 and 81.9, with a 3.6 point increase between the beginning and end of my data analysis period. Some of my scores for the five selves remained the same, while some of them notably shifted. My Coping Self score increased by 15.8 points from 56.6 to 72.4. My Physical Self score increased five points, moving from 85 to 90, while my Social Self score dropped from 95.9 to 87.5. My Creative Self overall score remained at 78.6; Essential Self at 92.2, and Overall Life Satisfaction at 50.

Several third order factors, such as control (a factor similar to self-efficacy), realistic beliefs, leisure, and nutrition seemed particularly salient in my analysis. The control factor in the ISMW, a sub-factor of the Creative Self, refers to one's belief in one's competence and ability to complete what one set out to do (Meyers & Sweeney, 2005). My results for control increased 16.7 points—75 at the beginning of my data collection and 91.7 at its conclusion. Realistic beliefs is a sub-factor of wellness within the Coping Self and relates to perceiving reality accurately and objectively, accepting imperfections, and letting go of unrealistic expectations (Meyers & Sweeney, 2005). I noticed this sub factor continually arise as I collected data. I struggled with my imperfections, I tried to predict group sessions rather than embrace

uncertainty, and I had a low tolerance for my own mistakes and the resistance of clients. Upon review of my inventories, there was a 15 point increase from 45 to 60 in this sub-factor, indicating that my Release Phrase and other elements in my personal wellness practice may have strengthened this area of my wellbeing.

Leisure and nutrition were third order wellness factors in the Coping Self and Physical Self, respectively, which substantially increased during the time of my study. Inventory results showed a 29.1 point increase on the leisure scale, and a 10 point increase on the nutritional scale. This may demonstrate how work in one area impacts the whole and improves other areas of personal wellbeing due to the interrelatedness of wellness factors (Granello, 2000; Myers et al., 2000). The inventory revealed an 18.8 decrease in the third order factor for friendship in the Social Self, indicating that I may not have sensed the same level of security in my friendships in April than in February, which highlights the fact that our state of wellness is dynamic, not static.

The ISMW inventory results package includes comparative norm data to a sample of 3,343 people of diverse ages, genders, culture, and educations. My original comparative norm score was 66; in April it was 74. It was helpful to not only have information about myself at differ times, but also myself compared to a statistical norm. As I reflected on the statistic that about 74 percent of people feel they are less well than I, I had two simultaneous responses: “I am ok” and “There is room for growth.” I appreciated the instrument as a whole because it was clear, accessible, and applicable.

Shifts from Beginning to End

Reviewing my self-interviews and journal entries over time revealed a shift from feeling generally fearful and anxious and having low self-efficacy (both in regards to my clinical work and my ability to improve my wellbeing), to feeling generally confident, calm, and effective

regarding both my work as a clinician and my ability to improve my wellbeing. As this trend revealed itself, it fueled my sense of confidence even further and motivated me to continue my journey of enhancing and sustaining my personal wellness/self-efficacy cycle.

Throughout the first month of my process, I wrote that I felt, “stirred, jittery, and vigilant, anxious, non-embodied, frozen, hyperaroused, preoccupied, and exhausted.” I operated under the belief that anything that was not perfect was my fault, and I internalized both passive and active resistance from clients. On February 20, 2013, I wrote in my journal about my experience that morning, one that was similar to many other mornings:

I jumped at the sound of my alarm, reached for my phone to silence it, and exhaled as I collapsed back onto my pillow. I let out a soft moan as the day’s demands danced through my mind, gripping me with dread. I inhaled, exhaled, and decided to move through the connectivities before getting out of bed. Body-Half seemed particularly helpful in establishing a body/mind/spirit connection as I focused on my mid-line. It was time to get going. “What am I going to DO?” was the question that plagued my mind as I thought of my upcoming groups. The anxiety was back.

In the entry above, I did not feel confident in my ability to trust myself in the moment, be effective in my work, and develop meaningful interventions in the moment. I was, however, beginning to implement my DMT-based personal wellness plan and opening myself up to the process of bolstering both my wellness and self-efficacy. I became increasingly self-aware, and as I became more comfortable and familiar with my practice, I engaged elements of my DMT-based personal wellness practice more frequently. Over time, I improved my ability to access self-regulation, body/mind integration and healthy boundaries.

My journal entries began to show a shift in my thinking and my body as I engaged in my process of enhancing and sustaining my wellness and self-efficacy. My entries started to contain themes of self-kindness, self-compassion, and self-confidence. One example occurred in March, the middle of my data collection process. I felt an increased sense of connection to myself, my intuition, and my ability to work in the moment in group. I was able to confidently work in the moment with a movement theme I saw arising from the clients. I wrote that, “I trusted myself. I was able to go with the flow, and when I sensed my anxiety and doubt increasing I was able to regulate myself in the moment.” In this instance, I took care of myself in the session by planting my two feet on the ground in metaphoric resistance to my anxiety and used the thought, “This is an old, automatic feeling, but in this moment I am equipped to handle this group.”

My later journal entries reflect other examples of improved wellbeing. Some of the phrases in my journal include, “I’m adaptable,” “I’m confident, energized, motivated, and competent,” “My body is my friend,” “It was not a perfect group, but I didn’t need it to be perfect. It was good enough,” and “Today, in group, I felt alive, I felt like Lynn, and I felt free enough to trust in myself.” These positive changes came as a result of my practice. Additional forms of self-care, beyond the dimensions of my practice, developed and will be discussed below.

Other Considerations

In this study, I mainly focused on the development and use of my DMT-based personal wellness practice. I discovered that the practice served me at all stages of self-care: from bolstering my overall sense of wellness and helping me identify my needs, to meeting my self-care needs in and of themselves. In other words, while my DMT-based personal wellness practice helped to bolster my sense of overall wellness, it also increased my self-awareness to

know if what I needed in the moment, was, in fact, not an element of my practice, or something else. It became clear that my self-care skills, developed through the process of creating and implementing my DMT-based personal wellness practice, provided a foundation of wellness and self-care that expanded beyond the scope of the actual elements themselves. My practice bolstered my wellness and empowered me to readily identify and meet my needs in the moment, whatever they were, wherever I was, however I needed.

Self-care during DMT sessions. The elements in my DMT-based personal wellness plan took time and were not appropriate for me to use during group sessions when I felt anxious or stressed. Several practices naturally increased as I developed and practiced my DMT-based personal wellness plan. As my body-awareness increased I began to notice when I was becoming slightly dis-regulated more quickly. Practices that helped me feel energized, alert, and calm included pausing, taking deep breaths, and using active movement similar to my Energy Clear practice (when appropriate in the group setting). I also created mantras that I used repeatedly that, after a while, elicited a physiological response of increased relaxation. An example of one I used frequently due to its rhyme, brevity, and humor was, “I’m confident and competent, capable and able.” Finally, I also improved my ability to be mindful during the session, which helped me increase my awareness of my experience, have self-compassion, and know how to address my needs either in the moment or after the group.

Self-care beyond the elements of my practice. My DMT-based personal wellness practice strengthened my ability to be mindful of my experience, identify my needs, and implement effective self-care practices in the moment. My DMT-based personal wellness practice did not include the sole list of self-care techniques from which I could choose; rather, it improved my self-awareness and empowered me to meet my needs in the moment, and thus,

improved my sense of wellbeing and self-efficacy. Engaging in my practice informed me of when an area of my wellbeing was compromised and when I needed something to bolster my wellness or self-efficacy. The practice itself often served as the means of caring for myself, but sometimes I needed something else entirely, such as sleep, quality social interaction, or a distracting movie. My DMT-based personal wellness practice improved my ability to know what I needed when, and then follow through on that awareness.

Conclusion

Through my research process I developed both a practice and a process for cultivating, enhancing, and sustaining my personal wellness/ self-efficacy cycle. I categorized my practice into three dimensions with two DMT-based elements in each, as displayed in the chart above. The dimensions were vertical integration: connecting body/mind, horizontal integrations: finding coherence, and sagittal integration: regulating self in relationships. Through analyzing my process I discovered that I used eight key steps and one core perspective to help me create, implement, and evaluate my DMT-based personal wellness practice. I also explored how my DMT-based personal wellness practice improved my ability to identify what self-care needs I had that were beyond the scope of the three dimensions of my practice. Additionally, my practice encouraged the natural development of self-care tactics that I used during a session when other type of self-care were not appropriate. By focusing on the process, I highlighted the development of the skill of caring for myself and my wellbeing rather than developing a plan to be implemented as a prescription for myself or others. A discussion of the results of this study will follow in the next chapter.

Chapter Five: Discussion

My time as a dance/movement therapy intern brought to light that my sense of personal wellness was interconnected with my self-efficacy, and both my wellbeing and self-efficacy seemed strained. Because of my deep personal connection to the topic, I wanted to explore how to develop the skill and a lifestyle that integrated self-care as a DMT intern. Specifically, I engaged in heuristic inquiry to discover how to enhance and sustain my personal wellness/self-efficacy cycle through the creation and implementation of a DMT-based personal wellness practice. Two questions guided my study: What DMT techniques enhance and sustain my personal wellness/self-efficacy cycle? What is the process that I use to identify those techniques? My findings have not only informed my personal and professional development (especially in the area of self-care), but can also serve as an example and resource for other DMT interns working to improve their wellbeing.

Over the three months of time when I was collecting and concurrently analyzing my data, I intensively focused on developing a DMT-based personal wellness practice. Prior to those three months of personal research, I was fortunate to be saturated in an academic environment that emphasized the importance and practice of self-care. At the time of commencing data collection, I had one and a half years of graduate work complete, which included many experiences in and out of class that contributed to my working knowledge of how to go about building self-care into my life. Despite these rich experiences, however, I still felt as though cultivating and maintaining wellbeing was a challenge. Therefore, I wanted to systematically investigate the wellness and self-efficacy in the context of my personal experience to find deeper understanding and engagement in self-care. My need to spend more time exploring self-care points to the fact that is indeed a process and a skill that requires effort and builds over time.

Developing the ability to care for oneself is not easy or straightforward. It takes time, commitment, openness, creativity, and patience. Although my personal process was not an easy one, it enriched my life personally and professionally, and will inform the way I function as a therapist throughout my career.

Both of my research questions- one regarding a product (my practice), and the other, my process, were explicated in my study. The process of enhancing and sustaining my personal wellness/self-efficacy cycle consisted of eight key steps, grounded in full acceptance of myself and my experience, which I used to develop the elements of my DMT-based personal wellness practice. My practice contained three dimensions of integration that fostered balance, self-regulation, creativity, and integration within myself, and improved my sense of overall wellness and self-efficacy. Those dimensions were: vertical integration: connecting body/mind, horizontal integration: finding coherence, and sagittal integration: regulating self in relationships. This chapter will discuss those findings in the context of the literature. Then I will discuss implications and limitation of this study, as well as suggestions for future research. Finally, a conclusion of this study will be offered.

Discussion of Findings

Developing the eight key steps to my process of enhancing and sustaining my personal wellness/self-efficacy cycle gave me a framework for caring for myself throughout my career. Instead of imposing a prescribed list of exercises or tasks onto myself, I allowed myself to intentionally observe my natural process of developing a wellness practice. This organic approach was what enabled both my process and my plan to actually meet my needs and cultivate the skill of self-care. Despite the fact that my practice is unique to me, hopefully it can be a source of encouragement and motivation for readers to pursue wellness in their own lives in

new and creative ways. Perhaps my experience can serve others by providing an example of how to approach this topic of study.

As the literature suggests, our wellbeing is holistic and indivisible in nature (Hattie et al., 2004; Myers & Sweeney, 2005). With commitment to the process of enhancing and sustaining wellness, I was able to identify and address my unique wellness needs to promote positive functioning in all domains of life, across months of my life (Meyers & Sweeney, 2005). The results of this study illuminated a sustainable way to be well for me. Since wellness is essential to preventing burnout and compassion fatigue, and because it is something we must attend to and work on (wellness is not a static or stable character trait), the steps of my process and elements in my practice act as buffers against burn-out and supports for wellness (Figley, 2002; Lawson, 2007; Venart, Vassos, & Pitcher-Heft, 2007).

Beyond the benefits of being and feeling well as a person, clinicians who build the skill of self-care are better able to provide expert, ethical care for clients and feel confident and passionate about their work (Jennings & Skovholt, 1999; Jennings et al., 2003; Skovholt & Rønnestad, 2003). The literature also showed that interns, who are just starting their clinical work, tend to experience strong feelings of vulnerability and anxiety, particularly in relation to the amount of ambiguity they face (Skovholt & Rønnestad, 2003). Because self-efficacy may be low for interns, the need to build a foundational self-care practice is especially vital at that time. I related strongly with what the literature suggested. I was uncomfortable with the ambiguity I faced, especially in light of my low self-efficacy to adeptly handle whatever came my way. During my study, I addressed this anxiety in my personal wellness practice through different elements that helped me to self-regulate and maintain a sense of balance, vitality, and confidence.

Finding center. I found early on in my process of exploring my wellness needs that self-regulation was essential. I discovered that going to an extreme in any direction was unhelpful. For example, if I got “stuck in my head” and disregarded my body, I would feel rigid in my thinking and disconnected with myself. On the other hand, if I was lost in my visceral body felt sensation, then I became more prone to hyperarousal. When I gave too much to others for too long without returning inward to nourish myself, I also felt off balance and dis-regulated. Keeping each dimension of my practice in line facilitated feelings of being integrated, balanced, open to creativity, and connected to my core self. In fact, I often visualized a three dimensional axis, representing the three dimensions of my practice. I pictured how the center point, or core, of the axis was completely stable, balanced, and radiant. My goal was to embody those qualities by engaging the elements of each dimension, all of which emerged from developing and engaging my process. By the end of my study, I was starting to feel balanced, integrated, self-regulated, and more creative within myself and with my clients.

Holism in practice. As a lifestyle of wellness became the norm and saturated certain aspects of myself, other areas in my life benefited. This experience aligns with the literature which shows that improved wellness in one area of a person’s life has a positive impact on other areas of personal wellness (Hattie et al., 2004; Meyers & Sweeney, 2005). I experienced this phenomenon in several areas of my personal wellness, but one stands out among the rest. Toward the second half of my study, I was able to adhere to a rather intensive physical detox plan for six weeks. Because I was experiencing environmental stress, a demanding schedule, and preparation for the future, it was not a time I would normally even attempt to focus on improving my physical health and wellbeing.

Interestingly, while I was focusing on the elements of my DMT-based personal wellness practice and other components of my process, such as accepting my experience, I felt a natural motivation to improve my physical health. I did not experience this motivation as external pressure, like “I should,” or “I have to.” Rather, it felt more like, “I can.” This reveals an increase in my self-efficacy, particularly in my ability to care for myself even in busy and challenging times. Almost exactly to the day I started my detox, I discovered, during a personal DMT session, that I believed that “my body is my friend” (April 16, 2013) rather than an enemy, burden, or problem. To me, it was clear that improving my wellness in other areas such as stress-management, realistic beliefs, thinking, and leisure may have created a shift that provided the ability, motivation, and confidence—or in other words, self-efficacy, to improve my health and wellness further.

Self-efficacy as a professional is related to, and indeed, a part of overall wellness. It is also characteristically low for counseling interns (Lent et al. 2009). After experiencing an increase of self-efficacy in my ability cultivate wellness in some areas (like stress management and realistic beliefs), my self-efficacy in my ability to improve physical health also increased. As my physical health improved and I felt like my body was more reliable, my self-efficacy as a therapist grew. Bandura (1997) highlighted this link between a person’s lived experience in their body and their self-efficacy. He claimed that people use their body knowledge and somatic sensations to measure their abilities, and therefore their self-efficacy. Increasing body awareness and attention to the body-mind connection while developing a personal wellness practice positively impacted my self-efficacy and, therefore, my overall wellness.

Developing a holistic, body-mind centered, personal wellness practice can improve wellness across multiple domains in life, including self-efficacy (Meryers & Sweeney, 2005).

The interconnectedness of personal wellness and self-efficacy is further reflected in Goodill's (2005a) claim that self-efficacy informs self-care adherence. It points to the fact that low self-efficacy may result in poor self-care choices, while high self-efficacy might increase people's belief in their ability to improve their wellbeing (Goodill, 2005a). This belief is then likely to manifest itself as true in their lives as they confidently create, implement, revise, and adapt their personal wellness practice. As wellness and self-efficacy are improved and sustained, people live longer, more resilient, more satisfying lives (Meyers & Sweeney, 2005). I personally experienced this even after three short months.

During that time, I felt more content, and for the first time in a long time, I felt like my body was reliable. This sense of feeling like I could rely on my body translated into feeling more confident in my work because I could count on my body to be there for me. Stability and consistency in my lived experience in my body also created a sense of stability and consistency in my outside world, which supported further risk taking and confidence as an intern. Toward the end of April, I wrote that I had become more "calm, confident, caring, and authentic in groups." This phenomenon of physical health, in relation to overall wellness, provided strong confirmation of the positive results that can come with dedication to personal wellness.

Acceptance, the cornerstone of my process and practice. Achieving positive results and finding balance does not imply that one is able to constantly maintain an optimal level of wellbeing, but rather that one notices and experiences joys and struggles, and is able to cope by using self-care (Lawson et al., 2007). Wellness is therefore both a goal to strive for and an approach to daily living, and acceptance of one's experience is the cornerstone to the practice of wellbeing. In my study, I found that if I did not fully accept myself and my experiences, then I inhibited my practice and limited the level of wellbeing I could experience in any given moment.

I came to understand that having “bad” days did not inherently mean that my personal wellness practice was insufficient in some way, but rather that I am human and will not always feel well. Acceptance and honesty enable me to both fully experience the struggle and positively cope with it.

I discovered part way through my study that there was a benefit to “feeling crummy.” This was because if I did not feel well and was not functioning at my best, then expectations on my professional performance would be lowered. If I had a stomach ache, my supervisor would take that into consideration. If I was fatigued, achy, and feeling generally unwell, I would lower my expectations of myself. This mindset, which I originally mistook for self-compassion, was really a manifestation of my fear of failure. If I felt well, I would be expected to work well (efficiently and effectively), and if I did not meet those expectations, I would, essentially, fail. Therefore, it was less risky if I did not feel well. In reality, this was not self-compassion and it was certainly not self-care, because it perpetuated (consciously or not) illness and imbalance in my body and mind.

Having this realization was the first step in confronting my fear of failure, which ultimately resulted in improved self-efficacy as a developing DMT intern. Accepting myself, whatever I felt and whatever happened, allowed me to connect with myself on a deep level and honor my experiences. This, in turn, led to a greater ability to engage in self-supporting wellness practices that bolstered my overall wellness and self-efficacy both in the moment and over time.

Accepting myself and engaging in process helped me to develop and use my personal wellness practice. At the onset of my study, I planned to take my findings and create a guide for readers to use in their own process of improving their wellness. What I discovered, however, was that my experiences were very unique to me, although many may be able to relate to certain steps

in my process or elements in my practice at various points in their own journey toward wellbeing. I struggled with what to do about this dilemma.

Choosing to not make a guide. Upon reflection, by the end of analyzing and organizing my findings, I questioned whether creating a guide for readers would actually be helpful or hindering. At the heart of this study is the idea that it takes time engaged in personal process to develop the ability to identify and clarify needs and then create and implement a holistic self-care practice that meets those needs in the moment, across days, and over decades. Indeed, the aim of this thesis is to encourage others to embark on their own journey toward wellness, and even to use my experience as a resource— but only within the full context of my experience, and not just from an abstracted sheet of information. In other words, I hope that readers seeks to thoroughly understand the findings in the context in which they were discovered and use the process in their own lives to the degree that it resonates and inspires holistic wellness for them.

I concluded that I would abandon my original plan to have a guide as an appendix in my thesis. Enhancing and sustaining personal wellness is a process and a skill that cannot be acquired instantly. There is no formula, prescription, or technical fix to what is a very individualized process. In other instances, a guide may be a very useful tool. However, since the details of my process are embedded in the preceding chapters, I hope that readers simultaneously find deeper understanding of the experience of wellness and the skill of self-care, as well as more practical steps to take in order to embark on their unique process of enhancing and sustaining personal wellbeing.

Clinical Implications

Although this is a heuristic study, and only explores the process of developing a DMT-based personal wellness practice for one person, it can serve as an example and resource for

others. Hopefully, it will also inspire future research studies. As this chapter has discussed above, it is imperative for interns and clinicians alike to engage in self-care. Not just as a treatment for burn out that has already occurred, not as a prescription applicable to everyone, and not as a fixed set of personally selected tasks to check off a list. Rather, promoting holistic wellbeing and preventing burnout is done by engaging in a personal process of exploration, experimentation, and adaptation. Enhancing and sustaining wellness can begin at any time, at any stage of professional development to greatly enhance the life of the clinician. However, this study supports the idea that it is important for clinicians, and interns especially, to not wait, but rather incorporate this aspect of development as a keystone to their professional growth and identity. This study serves as a reference for those who seek to pursue wellness for their personal and professional growth.

The personal wellness practice that readers may develop for themselves will be personalized and unique from mine. For my study, specific theories, practices, and techniques proved to be particularly relevant to my personal wellness practice. They were what I needed at this stage of my professional and personal development. For example, certain philosophies and theories such as DMT theory and neurobiological theories were particularly helpful to me in my process. For others, any philosophies or theories that resonates with them may positively inform their personal wellness practice.

The creation and implementation of a personal wellness practice requires much self-awareness and dedication to the process. It cannot be developed in few days or with a couple insights, and because people change and situations change, each practice will also need to change over time. In my study, I had to embrace the fact that perfection was not the goal, but instead, balance. This became clear in my process as I learned to accept times when I did not feel well as

part of the human experience. I came to see that imperfect wellbeing does not imply an imperfect practice. Instead, I found that my ever-shifting experiences pointed to a need for continued self-awareness and the development of a personal wellness practice in order to effectively meet self-care needs and provide ethical, quality care for clients. Interns and clinicians also seeking wellness may face similar and other experiences, all of which can be used to deepen their process.

Finally, engaging in the process of cultivating personal wellness not only benefits the individual intern or clinician, but also greatly benefits clients and others. Interns and clinicians who have gone through the process of cultivating and maintaining personal wellness and self-care will be better equipped to impart that knowledge and ability to clients. Self-care, wellness, self-regulation, and health are the very things we, as clinicians, seek to assist our clients in finding. Living a lifestyle of wellness as a clinician may enhance the therapeutic relationship and the efficacy of improving wellness in clients' lives.

Limitations

While my study serves as a reference and example for other DMT interns who wish to enhance and sustain their personal wellness and self-efficacy, there are limitations to the research design. I was the only participant in my study, and my findings cannot be directly translated to other people. Specifically, my DMT-based personal wellness practice is unique to me and not directly transferable to readers. The steps of the process I went through to develop my practice may be something readers can use in their own process of developing a practice, but even then, their process may be different than mine.

The nature of qualitative research is to thoroughly explore the lived experience of one or several individuals to better understand an experience or phenomenon. I chose to use myself in a

heuristic inquiry because I have such a strong personal connection to the topic of this study.

While bias is always present in any kind of research endeavor, because I was both researcher and participant in this study, my non-conscious biases have certainly influenced the study.

Ideas for Future Research

To add to the body of literature on wellness that already exists, other interns and clinicians may wish to embark on their own process of enhancing and sustaining personal wellness through their own heuristic study. Would other people find similar themes if they replicated this process? What trends would become apparent, and what differences would there be? Multiple studies with similar procedures provides a bigger, broader understanding of the phenomenon of bolstering personal wellness and self-efficacy, and building the skill of self-care.

Other ideas for future research include examining the process of cultivating and maintaining wellbeing in specific contexts, such as interns in a particular stage of life, or at a particular age. For example, perhaps my experience was partly shaped by the fact that I was young and faced ambiguity in almost all areas of my life at the time of this study (beyond that of being a DMT intern). Ambiguity is a challenge for interns starting their counseling careers (Skovholt & Rønnestad, 2003). How would the experience of self-care be different for someone else who has multiple stable factors already established in life? Another context to examine in future research is the unique experience of interns working with a particular clientele. What would shift, change, or become salient for clinicians working with specific populations?

A study with a larger participant size would also provide valuable information. It would be interesting to conduct a study with multiple clinicians sharing a similar process to develop their personal wellness practice, perhaps discussing the process during the research study to develop deeper insight into how a wellness practice forms and is sustained. Additionally, a future

study could examine the process of teaching others, such as clients, the skill of cultivating wellness and engaging in self-care.

There is a need for many studies regarding self-care and the cultivation and wellbeing. It is important, however, that these studies are aligned with the philosophy that the skill of self-care is developed over time and is process unique to the individual. Wellness cannot be achieved instantly, nor can a wellness practice for one work perfectly for another. The emphasis must remain on the process, otherwise futures studies may continue to reflect the old paradigm of self-care as a treatment for burnout, and miss the essential roles of prevention, health, and holism.

Summary

When confronted with the dilemma of low self-efficacy and compromised personal wellness as a counselor-in-training, I was compelled toward an investigative pursuit of health, vitality, and confidence. My purpose in doing this study was to systematically investigate my personal wellness/self-efficacy cycle as a DMT intern in order to deepen the understanding of the relationship of the interrelatedness of personal wellness and professional self-efficacy, as well as explore how to enhance and sustain them. By engaging in this study, I developed the skill of self-care, which will serve me throughout the rest of my life and career.

Through this research, I developed both an eight-step process and a three-dimension personal practice for cultivating, enhancing, and sustaining my wellness and self-efficacy. I categorized my practice into three dimensions with two DMT-based elements in each. The dimensions were vertical integration: connecting body/mind, horizontal integrations: finding coherence, and sagittal integration: regulating self in relationships. Through analyzing my process I discovered that I used eight key steps and one core perspective to help me create, implement, and evaluate my DMT-based personal wellness practice. I also explored how my

DMT-based personal wellness practice improved my ability to identify what self-care needs I had that were beyond the scope of the three dimensions of my practice. Furthermore, my practice encouraged the natural development of self-care practices that I used during a session when other type of self-care were not appropriate.

By focusing on process, I highlighted the skill development of caring for myself and improving my personal wellbeing, rather than developing a plan to be implemented as a prescription for myself or others. It is important for interns and clinicians to lead holistic lives that prize personal wellness and self-care, for as we engage in the process of caring for ourselves and living well, we connect with and care for others better too. Therefore, by loving ourselves, we are better able to inspire and empower others to do the same. Over months of intentionally focusing on improving my wellness, I have discovered that each aspect of myself is truly connected to all the others, that it is practical and possible to improve wellness, and that pursuing wellbeing is a lifelong process that does not end with the close of this thesis. I will, however, take the skills and tools I've discovered and developed with me into each new chapter of my personal and professional life. I look forward to a continued life process of moving toward being well.

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Appendix A

Definitions of Terms

Indivisible Self Model of Wellness

This model (see Appendix B) is a well-researched theoretical model of holistic, integrative wellness developed by Myers and associates. It is rooted in Adlerian and systems theory and is validated by statistical measures (Hattie et al., 2004; Myers & Sweeney, 2005). The five factors of wellness they developed include the Physical Self, the Creative Self, the Coping Self, the Essential Self, and the Social Self. There are also 17 sub-factors that are each part of one of the five selves (Myers & Sweeney, 2005).

Personal Wellness/Self-Efficacy Cycle

My position on the relationship between personal wellness and self-efficacy is that it is unique, powerful, and reciprocal. As my wellness is influenced, my self-efficacy is also influenced. As self-efficacy changes, so can one's sense of personal wellbeing. Throughout this thesis, I used the phrase, "personal wellness/self-efficacy cycle" to reflect that perspective.

Self-Care

Self-care can be defined as caring for oneself across multiple domains to maintain a sense of healthy well-being (Myers & Sweeney, 2005; Rothschild, 2006). It is vital for the clinician to engage in self-care practices in order to ensure the highest level of ethical practice, as well as to prevent clinician burnout (Rothschild, 2006; Witmer & Young, 1996).

Self-Efficacy

Bandura (1997, p.3) defined self-efficacy as "the belief in one's capabilities to organize and execute the courses of action required to produce given attainments." In other words, self-

efficacy is how effective people perceive themselves to be in certain situations. For the purpose of this study, I define self-efficacy as my perceived ability to be an effective DMT intern.

Self-Regulation

Self-regulation can be defined as “the control of one’s behavior through the use of self-monitoring” (American Psychological Association [APA], 2009, p. 457). Siegel (1999) also defines self-regulation as one’s capacity to modulate emotions.

Space Harmony

Space harmony reflects the synthesis of, or observable interaction between, movement both from place to place and mood to mood (Moore, 2009).

Wellness

Wellness is a subjective perspective of one’s positive functioning across all domains of life (Hattie et al., 2004).

Appendix B
Visual of the Indivisible Self Model of Wellness

THE INDIVISIBLE SELF:
An Evidence-Based Model Of Wellness

CONTEXTS:

Local (safety)

- Family
- Neighborhood
- Community

Institutional (policies & laws)

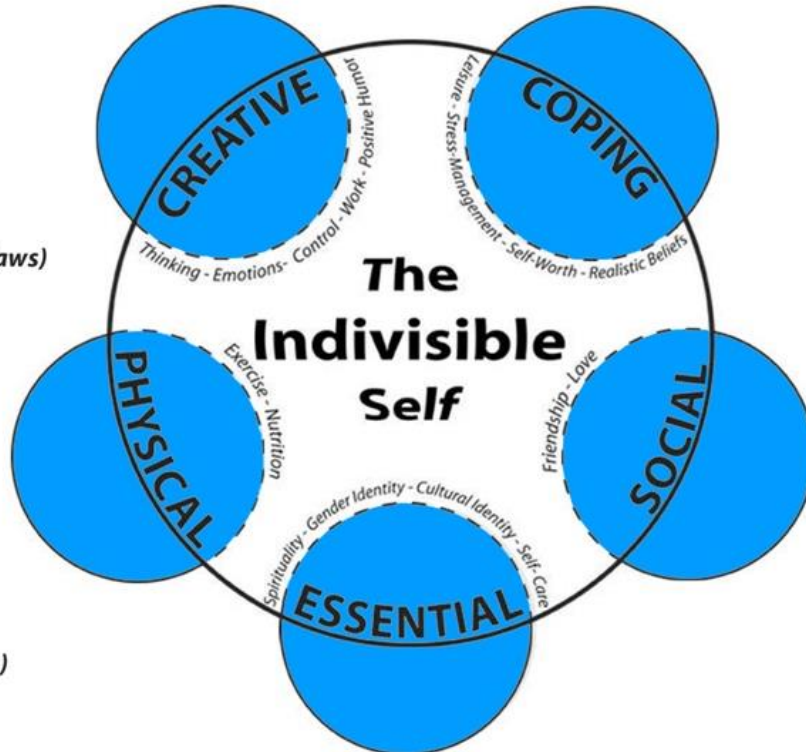
- Education
- Religion
- Government
- Business/Industry

Global (world events)

- Politics
- Culture
- Global Events
- Environment
- Media

Chronometrical (lifespan)

- Perpetual
- Positive
- Purposeful



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Appendix C
Visual of My DMT-Based Personal Wellness Practice

Three Dimensions of Integration

VERTICAL INTEGRATION	HORIZONTAL INTEGRATION	SAGITTAL INTEGRATION
<p>BPS (Body Pat Story) Mindfully pat, tap, rub, and/or brush body boundaries. Mentally send appreciative, loving thoughts to those body parts. Or keep it non-verbal.</p>	<p>Energy Clearing Move/shake out anxiety, fears, and excess energy to clear space in my body/mind. This promotes emotional wellness and physical release.</p>	<p>Body Tracking of Exertion/Recuperation Notice exertion and recuperation throughout the day/week. ID how it can become more regulated if needed.</p>
<p>Hello Body Move through total body patterns of connectivity in bed before rising with curiosity and acceptance. Consider developmental and psychological implications.</p>	<p>Morning Movement 10 minutes set aside each morning to improvise, find intention for the day, and connect to Self. Journal moments of significance. Use this to access creativity, intuition, and self-awareness.</p>	<p>Release Phrase Ritual movement phrase to let go of client actions, comments, and attitudes. This phrase helps my body/mind to maintain healthy boundaries, release any internalized/personalized material, and regain my objective perspective.</p>

Appendix D

Self-Interview & Reflection Questions

The following questions from Moustakas (1990) supported and guided my self-interviews and journal entries as part of my data collection:

- “What events, situations, and people are connected with the experience?”
- “What feelings or thoughts are generated by the experience?”
- “What bodily states or shifts in bodily presence occur in the experience?”
- “What time and space factors affect [my] awareness and meaning of the experience?”

Appendix E
Resonance Panel Letter Adapted from Moustakas (1990)

LETTER TO RESONANCE PANEL MEMBER

Date_____

Dear_____,

Thank you for your interest in my thesis research on the experience of my physical wellness/self-efficacy cycle as a dance/movement therapy intern. I value the unique contribution that you can make to my study and am excited about the possibility of your participation in it. The purpose of this letter is to reiterate some of the things that we have already discussed and to secure your signature on the confidentiality contract, which you will find, attached.

The research model I am using is a qualitative one, and I am including a resonance panel as part of one of my validation strategies. Through interacting with members on my resonance panel, I hope to illuminate or more fully answer my questions: What DMT techniques enhance and sustain my physical wellness/self-efficacy cycle? What is the process that I use to identify those techniques?

Through your participation as an expert panel member, I hope to clarify my preliminary findings. I value your participation and thank you for your commitment of time, energy, and effort. If you have any further questions before signing the confidentiality contract or if there is a problem with the date and time of our meeting, I can be reached at LynnRebekah@gmail.com (443-604-4243).

Sincerely,

Lynn R Chapman

Appendix F
Confidentiality Contract Adapted from Moustakas (1990)

CONFIDENTIALITY CONTRACT

I agree to participate in an individual and/or group resonance panel meeting regarding Lynn Chapman's study of her physical wellness/self-efficacy cycle as described in the attached letter. I understand the purpose and nature of this study. I grant permission for the information generated from the resonance panel to be used in the process of completing a M.A. degree, including a thesis and any future publication. I understand that my name and other demographic information that might identify me will not be used. I also agree to keep the identity of other panel members confidential.

I agree to meet at the following location _____ on the following date _____ for an initial resonance panel of one and a half to two hours, and to be available at a mutually agreed time and place for an additional one to two hour resonance panel meeting, if necessary.

Research Participant

Primary Researcher

Date

Date