A Heuristic Inquiry: Engaging with Spirituality as Self-Care

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A HEURISTIC INQUIRY: ENGAGING WITH SPIRITUALITY AS SELF-CARE

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In partial fulfillment of the requirements for
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Dance/Movement Therapy and Counseling

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Abstract

This heuristic inquiry explored effective self-care practices, specifically engaging with spirituality, for emerging dance/movement therapists. Guided by a pragmatic paradigm and heuristic methodology, I was the only researcher and participant and I engaged in meditation within nature as a spiritual practice. Data collection methods included completing a semi-structured self-interview after each spiritual practice, creating embodied experiences of spirituality as self-care and filming them, and recording themes from this footage in relation to Laban’s body, effort, shape, and space categories (Moore, 2014). Moustakas’ (1990) data analysis method and creative synthesis were used. Findings revealed that engaging in spiritual self-care fostered increased internal and external awareness, as well as heightened senses. It also contributed to positive physical, mental, and emotional changes, as well as promoting a spiritual relationship between myself and my higher power. Implications from these findings revealed that engaging with spirituality may promote authentic presence and increased self-awareness; facilitate positive physical, mental, and emotional changes; offer personal meaning-making; and nurture relationship with one’s higher power.
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Introduction

As an emerging dance/movement therapist (see Appendix A), I have developed continuous curiosity around the connection between the body, mind, and spirit, particularly in relation to my own self-care (see Appendix A). After completing a field placement last summer as part of graduate training, I noticed the increased need for adequate self-care as I began to feel the profound effects that this field of work has on clinicians. I was exhausted, stressed, and often left my field placement feeling overwhelmed with the experiences I took in each day. Knowing that the intensity of my next clinical internship throughout the following two semesters would only increase, I began to reflect on how I had not taken care of myself, both within and outside of the fieldwork. Psychologists Roach and Young (2007) listed reasons for why this is a common occurrence amongst clinicians. They stated that despite the fact that clinicians emphasize self-care in their work with clients, effective tools and knowledge of self-care for clinicians themselves have, for too long, been inadequate and vague (Roach & Young, 2007).

After a long and tiring summer field placement ended, I retreated to the mountains of Colorado to indulge in the rejuvenating effects of meditation (see Appendix A) and spending time in nature. I was immersed in crisp mountain air, lush landscapes with flora greener than I had ever seen, refreshing waterfalls trickling down into cool, clear streams, and an endless sky with millions of stars. I spent days exploring the mystery of nature engulfing me and allowed myself time to meditate and reflect on all that surrounded me. I was in constant awe at the beauty and size of nature. It was the act of meditating within it that allowed me to comprehend the vastness of it, understanding for the first time just how small I was in the world as well as the significance of the physical space that my corporeal body took up. These engagements in meditation and time in nature had significant effects on me in the ways I entered into relationship
with my spirituality (see Appendix A). It was here that the seed of inspiration for this research was planted.

Over the last year of coursework and a clinical internship at an inpatient psychiatric hospital, many graduate peers and I continued to struggle with effective self-care. In a field that emphasizes the body/mind/spirit connection, I realized that historically, the majority of my own self-care had tended predominantly to my body and mind. As an emerging clinician in the field, I felt that a lack of connection to my spirituality was creating a large gap in the effectiveness of my overall self-care practices. Having experienced a religious upbringing, the idea of spirituality had always resonated with me more than structured religion. Although engaging with spirituality had never been a regular practice in my life, two personal and known truths to me, which became increasingly apparent during my time in the mountains of Colorado, were that meditation and time in nature were some of the few ways I had ever been able to connect to my spirituality in the past. While I did not fully understand spirituality, I was aware that meditation and time in nature allowed me to connect with something higher and more powerful than myself, which I had not yet been able to find elsewhere. I had never considered these as practices of self-care and had never combined meditation with spending time in nature. I became curious about merging these two practices of spirituality to potentially fill the void in my current self-care repertoire. I truly had no idea what to expect from this heuristic research when I began, but this was a risk I was willing to take, and one that I am eternally grateful for trusting in my gut to pursue.

This research explored engaging with spirituality as an effective form of self-care for emerging dance/movement therapy (see Appendix A) clinicians. Utilizing both a pragmatic paradigm and a dance/movement therapy lens, the objective of this study was to gain an
understanding of the essence of spirituality and self-care, as well as the relationship between the two. The ultimate goal was to discover ways to increase the effectiveness of self-care practices within the population of emerging dance/movement therapists. I conducted a heuristic self-study with the intention of finding results that were applicable to other emerging dance/movement therapists in the field. In this thesis, heuristic, derived from the Greek word heuriskein, meaning “to discover” or “to find,” refers to a research methodology that explores the nature of a phenomenon while fostering self-growth and self-awareness (Moustakas, 1990). The current variance in operationalized definitions of spirituality and self-care as well as a lack of clarity about the relationship between the two phenomena demonstrated a need for more research. In addition to forming my own operationalized definitions of these two terms, my research has highlighted how one of dance/movement therapy’s basic principles—the connection of the body, mind, and spirit—can support more than our work with clients, but also how we care for ourselves as clinicians (Levy, 2005).

My research was informed by the work of Alma Hawkins, a founder of the field of dance/movement therapy. Due to the heuristic nature of this research, Hawkins’ theoretical framework as a dance/movement therapist did not necessarily guide my own process, but rather informed my understanding of both dance/movement therapy and engaging with spirituality as creative processes. First, her creative approach was geared towards higher functioning individuals and therefore could be applied to the self-care of dance/movement therapists (Leventhal, 1984). Hawkins was also interested in movement as a creative process, believing that concepts such as internal sensing, connection to various levels of consciousness, imagery, and tapping into one’s own authentic movement paved way for creativity as well as healing to occur (Levy, 2005). She further emphasized that the process of creativity specifically included
sensing, feeling, imaging, transforming, and forming—with an ongoing flow and interplay between these phases (Hawkins, 1991).

These phases are reminiscent of my own practice of engaging in spiritual self-care throughout this research. My spiritual process enabled me to become increasingly aware of my senses and inner sensations, feelings, and thoughts in a way that enabled new images and ideas to emerge in my consciousness, creating meaning and transforming my personal and professional self in the process. Through these creative and spiritual processes in my research, I became a new person, approaching the world with enhanced curiosity, wonder, and awe-infused understanding. Accordingly, Hawkins believed that human beings seek out creative experiences, not only for personal integration and enrichment, but because they bring clarity and harmony to one’s experiences with the world around them (Hawkins, 1972). It is this idea of the creative process bringing meaning to that which is previously meaningless that resonates with my current understanding of spirituality.

The notion of dance/movement therapy and spirituality as creative processes is further reflected in my own approach to this heuristic research. My hope was that by conducting a heuristic inquiry, the following research questions would be answered: As an emerging dance/movement therapy clinician, how can engaging with spirituality be used as an effective practice of self-care? Additional research questions included: How is spirituality defined? How is self-care defined? How do I embody spirituality as self-care through movement? To guide my research, I have operationally defined spirituality as a transcendent, subjective, and contextual meaning-making experience that results through connection with an individual’s higher power. In addition, I have operationally defined self-care as an active and intentional process of
engaging in daily practices that attend to the whole person in the most nurturing ways possible, not only to prevent impairment or distress but to promote long-term wellness.

The value of this research is aimed at developing dance/movement therapy clinicians who may also be struggling to find effective self-care practices at this point in their career and beyond. By doing so, I hope to normalize the developmental process of becoming a dance/movement therapist. Stokes’ master’s thesis on counselor identity development defined an emerging dance/movement therapist as, “an individual who has received a substantial amount of the necessary formal training in DMT and is beginning to make the transition from novice to professional” (Stokes, 2013, p. 2). Orlinsky, Rønnestad, and Ambühl (2005) clarify that the developmental transition period from novice to professional therapist typically occurs within two years of beginning professional work. Graduate dance/movement therapy students are required to complete a clinical internship as part of their training. Therefore, for this research I have defined an emerging dance/movement therapist as an individual who is a current student, intern, or professional in their first two years of clinical dance/movement therapy work.

While there is a great deal of literature on spirituality as well as self-care, a lack of literature exists discussing the relationship between the two phenomena, particularly in relationship to emerging dance/movement therapists. The following literature review focuses on the ways in which spirituality and self-care are currently defined, in addition to reviewing literature pertaining to spirituality as a form of clinician self-care. Much of the literature described bringing spirituality into clinical practice with clients, as opposed to how and why clinicians might bring spirituality into their own practices of self-care. Additional literature was reviewed pertaining to the connection between dance/movement therapy, meditation, and a relationship to nature.
Literature Review

Introduction

Theologian William Dorman (2016) discussed how common it is today for health care professionals to see health as encompassing body, mind, and spirit and yet, the topic of spirituality is rarely discussed. This literature review will focus on the current literature pertaining to spirituality, self-care, and spirituality as a practice of self-care. Topics of meditation and nature as they relate to spirituality and dance/movement therapy will also be covered. This literature review attempts to define the terms of spirituality and self-care, while providing a glimpse into the increasingly prevalent literature that discusses spirituality specifically as a practice of self-care. The literature that attempts to define and describe spirituality is vast, with a wide range of different ideas and perspectives, making it difficult to operationalize. A great deal of literature uses the terms spirituality and religion interchangeably. For the sake of this literature review, they will first be approached and defined as two separate terms, unless otherwise specified.

Spirituality

The word spirituality is derived from the Latin *spiritus*, meaning “breath of life” (Norcross & Guy, 2008). With a large variance in the understanding of spirituality, it can be difficult to operationalize the term and experiences of such a phenomenon, but similarities appear in literature describing spirituality. Spirituality can be defined as a transcendent, meaning-making experience in relation to oneself, others, and the universe (Gall et al., 2005). Thomas Moore (1991), a psychotherapist and spiritual writer, described spirituality as a life in which people reach for higher consciousness, awareness, breath of vision, inspiration, sense of meaning, and the highest values. Additionally, spirituality can be described as the act of being
attentive to that which is sacred through connection to a belief, power greater than oneself, religious models, or to nature (Plante, 2009). The theme of connection to something higher or more powerful was prevalent in literature pertaining to spirituality. The experience of spirituality appears to reference relation or connection with this higher, more powerful being, described as the joining with a Supreme Being or transcendent force (Norcross & Guy, 2008), an experience of the Transcendent Source of Life (Dorman, 2016), or an expression of greater divine energy (Myss, 1996). Rothwell’s master’s thesis about spirituality within dance/movement therapy concluded that “spirituality is a phenomenon that references the transcendent and embodied spirit and emerges from a person’s experience within a particular context” (Rothwell, 2006, p. 13).

Existential theorists like Victor Frankl and Irvin Yalom have also discussed spirituality as it relates to the fields of psychology and counseling (Elisaon, Lepore, Samide, & Williams, 2010). They discussed how existentialism emphasizes spirituality as a phenomenon by which humans can transcend the physical body in connection to a higher power to create new meaning (Eliason et al., 2010). Developing this idea further, existential-humanistic theorists began to focus on helping individuals find positive new meanings of their world and their existence through an increased awareness of and connection to spirituality, as it can enhance more than an individuals’ thoughts and self-awareness, but their bodies’ functioning as well (Ivey, D’Andrea, & Ivey, 2012). While humans all have a physical body and experience universal emotional and psychological crises, some argue that when it comes to spiritual health, there are no differences amongst people (Myss, 1996). Gold (2013) discussed how spirituality incorporates nine themes that are universal to the human experience: virtue, attention to hope, sacred ground, facing oneself, compassion, polarities, love, meaning, and transcendence. Others discuss spirituality as
a deeply personal and intrinsic phenomenon with more internal beliefs (Rose, Westerfeld, & Ansley, 2001).

Despite different views on spirituality, the literature conveys that spiritual seekers, laypeople, and clinicians alike are currently trying to infuse their daily lives with a heightened consciousness of spirituality. A clear sense of one’s own spirituality does not emerge fully formed without effort; instead it is something that requires intention and attention (Moore, 1992). Such conscious living is a request for personal authority in defining one’s own spiritual experience, one that requires practice over time (Myss, 1996). It is an ongoing and active reflective process. Myss (1996) added how spiritual maturation includes not only developing the ability to interpret the deeper messages of sacred texts, but learning to read the spiritual language of the body. This refers to the concept in which that which drains an individual’s spirit also drains the body, and that which fuels an individual’s spirit fuels the body (Myss, 1996). As one becomes more conscious of the impact and relationship between one’s internal thoughts and attitudes upon one’s physical body, as well as one’s experience of the external world, one’s capacity to experience spirituality appears to increase.

Literature on spirituality discusses its inherent relationship to healing (Myss, 1996; Plante, 2009). Healing occurs when an individual regains a sense of wholeness, thus promoting health and growth of the body, mind, and spirit (Levy, 2005). Literature also discusses healing as the experience in which one’s spirit has released pain, fears, or negative thoughts and ideas towards oneself or others (Plante, 2009; Rose et al., 2001). This kind of spiritual release and healing can occur even though one’s body may be ill or sick, which is perhaps why our human spiritual needs share so many similarities (Myss, 1996). As individuals realize the limitations of the physical body, which also relates to mental and emotional health, spirituality appears to serve
as a healing force for many. It is also discussed that renewing a sense of spirituality and mission can be healing in the ways it is serves as a resource for managing and coping with stress or distress (Norcross & Guy, 2008). Spirituality appears to be healing in that it provides fuel for our bodies and minds in order to repair or re-pattern, grow, and thrive, both in relation to self and the world at large. This fuel paves the way for greater meaning-making and fulfillment in life (Ivey et al., 2012) to occur by providing an individual with greater awareness of a world that acknowledges a higher power and a sense of purpose. Norcross and Guy (2008) raised a questionable assumption which is that the calling to be a clinician almost always involves a spiritual mission of some sort. Further research and literature is needed in regards to spirituality as a healing tool or process for both patient and clinician, as well as the distinctions between them.

While Plante (2009) discussed spirituality regarding self-care, the term “religious-spiritual” was strictly used, seeming to downplay the significant and important differences in how people understand and engage in religion and/or spirituality. However, Plante (2009) clarified how several people view themselves as spiritual but do not necessarily identify with any religion or church community. Spirituality may be embedded within religious practice, but it can also be found through a connection with a higher power, to nature, or to the sacredness of life (Plante, 2009). Much in the same way previous literature described spirituality as healing, Plante (2009) reported religious-spiritual experiences to be healing: those who engage in religious-spiritual activities have better mental health functioning than those who do not, and increased sense of well-being, resilience to stress, perceived social support, and coping. Despite Plante’s (2009) lack of distinction between religion and spirituality, the connection to a higher power still evidently contributes to healing, recovery, and growth.
**Spirituality and religion.** While spirituality seems to always have a home within the realm of religion, religion is not always a part of spirituality. Spirituality may be a more subjective, transcendental meaning-making experience, compared to religion, which is a fixed system of ideas or ideological commitment (Dorman, 2016). Spirituality is a more individual or intrinsic phenomenon, whereas religion refers to a social or more extrinsic phenomenon, emphasizing more organized aspects of faith, including community practices and beliefs (Hall, Dixon, & Mauzey, 2004; Rothwell, 2006). Discussed by Plante (2009), religion is an organizational structure within a community of traditions that generally includes sacred scriptures or religious writings, an articulated doctrine or belief structure that describes the faith community’s values and beliefs, and an identified leader or ideal to model after. Moore (1992) described how a more formal religion can be powerful and influential in the establishment of values and principles, but that because religion cannot be neutral, it is always lying on the cusp between the demonic and the divine.

Moore (1992) described that an aspect of modern life is a loss of formal religious practice in many people’s lives, which is not only a threat to spirituality, but it deprives humans of valuable symbolic and reflective experience. Moore (1992) added how making every day sacred through small but significant ways is a kind of spirituality and without it, religion may become so far removed from the human situation so as to feel irrelevant. Moore (1992) mentioned how our culture is in need of spiritual reflection and involvement that does not advocate a particular tradition, but instead nurtures the human soul’s need for spiritual guidance. According to Plante (2009), most Americans are religious, spiritual, or both because their beliefs help give their lives purpose and meaning. In one study, Gold (2013) found that 60% of Americans claim affiliation with formal religious traditions, whereas 15-20% of Americans describe themselves as spiritual.
With respect to clinicians specifically, Norcross and Guy (2008) reviewed a study of roughly 1,000 psychotherapists from around the world. The study revealed that 51% described themselves engaging in some form of personal spirituality, 27% described themselves engaging in some pattern of religious spirituality, and only 21% described engaging in a pattern of secular morality (Norcross & Guy, 2008). However, other literature describes many psychotherapists choosing not to engage in religion or spirituality, indicating that how religion and spirituality are defined will determine our understanding of these phenomena (Dorman, 2016). Norcross and Guy (2008) referenced that regardless of definition, both religious and spiritual experience help humans to rediscover or reawaken the awe of human existence.

Religion and spirituality in clinical practice. The literature noted the importance of being mindful of bringing these concepts into clinical practice (Moore, 1992; Norcross & Guy 2008; Plante, 2009). Historically, the empirical science of psychology has included very little room for discussion of religion or spirituality and clinicians who may want to integrate their religious traditions, rituals, and spirituality into their clinical work are discouraged from doing so (Plante, 2009). Yet, as modern psychology and counseling begin to incorporate more recognition of the importance of acknowledging religious and spiritual factors, both as a clinician and in working with clients, it is becoming increasingly common to find religious professionals who are also training in psychology and social sciences (Moore, 1992). This indicates a new awareness that religion, soul, and the world are profoundly implicated in one another (Moore, 1992). Whether or not clinicians engage in religion or spirituality as practices of self-care in their own professional and personal lives, they must be culturally competent of the diverse religious and spiritual traditions and needs of their clients (American Counseling Association, 2014). Furthermore, religious multicultural competence training protects clients from religious
or spiritual dilemmas that may arise from unclear boundaries between a clinician’s own practices and those they incorporate in their clinical work (Richardson & Molinaro, 1996). In the context of therapy, the boundaries between religious or spiritual practices present a need for further development and clarity within the field.

**Ritual.** In examining the relationship between spirituality and religion, a common theme of the importance of ritual arose within both spiritual and religious experiences. The three types of ritual that emerged in the literature include religious ritual, spiritual ritual, and movement ritual. Moore (1992) discussed that religious rituals maintain the world’s holiness. For example, going to church or temple is participation in religious ritual (Moore, 1992). Much different than the more formal religious rituals, Rothwell (2006) explored examples of spiritual rituals that helped to bring meaning to clinicians’ work, including praying in movement, listening to music, creating art, breathing, mindfulness, or lighting candles. Lastly, the presence of movement rituals emerged in the literature. Browne (1990) explored how people may gain a sense of spiritual wholeness through sacred movement rituals, such as one dancing one’s own personal and meaningful gestures. Despite the type of religious, spiritual, or movement ritual, Moore (1992) emphasized that they can become mundane, meaningless, and without intention. Often people get caught up in rituals that have no intention, thus losing their meaning and feeling like more of a routine rather than ritual (Moore, 1992).

**Spirituality and dance/movement therapy.** The field of dance/movement therapy stresses the empirically-based notion that the body, mind, and spirit are not only connected, but that change in one affects change in the others in a reciprocal fashion (Levy, 2005). Due to the current trend of acknowledging health and wellness through a holistic lens, there is now more recognition of spirituality than there has been historically in this profession, both in terms of the
work dance/movement therapists do as well as how they care for themselves (Levy, 2005; Rothwell, 2006). Boas (1971) claimed that dance itself is the expression of the human spirit. Dance can even be considered a discipline that combines both the body and mind and by engaging in dance, it has been shown to allow individuals to access the spirit within these body-mind practices (Ravelin, Kylma, & Korhonen, 2006). In Bellamy’s (2015) master’s thesis, which examines the relationship between spirituality and embodiment, Bellamy determined that spirituality can be accessed through movement and dance. Furthermore, dance/movement therapy can actively support individuals in accessing this interpersonal and intrapersonal experience of engaging with spirituality (Berrol, 2006). Rothwell’s (2006) master’s thesis examined the integration of spirit into clinical dance/movement therapy practice. Rothwell (2006) found that her co-researchers experienced spirituality emerge within their dance/movement therapy sessions through five primary ways: cosmology, environment, embodied spirit, process, and therapeutic relationship. Rothwell’s (2006) research provides a resource for other dance/movement therapists while highlighting the ethical limits of bringing spiritual or religious beliefs into clinical practice.

Other literature addressed the creative nature of dance/movement therapy, which is reminiscent of what literature reveals about spirituality (Boas, 1971; Broadbent, 2004). Boas (1971) believed that a creative approach to movement is inherently therapeutic and healing. Additionally, dance has the intrinsic ability to move the human body while revealing the innermost thoughts, feelings, and spirit of the mover (Levy, 2005). These innermost experiences of the mover can translate into creativity by allowing for engagement with one’s senses, emotions, and non-verbal communication processes; thus, evoking feelings that transcend the experiences of everyday life by giving deeper meaning and connection to the self and to the
universe (Broadbent, 2004). Alma Hawkins believed that if one’s movement and creative process is truly based on inner sensing, healing will occur (Levy, 2005). Hawkins is one of many dance/movement therapists who have incorporated the practice of Authentic Movement into their theoretical framework (Levy, 2005). This spiritual process emerged from dance/movement therapy as a mindful meditation practice allowing an individual to release the impulses of the body to guide movement in the presence of a witness (Adler, 2003). Hawkins believed that through the practice of Authentic Movement, an individual could experience wholeness by learning to listen to their inner voice (Hawkins, 1991). Hawkins stated, “when one discovers that inner spirit and the inner voice is free to make its own unique statement, then something magical happens to the creator” (Hawkins, 1991, p. 115). The magic arises in the ways Authentic Movement provides space for spiritual relationship through a process of inner sensing and inner listening in relationship to self and to the external world (Adler, 2003). A review of literature indicates that both movement and spirituality are creative processes that allow one to access deeper parts of themselves through inner sensing and meaning-making while also fostering connection to the world at large. This suggests that engaging with the processes of movement and spirituality may be key aspects in the self-care of dance/movement therapists.

**Self-Care**

Self-care proved to be as equally challenging a concept to put into practice as spirituality. Even historical figures in the field of counseling, such as Carl Rogers, have described having difficulty managing self-care, stating, “I have always been better at caring for and looking after others than I have in caring for myself” (Rogers, 1995, p. 80). Similar to the way spiritual practice is discussed in the literature, self-care is often depicted as an active and intentional experience (Orlinsky, Rønnestad, & Ambühl, 2005). Self-care is making the choice to build a
life that an individual does not need to regularly escape from, which may require making
decisions that veer away from what people want to do in favor of self-care decisions they do not
necessarily want to do (Weist, 2017). For example, many individuals strongly dislike exercising
after a long day at work but find that after the exercise, they feel much better (Weist, 2017).
Self-care should not be something individuals resort to because they are so exhausted and need
some relief from self-imposed internal pressure (Wiest, 2017). It is also not just a series of acts
to take care of oneself. Self-care is an exploration of new strategies of everyday coping that
support an individual in balancing personal, occupational, and spiritual activities to promote
refreshed energy, healing, and increased wellness (Collins, 2005).

Norcross and Guy (2008) discussed self-care as an experience of minding the body,
nurturing relationships, and setting boundaries. Providing specific examples, they mentioned
self-care in a clinical setting versus self-care at home, including vital breaks, relaxation, humor,
and get-togethers, or letting go of the burden of one’s professional self through days off,
vacations, leisurely diversions, solitude, personal retreats, play, and meditation (Norcross & Guy,
2008). Other literature identified aspects of clinician self-care to include maintaining a balanced
client load, engaging in regular supervision, processing emotional challenges that arise from the
work, having a supportive work environment, having a source of social support, the ability to
maintain family connection, and a sense of spirituality (Williams, Richardson, Moore, Gambrel,
& Keeling, 2010). Wiest (2017) added that having to regularly indulge in consumer self-care,
such as acts that individuals might consider “treating” themselves, like indulging in a decadent
dessert or buying fancy bath oils to enjoy, results when individuals are disconnected from actual
self-care, which has very little to do with treating oneself but more to do with nurturing oneself
and making choices for long-term wellness. It appears that effective self-care is actively
choosing a lifestyle that allows one to care for themselves daily in the most nurturing, compassionate, and effective ways possible, with multiple references including attending to one’s spirituality as an essential component.

The counseling profession appears to have shifted from simply identifying and responding to clinician stress and impairment to promoting clinician wellness (Cummins, Massey, & Jones 2007). The American Counseling Association (2014), while not directly referencing the phenomenon as self-care, mentioned that clinicians should monitor themselves for indications of their own impairment from any physical, mental, or emotional problems that arise from their work. Additionally, when problems such as these arise in the clinician’s awareness, it is recommended that they refrain from providing professional services when such impairment may have the potential of bringing more harm to a client or others than benefits. It is also recommended that clinicians seek assistance for help with any of these problems as they may arise (American Counseling Association, 2014). Clinician stress and impairment may affect the ways in which therapists interact with clients, decreasing their effectiveness. Furthermore, if necessary, clinicians should actively choose to limit, suspend, or terminate their professional responsibilities until they can safely resume their work (American Counseling Association, 2014).

Orlinsky et al. (2005) described what may lead to ineffective self-care, including wishful thinking and self-blame for focusing on not being able to change, instead of continuing to actively engage in the process despite its ups and downs. They also described the dangers of not practicing self-care, in that overly stressful clinical work may lead to what they refer to as the main source of a clinician’s experienced depletion (Orlinsky et al., 2005). The main source of this depletion is difficulties with clients that are not constructively managed, often leading to
feelings of stress or anxiety in the clinicians (Orlinsky et al., 2005). Clinicians’ depletion may also lead to a sense of dissatisfaction or loss of hope in their work (Orlinsky et al., 2005; Plante, 2009). Within the discussion of clinician depletion emerged the notion that it can lead to detrimental clinical burnout (see Appendix A).

**Burnout.** Striving to prevent burnout is a more pathological and less effective strategy than cultivating self-care (Norcross & Guy, 2008). Burnout has been defined in a variety of ways throughout literature but there appears to be a common link to emotional depletion. Norcross and Guy (2008) elaborated that burnout is both physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feelings for clients. The probability of burnout is reliably associated with identifiable risk factors such as clinician characteristics like a high desire for positive feedback, patient characteristics like those who are extremely violent or aggressive, and job requirements like inadequate supervision or high job stress (Norcross & Guy, 2008). However, clinicians who are strongly motivated to develop as effective therapists and who feel supported in the work setting will be less prone to burnout and stress (Orlinsky et al., 2005). Additionally, Orlinsky et al. (2005) suggested this burnout can be lessened by a clinician’s use of professional resources such as self-care, formal supervision, or personal therapy.

Tools like the Burnout subscale can be used by clinicians to assess feelings of hopelessness, stress, and frustration associated with feelings of being ineffective or unsatisfied in the workplace or with clients (Cummins et al., 2007). According to Norcross and Guy (2008), research indicates that at any given time, approximately 2-6% of psychotherapists are experiencing burnout while approximately 32% of psychotherapists are experiencing symptoms of burnout significant enough to interfere with clinical work. Unfortunately, Norcross and Guy
do not specify what type of psychotherapists these studies reference and due to the date of these studies, it is unclear whether these numbers are still accurate. Additionally, their definition of self-care is broad and they do not specify the reliability or validity of these results. They also mention what they refer to as underchallenged burnout, when a clinician is not faced with work overload, but rather unstimulating work that fails to provide sufficient rewards (Norcross & Guy, 2008). It appears that creating a lifestyle in which a clinician actively and intentionally engages in self-care can be an essential component in allowing clinicians to promote wellness, prevent burnout, and be fully present in the healing process with clients.

**Self-care for emerging dance/movement therapists.** In the last two decades, there has been a theoretical and practical shift in the approach to clinician self-care (Skovholt & Rønnestad, 2003). Psychologists Roach and Young (2007) listed reasons for this, including how, despite the fact that clinicians emphasize self-care in their work with clients, effective tools and knowledge of self-care for clinicians themselves have been insufficient. In Chapman’s (2013) master’s thesis on the wellness and self-efficacy of dance/movement therapy interns, she discussed the taxing nature of working in a clinical setting. Interns and emerging clinicians may experience more self-doubt and distress than seasoned professionals, so it is especially important to actively attend to self-care and address the challenges associated with clinician development (Chapman, 2013). Additionally, individuals who are just starting their clinical work tend to experience more prominent feelings of anxiety and vulnerability as well as lower self-efficacy in relation to their work (Skovholt & Rønnestad, 2003).

Even within a field that frequently discusses self-care, the current literature and resources available to emerging clinicians for maintaining their own wellness is limited and often neglected (Roach & Young, 2007). Terrell’s (2016) master’s thesis also noted the lack of
research pertaining to the self-care of emerging clinicians. Terrell (2016) revealed five facets of self-care that could serve emerging clinicians, specifically dance/movement therapy student interns, and created a toolbox of self-care practices for each type of self-care. Terrell (2016) listed both professional and personal self-care, with additional domains of personal self-care including physical, emotional, psychological, relational, and spiritual. By actively engaging in these types of holistic personal and professional self-care practices, emerging clinicians may increase their ability to become a healthy, self-efficacious therapist (Blazek, 2010). Chapman (2013) also revealed that doing so will decrease burnout and low self-efficacy while promoting health, wellness, and confidence in emerging clinicians. Literature pertaining to effective self-care for emerging clinicians, specifically dance/movement therapists, is currently scarce and demonstrates a need for further research.

**Spirituality as Self-Care**

In practicing self-care, many therapists believe it is essential to tap into spirituality, because it can help to renew and replenish psychotherapists, both internally as well as in relation to how they feel about their work (Norcross & Guy, 2008). In fact, Collins (2005) claimed that self-care is a spiritual act in and of itself in the ways it requires a certain level of self-awareness to reflect on oneself, including one’s desires, strengths, and weaknesses. More clinicians are viewing spirituality as an important element in self-care, and seeing self-care as both a spiritual activity and an ethical obligation in their clinical work (Dombo & Gray, 2013). Norcross and Guy (2008) discussed how spirituality can be an invaluable source of strength and meaning for the psychotherapist and how it can enhance a clinician’s self-care practice through several ways: clinicians can be renewed through engaging in a process of healing with clients; clinicians can recognize that they join with a Supreme Being or transcendent force that enables personal
growth; and clinicians can accept that they are aids in healing, but are not the source responsible for it.

The literature presented several tools to support wellness that helped clarify spirituality as a crucial component of self-care. Cummins, Massey, and Jones (2007) discussed the Wheel of Wellness as a key aspect in promoting healthy functioning in individuals, and applied it to clinicians. The concept of wellness references a holistic approach to self-care which encompasses all aspects of the self (Myers, Sweeney, & Witmer, 2000). Myers and Sweeney (2004) revealed that wellness attends to all of the five selves—creative, coping, social, physical, and essential (Myers & Sweeney, 2004). The essential self relates to one’s existential inclinations towards finding meaning, purpose, and hope throughout life (Smith-Adcock, Thompson, & Wolf, 2012). This also happens to be where an individual’s sense of spirituality forms. With spirituality at the core of the Wheel of Wellness, it is believed to be the most important characteristic of healthy individuals (Smith-Adcock et al., 2012). Additionally, this three-dimensional model suggests a dynamic interaction between the individual and a variety of life forces such as family and community, referencing the need for balance in self-care that is found throughout the literature (Cummins et al., 2007).

Dombo and Gray (2013) also offered a self-care model for clinicians, addressing ways they can support themselves and their work through spiritual self-care. Dombo and Gray (2013) created this model in the service of improving the effectiveness of clinicians’ work with clients in addition to their experience of and feelings associated with the work clinicians do. They categorized self-care interventions at the macro-organizational level, mezzo-team level, and the micro-individual clinician level. Their focus was on the micro level by offering specific ideas for personal spiritual clinician self-care within the categories of rest-taking, spiritual
collaboration, professional spiritual support, spiritual cleansing, and maintenance of one’s own spiritual practice. They suggested practices such as attending spiritual or religious services, prayer, meditation, spending time in nature, or anything that helps the clinician to find meaning beyond self, meaning in relationships, and meaning in clinical practice. While their research focused on social workers, their conclusions can be applied to all clinicians due to the ways in which spiritual self-care practices are discussed as a way to re-connect to the meaning of the clinical work and clinicians’ satisfaction. Their work provides a unique and portable spiritual practice of meditation and rituals as a means to alleviate the stress of clinical workers involved in the healing process.

Much in the same way that Dombo and Gray (2013) provided specific tools for engaging in spiritually based self-care, Collins (2005) described several spiritual practices as proactive means to foster support, protection, healing, and guidance of an individual. Collins (2005) included spiritual practices like finding sacred silence by focusing less time looking outward and more time looking inward, as well as the practice of expressing spiritual essence through meditation, ritual, or worship while promoting one’s connection to a higher power. The last spiritual practice of self-care that Collins (2005) illustrated was embracing stewardship. Stewardship implies that there is a power larger and greater than one’s human existence that provides guidance, meaning, and purpose for individuals (Collins, 2005).

Dorman (2016) also provided clinicians with spiritual and self-care resources to help them experience long, resilient, and satisfying careers as healers. Dorman (2016) provided a broad view of spirituality, and frequently related it to Christian ideas. However, Dorman’s description of spirituality references the basic human experience of wonder and awe, grounded in the sensing or experience of something higher, and therefore his narrative could be a compelling
guide for all clinicians, regardless of religious or spiritual practice, or lack of. Other literature provided creative self-care strategies that clinicians can employ to prevent burnout, including engaging in spirituality (Williams et al., 2010). Williams, Richardson, Moore, Gambrel, and Keeling (2010) found that these self-care strategies allowed clinicians to increase their ability to manage stress and anxiety as well as enhanced their abilities to take care of themselves through meditation or time in nature, for example. However, their study did not clearly distinguish between what benefits were associated with engaging in which type of creative practice of self-care discussed, making it difficult to define how exactly spirituality can be effectively used as a practice of self-care. Regardless, the literature addressed a common theme of the need for balance in spiritual self-care practices.

**Meditation as Spiritual Practice**

As this literature review has revealed thus far, there are countless references to meditation as an option of spiritual practice and self-care (Collins, 2015; Dombo & Gray, 2013; Williams et al., 2010). Meditation, derived from the Sanskrit word *dhyana*, refers to the practice of meditating, which means “attention to or contemplation” (Ladeia, Lima, & Sampaio, 2017). In Eastern medicine, meditation is seen as an ancient but still highly prevalent practice, whereas Western medicine has more recently recognized it as a complementary but important part of holistic health (Ladeia et al., 2017). Meditation has the power to harvest connection between an individual’s body, mind, and spirit, while fostering balance, higher consciousness, relaxation, and self-control (Ladeia et al., 2017).

There are many different forms of meditation, with literature appearing to refer primarily to three sub categories: meditation with an emphasis on concentration, or the need for sustained attention such as focusing on an object or the breath (Cardoso, de Souza, & Camano, 2004);
meditation with an emphasis on mindfulness in which individuals expand their perception and understanding of contents that emerge within the mind and body (Cardoso et al., 2004); and meditation with an emphasis on contemplation or transcendence, which integrates the two previously mentioned types while stimulating both the capacity to focus internally and to open oneself to the universe at large (Lutz, Slagter, Dunne, & Davidson, 2008; Pargament & Wachholtz, 2005). Focusing on contemplative and transcendent mediation in this heuristic inquiry, individuals may approach this practice differently but share a shift in using the body and mind to acknowledge and connect to the vastness of the world and an individual’s place within it (Pargament & Wachholtz, 2005).

**Meditation and Dance/Movement Therapy**

Reminiscent of contemplative or transcendent meditation, the practice of Authentic Movement that emerged from dance/movement therapy involves a similar process of intentional attention to expand one’s understanding of the body and mind through inner sensing and inner listening (Adler, 2003). Through the increased awareness, expanded consciousness, and meaning-making that both meditation and movement practices like Authentic Movement promote (Hawkins, 1991), spiritual relationship, healing, and change may occur. As previously mentioned, meditation can also facilitate connection between the body, mind and spirit, similar to dance/movement therapy (Ladeia et al., 2017; Levy, 2005). A great deal of research has been done regarding the physiological effects that meditating can have on individuals, with literature even stating that meditation creates structural alterations in the brain (Lazar, Kerr, & Wasserman, 2005). It has also been revealed that the following changes may occur during the practice of meditation: slower heart rate, slower respiration, reduction in blood lactate, variations in EEG frequency, reduced electrical conductivity of the skin, and a reduction in body temperature.
For these reasons, it appears that meditation becomes a self-regulating tool for the body, giving an individual more control over their physiological processes and responses. Acting on these autonomic processes can allow an individual to achieve relaxation and calmness as well as reduce stress and anxiety in the body (Ladeia et al., 2017). If meditation can actively produce shifts in the physical body through regulation of one’s psychological processes, it appears that this practice supports the premise of dance/movement therapy in that it will also result in reciprocal shifts in the mind and spirit. This research aims to explore how certain situations and settings, particularly being in nature, can support the shifts that meditation is able to provide the body, mind, and spirit.

**Dance/Movement Therapy and Nature**

Literature discussing the relationship between dance/movement therapy and the connection to nature is limited. The field of *ecopsychology* (see Appendix A) is referenced, which is a psychotherapy claiming an essential and vital relationship between humans and nature (Buzzell & Chalquist, 2009). In Diaz’s (2016) master’s thesis, focusing on the relationship between dance/movement therapy and ecopsychology, she discussed the relationship between our interactions with the natural world as they relate to our psychological well-being. Her research even stated that increased attention to nature can support the self-care of dance/movement therapists (Diaz, 2016). Not only do humans’ interactions with nature directly affect their bodies and minds, but they project unconscious needs, such as the human desires for connection, inner peace, or wonder and awe (Roszak, Gomes, & Kramer, 2005). Diaz (2016) believed that in addition to using movement to support individuals in understanding these unconscious needs, fostering a connection with nature could also potentially offer a safe space, if not the ultimate space, for healing to occur within ourselves as clinicians and within our clients. Tellmann’s (1999) master’s thesis, reviewing an ecopsychological approach to dance/movement
therapy, takes this implication further, stating that utilizing imagery from nature and movement in a therapeutic context can support individuals in integrating their internal and external realities of how they exist in the world. Sobol (2011) further emphasized that the body and the earth need one another and exist in a dependent relationship. In summary, similar to movement, a connection to nature supports and facilitates a deeper understanding of one’s own internal experience as well as one’s place in the world at large.

**Conclusion**

With spirituality and self-care being subjective topics, a strength of the literature is that many researchers bring concreteness to these concepts, allowing clinicians to create working definitions of both spirituality and self-care that are understandable and applicable to their own lives. For example, the literature reviewed provided tools, ideas, and specific interventions for clinicians to engage in both spirituality and/or self-care. The specific spiritual practice of meditation was referenced repeatedly as an effective form of self-care for many clinicians. Another shared theme among the literature was that spiritual self-care provides necessary recuperation and rejuvenation for clinicians to be effective and satisfied in their work, regardless of whether or not the self-care was approached through a particular religious lens. The literature conveys that spirituality involves intentional and internal meaning-making experiences in relation to one’s self, others, or the world, which results in connection to a higher power as identified by the individual within a particular context. Literature also reveals that self-care requires a lifestyle rather than a series of daily acts to satiate immediate needs. It involves purposeful and preventative acts of daily nurturing and connection that replenish the individual’s body, mind, and spirit.
With vast literature on spirituality and self-care, a current limitation is the gap in research regarding engaging in spirituality as a practice of clinician self-care. Norcross and Guy (2008) discussed how outside of formal training, psychotherapists generally must learn on their own to integrate their experience of spirituality or religion into their lives—something rarely documented in professional literature. Despite Plante (2009) having discussed how in recent years the integration of spirituality, religion, psychology, and science has become more legitimimized, both publicly and professionally, a gap in the literature continues to exist in relating these topics specifically to that of clinician self-care. Lastly, nothing but positive benefits are outlined in the literature integrating spirituality and self-care. This necessitates additional research on potential negative effects of engaging with spirituality as a form of clinician self-care.

This much is clear from the research: Clinicians engaging in spiritual practices as a form of self-care have increased effectiveness with clients and higher levels of professional and personal satisfaction. This research aims to bring more clarity to the experience of engaging in spirituality as a practice of self-care, specifically as a dance/movement therapist whose work emphasizes the integration of the body, mind, and spirit. Through this heuristic inquiry, the phenomena of spiritual self-care will be researched through meditation and spending time in nature. Research questions included the following: As an emerging dance/movement therapy clinician, how can engaging with spirituality be used as an effective practice of self-care? How is spirituality defined? How is self-care defined? How do I embody spirituality as self-care through movement?
Methods

This study was guided by a pragmatic research paradigm. Within this framework, an emphasis on the outcomes and practical applications of research are valued over the antecedent conditions, which resonated with my intent of finding results that would be readily applicable to other emerging dance/movement therapists (Creswell, 2013). Additionally, this paradigm emphasizes the freedom of choice in research that is available to individual researchers, be it choosing a variety of quantitative or qualitative data collection methods, or using several approaches to analyzing data (Creswell, 2013). This aligned with my initial reason for engaging in the research because I sought freedom in how I designed and executed my research study. Due to the personal nature of this research and its guiding questions, this paradigm also supported the essence and meanings of my own human existence. Through my lived experience of engaging in spiritual self-care, this paradigm allowed me to explore and describe such experiences that occurred throughout my research in a way that suited me, as the researcher. Lastly, in relation to axiology, this framework supports my own values as both the researcher and primary participant in that it values the unique experience of each individual. In this self-study, being guided by a framework that supported my values and intended research process was mandatory.

Methodology

In this heuristic research study, I acted as both the primary researcher as well as the only participant. For this reason, there was no recruitment process. As a dance/movement therapy graduate student and intern, and someone whose connection to spirituality had dwindled over the past several years, this self-study was intended to support my own exploration of self-care and spirituality as an emerging clinician. I conducted this research within the city of Chicago, where
I attended graduate school and currently live. I chose four different nature settings within the city to engage in meditation. These included three parks and a space along the lakefront. I was familiar with these settings ahead of time and knew that I could feel fully emerged in nature while meditating in each one. Following each meditation in nature, I also embodied my experience of spirituality as self-care through movement within my home. I analyzed and interpreted this data within my own home as well.

I used the methodology of Moustakas’ heuristic inquiry to guide this self-study. I was guided by my primary research question: As an emerging dance/movement therapy clinician, how can engaging with spirituality be used as an effective practice of self-care? There were several secondary research questions: How is spirituality defined? How is self-care defined? How do I embody spirituality as self-care through movement? I determined that participating in the six stages of heuristic inquiry would best support my initial research question in an attempt to collect and analyze data to deepen my understanding of how spirituality can be an effective practice of self-care for developing dance/movement therapists. I initially reflected on and became curious about my primary research question through what Moustakas refers to as the symbolic growth experience, or the “sudden, dramatic shift in perception, belief, or understanding that alters one’s frame of reference or world view,” that resulted from my time spent in the mountains of Colorado (Moustakas, 1990, p. 99). In addition to supporting the nature of my research questions, Moustakas’ (1990) heuristic inquiry is suited for qualitative methods and data collection, allowing for the richest body of information and meaning-making to occur through self-exploration, discovery, and analysis. Quantitative methods would not have comprehensively captured the results, given the experiential, relational, and creative nature of both spirituality and dance/movement therapy, in which results can often not be depicted or
measured quantitatively. The stages of my heuristic inquiry included: initial engagement, immersion, incubation, illumination, explication, and creative synthesis.

**Initial engagement.** Moustakas’ (1990) first step in heuristic inquiry requires a researcher to engage in self-dialogue through the development of an intense or compelling passion towards a particular area of interest. In the period between my field placement and clinical internship for my graduate program, I noticed a significant need for more substantial self-care—that which tended not just to my body and mind, but to all aspects of myself, including my spiritual self. When I spent time in the mountains of Colorado between these clinical experiences, I connected with my spirituality in ways different than I had in the past. The intersection of having previously reflected on a current lack of my own spiritual self-care and having felt the impacts of spiritual self-care in Colorado sparked my initial interest in this research. At this point in my process, I engaged in “inner receptiveness,” described as “a willingness to enter fully into the theme, and to discover from within the spectrum of life experiences that will clarify and expand knowledge of the topic and illuminate terms of the question” (Moustakas, 1990, p. 27). My research questions became a central point of focus and attention within my consciousness at all times.

**Immersion.** I spent almost nine months in the immersion stage of my research. Since the summer before my last year of graduate coursework and internship, my research questions began to creep into every day of my existence, as both a human being and as an emerging dance/movement therapist throughout my internship in a psychiatric hospital. I reflected on the phenomena of spirituality and self-care, and continuously wondered how I could merge these two concepts within my own life and professional identity, as I embarked on a journey of tremendous challenge and growth during my internship. I was able to “come to intimate terms
with the question—to live it and grow in knowledge and understanding of it,” particularly as I began my data collection (Moustakas, 1990, p. 28).

**Incubation.** Having spent the entirety of my last year of graduate school immersed in my research questions and data collection, both through coursework as well as in my personal and professional experiences, it felt necessary to step away for two weeks upon completing my data collection during my last stretch of graduate coursework and internship. My body and mind were swirling with information, and in order to make sense of my data, see the bigger picture, and glean implications, I needed to remove myself from the process. During this time, although I was not directly engaged with the research, growth was still taking place, as my whole being was absorbing the effects of my research and self-exploration that occurred through data collection (Moustakas, 1990). Allowing myself to incubate away from the conscious reflection of my research thus far enabled “the inner works of the tacit dimension and intuition to continue to clarify and extend understanding on levels outside of the immediate awareness” (Moustakas, 1990, p. 29).

**Illumination.** During what was an exciting phase in my own process, the results and application of my research emerged and became fruitful. The research took on meaning and value, both for me as a human and professional, and I observed how it might offer insight or solutions to other emerging dance/movement therapists in their search for effective self-care. My illumination period added new dimensions of knowledge to my research as I began to make connections between themes that emerged in my data through Moustakas’ data analysis method. These themes enabled me to form “new awareness, a modification of an old understanding, a synthesis of fragmented knowledge, [and] an altogether new discovery or something that has been present for some time yet beyond immediate awareness” (Moustakas, 1990, p. 30).
Although I wish I had allowed for more time in the illumination phase, I found the time that I did have was of great personal value.

**Explication.** Similar to the illumination stage of heuristic research, but providing more detail, this stage allowed me to more fully examine and understand that which was awakened in my consciousness through data collection and analysis. Due to my chosen methodology, it was also during this stage that I was required to reflect on my own biases as they related to my personal frame of reference and experiences within which certain phenomena were explored through this research. This stage requires that “researchers attend to their own awarenesses, feelings, thoughts, beliefs, and judgements as a prelude to the understanding that is derived from conversations and dialogues with others” (Moustakas, 1990, p. 31). For these reasons, I included two validation strategies as part of my research process—clarification of researcher bias as well as inviting a resonance panel to engage with my data. By using these tools to validate my qualitative data, I could develop a more concrete and comprehensive understanding of the results and implications this research yielded.

**Creative synthesis.** This is the final stage of heuristic research, which invites researchers into a process following the mastery of the questions, knowledge, and themes that have emerged from the data collection and analysis. After moving beyond the major concepts and themes that emerged from this data, I engaged in creative synthesis to choreograph a movement piece that was reflective of not only my process, but the product of this research. Having “mastered knowledge of the material that illuminates and explicates the question[s],” I was able to synthesize this information and through a creative and artistic process, bring to life the results of my research through my preferred mode of creativity—dance (Moustakas, 1990, p. 33). This movement piece was performed at Columbia College Chicago’s Department of
Creative Arts Therapies Student/Faculty Dance Concert in front of an audience of family, friends, and colleagues.

**Data Collection**

During the immersion phase of this heuristic inquiry, I used two qualitative data collection methods to inform my research study. My chosen spiritual practice of self-care consisted of meditating within nature. I engaged in this spiritual practice for at least one hour, two times per week for the duration of three weeks. Immediately following my engagement with each spiritual practice, I completed my primary mode of data collection in the form of a semi-structured self-interview using embodied writing (see Appendix B). My data collection method of embodied writing, a vividly descriptive writing style encompassing all sensory modalities (Anderson, 2001), included handwritten reflections that were then transcribed onto my computer in order to bring clarity and organization to my own data analysis process. This semi-structured self-interview focused on reflections regarding shifts in my mental, physical, and emotional states through engaging with spirituality as well as how these shifts contributed to the effectiveness of my self-care.

Following the completion of each semi-structured self-interview, I used an iPad to film myself embodying my experiences of spirituality as self-care through movement for my second method of data collection. After each recording, I uploaded the videos to a private YouTube channel so that I could eventually share the videos with my resonance panel. Initially, I intended to film these experiences immediately following my completion of each spiritual practice and semi-structured self-interview. However, I found that embodying my experience of spirituality as self-care served as another effective form of self-care in and of itself. For this reason, my last four embodiments were completed the day after each meditation and corresponding semi-
structured self-interview. I then assessed the video footage, focusing on two criteria: overlapping movement themes that had also emerged in my embodied writing; and general descriptions of movement through the lens of Laban’s body, effort, shape, and space categories on a Movement Assessment Coding Sheet (see Appendix C). Laban’s taxonomy of human movement is a way to look at, analyze, and describe movement through certain lenses (Moore, 2014). I chose to use Laban’s taxonomy to describe my movement due to my previous experience and familiarity using it. This system of describing movement enables individuals to, “study and work with some extremely elusive phenomena in tangible ways” (Moore, 2014, p.21). I was presented a challenge in engaging in a process of self-witnessing while completing a Movement Assessment Coding Sheet, but simultaneously holding within myself the meaning of my movement as I saw it unfold from the external perspective of an iPad. All of this data was then described and added to a final section in each semi-structured self-interview so that all of my data from each data collection session was in one place (see Appendix B).

**Data Analysis**

Having used Moustakas’ six stages of heuristic inquiry to engage in this research, it felt appropriate to use his data analysis method. This method embraces the values, beliefs, processes, methods, and interpretations that I, as the primary researcher and participant, generated in response to my initial research questions (Moustakas, 1990). Furthermore, in the context of a heuristic inquiry, it was important to use a data analysis method that allowed for flexibility in making sense of and interpreting my own data, as the research was of a personal nature. This data analysis method allowed me to avoid any imposed implications or interpretations that a less subjective or more structured analysis method may have generated.
After data collection, I began my analysis by reading through each of my six semi-structured self-interviews two times. As I read them, themes organically emerged in my consciousness and I then allowed several days to remove myself from the data and reflect on the themes. Upon returning to my data, I underlined and highlighted the observed themes. I chose to focus on 14 themes that were described in all six of my semi-structured self-interviews, eliminating those that only appeared once or twice throughout my data collection. All 14 of these themes emerged in my movement as well, in addition to four new themes. I narrowed my focus to the 14 overlapping themes.

From there, I created a new document including all of my themes in two charts, listing the 14 themes from my semi-structured interview data in a separate space from the same 14 themes that emerged throughout my movement assessment data. This allowed me to insert corresponding supporting evidence into each chart for further analysis and clarification. I revisited my initial six semi-structured self-interviews once more, choosing phrases and sentences that I felt supported and further described the 14 themes as I understood them. I also re-watched the video footage of my embodied experience of spirituality as self-care and wrote down the numeric times of movement examples that supported each of the 14 themes. I further analyzed my data with my research professor, who served as a research consultant during this time. With a fresh set of eyes, I perceived that all 14 themes fit into three primary themes that addressed my main research question.

I returned to my raw data once more, searching for themes that I had missed during my initial analysis as well as looking for further examples to support those themes I had already identified. I did not find anything that felt substantial enough to add to my already existing data
analysis. From there, due to the heuristic and qualitative nature of my research, I organized a resonance panel to validate my data analysis.

The final step of Moustakas’ (1990) data analysis method is the development of a creative synthesis of one’s research experience. Moustakas intentionally described this part of data analysis as relatively open-ended to capitalize on and support each individual’s experience within the research process. This requires researchers to tap into “imaginative and contemplative sources of knowledge and insight in synthesizing the experience, in presenting the discovery of essences-peaks and valleys, highlights and horizons” (p. 52). Ultimately, it supports the feelings, knowledge, and passion of the researcher through a creative modality, typically in the form of a narrative, poem, work of art, or movement piece. In my own process and in addition to a traditional thesis format, I choreographed and performed a movement piece as my creative synthesis. After revisiting video footage of my embodied experiences of spirituality as self-care, I recreated movements that I had observed. I also incorporated movement phrases symbolic of several of the 14 themes that emerged through data collection. I used these movements to choreograph my piece and then I set it to music. I presented and performed my findings with an audience of peers, mentors, family, and friends upon completion of data analysis in Columbia College Chicago’s Department of Creative Arts Therapies Student/Faculty Dance Concert.

Validation Strategies

Due to qualitative data collection methods, I used a resonance panel as well as the clarification of researcher bias as validation strategies in my research. To utilize a resonance panel, I separately approached three graduate peers in-person to inquire if they would be interested in contributing to my data analysis. They were also all emerging dance/movement therapists and interns, enabling me to discuss my findings with individuals who have experience
relating to my research of spirituality as a form of self-care. These individuals, who were neither collaborators nor participants in my study, examined my results in relation to their own lived experiences of these phenomena to help to illuminate, support, challenge, and validate my results and biases. In my initial conversation with each individual panel member which occurred during the immersion phase of my heuristic inquiry, I shared my research questions, methodology, data collection and analysis methods, and a general description of where I was in my research process as themes and meanings had begun to emerge. This is also when I obtained letters of agreement (see Appendix D) and confidentiality agreements (see Appendix E) from each resonance panel member.

I engaged with each of my three panelists once more, this time to present my full set of data collection and analysis to them. I shared with them the charts of all 14 themes broken up into three broader themes, with supporting examples in two forms: embodied writing from my semi-structured self-interviews; and numeric times from the video footage of movement examples that corresponded to themes from my embodiments. I then asked my resonance panel to engage with my data while considering six guiding questions (see Appendix F).

It was also necessary to clarify researcher bias to understand how my own lived experience may have affected the results and interpretation of my research. I focused on defining my cultural characteristics, such as: I am female; I was raised Catholic; I have been a dancer my entire life; I have always lived in Chicago; and that I am a graduate student in Columbia College Chicago’s Dance/Movement Therapy and Counseling program. Additionally, I considered my own body knowledge/body prejudice (Gantz, 2014) as an emerging clinician in relation to this research, noting that my own cultural factors influence the ways in which I experienced and made sense of my spiritual self-care practice of meditating in nature. I had to
consider the ways in which I not only engaged in this research process, but also the ways in which cultural factors such as these influenced my interpretation and analysis of my own data. Having resonance panel members who were themselves not a part of the data collection and analysis process further illuminated such biases. However, in this particular research, there was technically no unbiased self because my lived experience, including my unique cultural factors, are the breath and life of this heuristic research. Utilizing a resonance panel as a validation strategy to illuminate and clarify researcher bias is further explained in the following chapter.

Ethical Considerations

As the primary researcher and participant, the ethical considerations for this heuristic inquiry were limited. Due to the pragmatic and heuristic nature of this research, the issues of personal safety and confidentiality arose. In considering the ethics principle of non-maleficence, I chose to take certain measures to ensure my own safety and minimal risks during data collection. This included choosing a place within nature that I was familiar with and felt safe in to meditate, already understanding the susceptible state that meditation can have on its participants while engaging in an often internally-focused practice in public. Additionally, due to the internal and vulnerable state that my data collection required, I informed someone exactly where and when I planned to engage in my chosen spiritual practice as well as checking in with that person before and after each session of data collection.

In regards to my own confidentiality and the ethics principle of respect for persons, my hope has always been to share my personal experiences and findings so that they may benefit other emerging dance/movement therapists. However, it was up to my discretion to determine what I did and did not include from my personal experiences of engaging with spirituality as a form of self-care within my data collection and analysis to ensure minimal risk of compromising
aspects of my confidentiality or safety as they relate to this research. I will discard all aspects of my raw data collection within one year of submitting my thesis so as to protect myself.

In reference to my resonance panel, I provided each member with a confidentiality contract (see Appendix E). This contract outlined that no identifying factors of the individuals would be disclosed in my written thesis. Additionally, it stated that members of my resonance panel would not disclose the identity of one another.
Results and Discussion

This research focused on exploring the effectiveness of engaging with spirituality as a form of self-care for emerging clinicians. My own heuristic inquiry included semi-structured self-interviews with embodied writing following each mediation session in nature, as well as a review of existing literature and a resonance panel. These elements allowed me to address my primary research question and two of my secondary questions: As an emerging dance/movement therapy clinician, how can engaging with spirituality be used as an effective practice of self-care? How is spirituality defined? How is self-care defined? Filming myself embodying my experiences of spirituality as self-care through movement, coding this movement, and creatively synthesizing it addressed my last question: How do I embody spirituality as self-care through movement? The relationship between my semi-structured self-interviews with embodied writing and my filmed embodied experiences of spirituality as self-care reinforced one another. As an emerging dance/movement therapist who sees and interprets the world through movement, embodying my experience of spirituality as self-care brought a deeper, somatic understanding of the themes that emerged from meditating in nature. This was valuable information to help further understand the personal and professional implications of this research study as well as its applications to the field of dance/movement therapy.

After reviewing data from both meditating in nature and embodying my experience of spirituality as self-care, 14 themes emerged, the vast majority appearing throughout all six data collection sessions. Upon further review, these 14 themes were then regrouped into three primary themes for organization and clarity: increased awareness, positive changes, and spiritual relationship. Within the theme of increased awareness, the subthemes of heightened senses as well as internal and external awareness emerged. Subthemes of positive physical, emotional, and
mental changes arose from the primary theme of positive changes. Within the subtheme of physical changes, additional themes of breath, free flow, stability/mobility, recuperation, and grounding appeared. Lastly, within the theme of spiritual relationship, subthemes of peace, meaning-making, imagery, timelessness, and use of my heart chakra materialized. Included in this discussion of my findings are examples from my semi-structured self-interviews that reveal how each theme emerged and was experienced during this study. The results from this study are summarized in Table 1.

Table 1

Themes

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<th>Primary Theme</th>
<th>Subthemes</th>
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<td>Increased awareness</td>
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<td>Heart chakra</td>
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**Increased Awareness**

Therapy is often viewed as a process of change (Levy, 2005). In therapy, this change can be brought about by increased awareness of self, others, and the larger world. In dance/movement therapy practice, the awareness of self frequently involves body awareness. Engaging with spirituality and my higher power, through a body-mind lens supported heightened
senses; thus, increasing awareness of my own internal world as well as the world around me. Noticing aspects of myself, nature, and my higher power that were not previously in my awareness enriched my overall experience and effectiveness of this practice of self-care. Hawkins (1991) described this in relation to the creative process, sharing that becoming more aware of ourselves and the world around us enables us to make more connections, form new relationships, and greatly enhance the creative process. During this study, the benefit of increasing awareness contributed tremendously to the meaning-making that occurred through this creative and spiritual journey.

**Heightened senses.** Having spent a great deal of time meditating in nature while conducting this research, I found that this way of connecting with my spirituality led to the heightening of all five of my senses—touch, taste, smell, sight, and sound. Connecting to all five senses allowed me to feel more present with myself as well as the world around me as I noticed things that I had not before, even though they had always been present. In one of my semi-structured self-interviews following meditation in nature I wrote the following:

I consciously allowed myself to take in my surroundings—indulging in the sights, sounds, and smells that engulfed me. I noticed details I hadn’t before—the sweet whistling of birds in the trees, the sounds of children playing in the distance, the wind whispering between my hair and the back of my neck, the hundreds of baby buds sprouting from the bare and seemingly lonely tree branches, the gnarled and worn tree bark, the earthy smell of dirt beneath my feet, and the crispness of the air on my cheeks. As I began to perceive aspects and details of the environment through my senses, I developed a greater curiosity and appreciation for them. As this curiosity and appreciation grew, my emotional state changed as well, discussed in detail later.
**Internal and external.** The increased awareness that came forth through connecting with my spirituality involved both internal and external awareness. Becoming more aware of the external world through engaging with all five senses fostered a genuine relationship to the nature around me. It was through this relationship to nature that I was able to connect with my spirituality. Plante (2009) revealed that spirituality is an act during which one is attentive to that which is sacred to an individual—be it religion, a higher power, or nature. In my research, being attentive to my heightened senses and increased internal and external awareness enabled connection with my higher power in the nature surrounding me. I also learned that as my connection to nature and spirituality emerged through external awareness of nature, I became more acutely aware of what was happening internally. I was more aware of thoughts, feelings, sensations, and tensions that existed within my body while meditating in nature. This was an important finding, as I had not previously reflected on the powerful experience of being attuned simultaneously to both my internal and external worlds. An increased awareness of one led to increased awareness of the other, and vice versa, which allowed for a more profound connection with my spirituality. For example, after one of my spiritual practices I wrote the following:

I felt simultaneously present with myself and with the world around me. I became increasingly aware of the movement of the world around me as my physical body softened and became still. I felt juxtaposition between the busy world around me and the internal peace that settled in my body.

I described another experience of this internal and external awareness:

I was very much aware of the city around me but as I felt the sun on my skin, the city seemed to fade further and further away and the distance between my body and the sun grew closer. As I laid on the grass with the sun consuming me, I was in awe while still
fully aware of my breath, acknowledging that without the sun, I would not be able to breathe, to live, to exist in that moment.

Heightened senses and an increased awareness of my internal and external worlds were key contributors to feeling authentically present in the moment with myself, my surroundings, and with my higher power. After choreographing my creative synthesis of my embodied experience of spirituality as self-care, I discovered that head-tail connectivity was prevalent. Head-tail is the third of six human developmental movement patterns (Hackney, 1998). The head-tail connectivity allows an individual to sense themselves with internal support while giving attention to the outer world (Hackney, 1998), or as this movement piece allowed me to do, give attention to my spiritual relationship during the performance through increased awareness. This emerged through a great deal of my choreography involving successive movement moving from either head or tail through my spine. Hackney (1998) stated that because “your spine is related to Core Support, checking in with your Head-Tail and Core Support can easily put you in touch with yourself, particularly when supported by grounding and breath” (Hackney, 1998, p. 108). Not only was I attuned to and present with myself during the performance of this creative synthesis, due to the embodiment of these movements and a fluid head-tail connection, but I also present with spirit.

Literature discussed the concept of presence as essential to dance/movement therapy practices. Rothwell’s (2006) thesis indicated that spirituality can greatly impact the quality of a dance/movement therapist’s awareness and presence. In therapy in general, presence is often at the core of what informs a therapeutic relationship between client and therapist (Schneider, 2015). Schneider (2015) described presence as a dynamic mix of openness, engagement, expressiveness, and support. Within the context of dance/movement therapy, presence is a key
component of the therapeutic relationship. In the field, this is also known as the therapeutic
movement relationship—a crucial part of dance/movement therapy and its foundations (Young,
2017). Young’s (2017) phenomenological study defined the therapeutic movement relationship
as, “a shared presence of body, mind, and spirit between the dance/movement therapist and client
where healing occurs within the safe containment of a creative collaboration” (Young, 2017, p.
104). If engaging with spirituality as a practice of self-care fostered important shifts in my
ability to be present with myself and my higher power, thus contributing to my own change and
growth, this could benefit other emerging dance/movement therapists who are in the process of
understanding and experiencing authentic presence. Spiritual self-care practices may support
emerging clinicians’ abilities to be effectively present with themselves and with a client’s body,
mind, and spirit in the therapeutic process. One resonance panel member elaborated on the
importance of this implication, sharing that engaging in spiritual self-care prior to a session to
heighten one’s senses as a dance/movement therapist, could increase the breadth and depth of
awareness of a client in the therapeutic movement relationship, thus allowing a clinician to be
more present and to better attune to a client.

Through discussion with my panelists, we concluded that engaging in spiritual self-care
could be used to help a clinician prepare for a session as well as serve as a protective factor
against clinician burnout through the ways it promoted internal and external awareness. This
increased awareness could also protect from burnout by enabling clinicians to sense burnout long
before it happens. Norcross and Guy (2008) referenced spirituality as a protective factor as well,
stating that increasing a clinician’s protective factors is more effective than simply striving to
prevent burnout. For emerging dance/movement therapists who may struggle to simultaneously
focus on the external experience of their client and their own internal experience, as my panelists
and I had, engaging in spiritual self-care before or after a session may support emerging clinicians. By nurturing increased awareness of the self, the environment, and the complex relationship between the two, spiritual self-care is an important protective factor for emerging clinicians.

Literature reported that meditation is derived from the Sanskrit word *dhyana*, referring to the practice of meditating which means “attention to or contemplation” (Ladeia et al., 2017). This supports the notion that meditation in nature is an effective spiritual self-care practice by promoting attentiveness through heightened senses as well as awareness, both internally and externally. Consequently this spiritual self-care practice protects emerging clinicians by decreasing burnout and promoting self-efficacy, health, wellness, and confidence in emerging clinicians (Chapman, 2013).

**Positive Changes**

Dance/movement therapy and spirituality both involve creative processes, and it appears that both are processes of creating changes or shifts. As I experienced increased awareness, I also noticed significant internal changes during and after each spiritual practice of meditation in nature. These changes pertained to my physical, emotional, and mental states. After analyzing both methods of data collection, I came across a difficult situation while sharing my data with my resonance panel. While most of the physical changes could be observed in my embodied experience of spirituality as self-care through movement, many mental or emotional shifts were hidden due to their internally experienced nature. For example, while embodying my experiences of spirituality as self-care, I noticed many of the same emotional and mental changes that I had experienced while meditating in nature. I was then able to indicate that in the “General Information” section of my Movement Assessment Coding Sheet (see Appendix C). As the
primary researcher and participant, I felt that my Movement Assessment Coding Sheet helped clarify and organize exactly what these changes were that occurred through this research. However, when sharing clips of video footage to support each theme, such as mental and emotional changes that I was aware of through self-witnessing, I expressed to my resonance panel that while all of the themes were evident in my semi-structured self-interviews, not all of them would be as explicitly visible for validation in my embodied experience of them through movement.

**Physical.** Prior to each spiritual practice of meditating in nature, followed by embodying that experience through movement, I spent time reflecting on how I felt before engaging with spirituality as self-care. Before beginning each of my six spiritual practices, there were similarities of tension in my neck and shoulders, bound flow throughout my body, rigid use of breath initiated from high in my chest, a sense of accelerating time, and the feeling that my body was trying to accomplish too many things and be in too many places at once. Through the use of semi-structured self-interviews with embodied writing, and my filmed and embodied experience of spirituality as self-care, I was able to further reflect on the positive changes that occurred from engaging with spirituality.

**Breath.** Throughout two years of graduate coursework, learning to re-patter my breath was one of the most significant changes that occurred during a time of tremendous personal and professional development. Prior to my graduate training, I had developed a rigid and shallow breath pattern that was initiated high up in my lungs. It took me two years to learn to breathe differently—more expansive, fulfilling, grounding, and calming. This type of breath felt more effective to me. However, as I began my clinical field placement and internship, I found that one of the first symptoms of stress was to revert to ineffective breathing. In my last semester of
graduate coursework and internship, while participating in this research, I often noticed my old breath pattern upon checking-in prior to each spiritual practice. I found that as I began to engage with spirituality, not only was I able to find the fulfilling breath I re-patterned myself to utilize by bringing my full attention to it, but I had an easier time unconsciously maintaining it throughout the rest of my day. One day, after engaging in my spiritual practice and then embodying my experience of such through movement, I noted:

My breath became slow, long, expansive, grounding, as I concentrated on it and began to feel its recuperative and calming effects as it traveled to every crevice in my body on each inhale.

Literature further supported breath as a restorative self-care practice. According to Hackney (1998), breath influences every aspect of life and movement. As one of the most basic physiological processes necessary to life, breath enlivens human beings and supports change in their movement by providing the baseline for flow to occur (Hackney, 1998). I experienced this in my spiritual self-care practice in the ways that breath contributed to more relaxed physiological responses as well as provided a sense of ease and free flow throughout my body as I connected with spirituality. Through meditating in nature as my spiritual practice, I experienced additional physiological changes such as a slower heart rate and reduction in body temperature (Ladeia et al., 2017). This spiritual self-care of meditating in nature ultimately enabled self-regulation to occur, proving its effectiveness as self-care.

Spirituality itself is derived from the Latin spiritus, meaning “breath of life” (Norcross & Guy, 2008). By engaging with spirituality and subsequently promoting more effective breath, this self-care practice proved beneficial. Hackney (1998) stated that this conscious cultivation of breath is “recognized in many cultures to be an important part of attuning to a spiritual
connection between the individual and the universe” (Hackney, 1998, p. 52). I chose to engage in what literature refers to as contemplative or transcendent meditation (Lutz et al., 2008; Pargament & Wachholtz, 2005), integrating a form of meditation focused on expanding perception (Cardoso et al., 2004) with a form focused on concentration (Cardoso et al., 2004). Contemplative or transcendent meditation stimulates both the capacity to focus internally and to open oneself to the universe at large (Lutz et al., 2008; Pargament & Wachholtz, 2005). By bringing attention and awareness to my breath through meditation, I cultivated connection within myself and with my higher power. I also found this to be true as I engaged in creative synthesis.

Through creative synthesis, I fully understood how I embody spirituality as self-care through movement. In addition to head-tail connection, one of the themes that emerged in my movement was the active and intentional focus on breath; I found that using expansive and grounding breath to support my movement enlivened it (Moore, 2014). This type of breath enabled me to effectively navigate a large amount of space while taking large breaths into my lungs and releasing them, thus supporting the constant expanding and shrinking of my movement while providing the initiation of each movement phrase (Hackney, 1998). While performing my choreographed movement piece, this breath also increased my internal awareness of self in relation to my external world and became the intention of each movement phrase as well (Hackney, 1998). Utilizing breath support brought forth another common movement theme in the performance of my creative synthesis: core-distal connection. Following breath, core-distal is the second of six fundamental patterns of developmental movement (Hackney, 1998). Having embodied my experiences of spirituality, I found that breath enabled energy to move freely from my core throughout my distal limbs (Hackney, 1998), much like I experienced through the free flow in my body during meditation. I embodied this experience during my performance, in
which core-distal movement supported by breath allowed me to feel connected not only to self, but to spirit. These movement choices revealed the ways in which breath is not only a fundamental component of how I engage in relationship with spirituality, but also how I embody spirituality as self-care. As my use of calming breath increased and became an active part of my relationship with spirituality, so too did my use of free flow.

**Free flow.** As a lifelong mover and emerging dance/movement therapist who has studied Laban Movement Analysis since undergraduate training, free flow has always been the prominent and preferred effort quality in my movement repertoire with respect to Laban’s effort category. Flow is associated with the emotional content of the mover (Hackney, 1998), which is why I was not surprised that as my natural tendency towards free flow declined in the beginning of internship, so too did my emotional state. However, I found that not engaging in adequate self-care both within and outside of my fieldwork led to a tendency to move through every day with more bound flow. Over weeks at my internship, this bound flow led to overall increased tension and stress throughout my body, particularly in my neck and shoulders, my gut, and my legs. However, connecting with my spirituality through an intentional practice supported an increase in free flow. For example, after engaging in meditation in nature I noted:

As fresh energy flowed freely throughout my body, there was not a moment of binding, and any residual traces of stress, anxiety, and tension were gone. I noticed subtle, freeing flow travel up my spine and out through the top of my head, releasing rigidity accumulated throughout the day. All that was left was a warm glow radiating from my core and flowing out through my distal ends.

Accessing free flow is a necessary component of my self-care regime, but I was unaware of this until I conducted this research. The concept of free flow is echoed in Myss’s (1996) description
of spirituality, which stated that spirituality is an ongoing process. Specifically, it requires an openness to meaning-making as well as a continuous exchange of information between the body and spirit (Myss, 1996), as I experienced in the free flow that emerged during my spiritual self-care. Additionally, free flow is associated with qualities such as indulging, easy-going, relaxed, and freeing (Moore, 2014). By connecting with spirituality, it promoted free flow and feelings of being relaxed and peaceful, which served as effective and necessary self-care amidst the hustle of my everyday life.

This theme was reinforced through my creative synthesis, as free flow became one of the dominant movement qualities in my embodiment of spirituality as self-care. While performing a movement piece to represent my experiences, I found that moving with free flow evoked similar feelings as it had during my experiences of it while engaging with spirituality, such as peace, relaxation, and freedom. This strengthened my finding that incorporating more free flow into my everyday life, through means such as spiritual relationship, could serve to benefit my self-care repertoire.

**Stability/mobility.** Similar to the juxtaposition of simultaneous internal and external awareness, my body experienced both stability and mobility while engaging with spirituality. I felt that while certain parts of my body were stable, resulting in feeling grounded and supported by the earth, other parts of my body felt mobile, resulting in subtle activation and energy that was directed towards my higher power. To be aware of the way my corporeal body was physically connected to the earth while also connected with spirit was a powerful force for me to observe in my own body. For example, one day after engaging in my spiritual practice, I wrote:

> I felt myself stable and grounded into the earth with energy rooting downwards as I simultaneously noticed a lifting sensation, very subtle and sequentially, happening in my
spine as my sternum lifted and tilted up towards the infinite sky, taking in the energy from my higher power.

I also experienced stability/mobility in the sense that while my body was relatively still, I was very much aware of the movement happening internally in my body—the micro shifts of my muscles and bones, my abdomen expanding and contracting with each breath, my heart beating. Literature discusses the concept of stability/mobility as a continuous and interactive process to produce effective movement (Hackney, 1998). Hackney (1998) stated that through the application of stability/mobility, effective movement provides a sense of security in the individual through grounding as well as a sense of freedom in moving with ease and greater possibilities. Engaging with spirituality allowed for effective movement to occur in that my movement, no matter how subtle, came with greater feelings of ease, inner peace, grounding, relaxation, and calmness. As someone whose mind and body were constantly mobilizing, finding this source of stability and stillness from within in relationship to my higher power was a major benefit of this spiritual self-care. During creative synthesis, I experienced similar feelings of grounding, ease, and security. This embodiment of spiritual self-care also allowed me to move with greater movement possibilities and ease through implementation of stability/mobility (Hackney, 1998). Promoting a wider range of movement possibilities through which one can move with greater ease is yet another benefit of spiritual self-care.

**Recuperation.** Connecting with spirituality was a source of recuperation and was one of the most significant findings related to the effectiveness of this form of self-care. As a full-time graduate student managing coursework, relationships, the nuances of everyday life, and particularly my fieldwork, I felt exhausted and depleted—mentally, physically, and emotionally. All day, every day I was exerting energy and not providing myself with adequate time to
recuperate. But this recuperation is necessary, as it is what allows the body to replenish and
revitalize itself (Hackney, 1998). Constantly exerting and not allowing myself time to
recuperate, I especially noticed the effects at my internship when I began to have trouble feeling
present with both myself and my clients while in the work. Orlinsky et al. (2005) discussed the
dangers of not finding time to recuperate amidst clinical work, stating that it may lead to
clinician depletion and ultimately, burnout. Without adequate recuperation and self-care,
clinicians may experience feelings of stress or anxiety and a sense of dissatisfaction or loss of
hope in their work (Orlinsky et al., 2005; Plante, 2009). Having had similar experiences as these
while at internship before conducting this research, this was a key awareness in what led me to
this heuristic research in the first place. Spiritual self-care revealed itself as an effective form of
recuperation. For example, I wrote that:

I noticed much-needed softening and relaxing in my chest, my gut, and my legs. The
weight of feeling bogged down by stress not only dissolved into the earth and the waves
rolling before me, but evaporated up into the clouds. My whole body felt lighter and
refreshed and when I stood up after meditating, it felt like I was standing up with a new
body.

In addition to the physical shifts it provided, this self-care practice provided my body with
feelings of release, nurturance, comfort, calmness, and revitalization—feelings that I, personally,
associated with recuperation in this study. Norcross and Guy (2008) supported this by
discussing self-care as an experience of nurturing and minding the body. The spiritual self-care
practice of meditating in nature was effective self-care in that it allowed for recuperation and
feelings of nurturance and comfort through connection with my higher power.
While my choreographed movement piece was representative of my embodied experiences of spirituality as self-care, I found that the entire act of creative synthesis, in addition to the actual performance of my piece, were recuperative. I have historically considered dance and movement to be aspects of my physical self-care because of the recuperative effects they have on my physical body. With Boas (1971) having stated that dance is the expression of spirit, I realized this may be why my creative synthesis and performance was also recuperative. Embodying spirituality as self-care through movement felt like one of the most authentic, organic parts of this research process because the act of dancing in and of itself fostered and expressed spiritual connection. Creative synthesis promoted similar feelings of release and revitalization that engaging with spirituality as self-care had on me.

Grounding. After noticing that a lack of adequate self-care was contributing to what I experienced as significant and negative physical changes—such as a tight and short use of breath, a feeling of constant exertion, and increased bound flow—I felt a lack of grounding in my personal and professional life. Hackney (1998) proposed that in a general sense, being grounded refers to the fact that someone has a stable sense of self in relation to the world, which requires an embodied relationship with the earth. When my self-care was lacking, it felt as though my body were detached from my mind and that was my brain were somewhere in space. With this disconnection, I did not, in any sense, feel grounded. But as I engaged in my spiritual practice in nature, the grounding I experienced through a literal connection to the earth continued to serve me throughout the day, even after meditating. For example, I wrote:

I found myself very aware of every part of my body’s physical connection to the earth. I felt roots growing from my sits bones and palms as they pressed firmly but gently into the dirt of the earth. It felt as though I was literally grounded into the earth and with energy
extending downwards through a stable base, I simultaneously noticed a lifting and freeing sensation in my torso as my sternum titled towards the sky.

Humans naturally move in relationship to the earth through gravity (Hackney, 1998). I observed that not only did engaging with spirituality allow me to feel supported through literal and symbolic connection to the earth, but it also provided stability and feelings of being grounded through the use of breath, core-distal and head-tail connectivities, and stability/mobility.

Through this newfound grounding, I was then able to effectively enter into relationship with my higher power. Similarly, in my performance, I took time to ground myself beforehand so as to maintain that feeling during my embodiment, and grounded movement became a prominent theme in my choreography as well. The performance of this piece allowed me to feel connected to and supported by the earth through movement, reminiscent of the ways engaging with spirituality in nature enabled me to do so.

Taking into account the numerous positive physical changes that arose as a result of engaging with spirituality as a form of self-care, I revisited the idea that meditation has physiological self-regulatory benefits such as those I experienced: decreased heart rate, decreased respiration, and lowered body temperature (Ladeia et al., 2017). It was no surprise that emotional and mental shifts occurred in addition to those of a physical nature as a result of engaging in meditation in nature. This is because humans are complex beings, and change in one part creates change in the whole (Hackney, 1998). Dance/movement therapists, in particular, demonstrate this in their work by promoting this concept in the ways that a change in the body, mind, or spirit results in a change in all (Levy, 2005).

Another prominent movement theme symbolic of spirituality as self-care that emerged through my creative synthesis was that of spiraling movement. Meditating in nature was a
powerful way for me to connect with spirituality and enabled me to realize that nature, itself, is my higher power. Enraptured by the always-shifting nature around me while meditating, this process of change was symbolized by spirals in my choreography. Spirals are common images associated with nature (Diaz, 2016), because change “is happening all the time in the ‘natural world’ where growth happens in spirals” (Hackney, 1998, p. 204). The performance of this movement piece facilitated similar physical, emotional, and mental changes to occur as they had during my spiritual self-care practices.

**Emotional.** In addition to the physical changes that took place, I reaped many emotional benefits. Through my last year of graduate training and internship, my spiritual self-care did not exist, and my emotional self-care suffered. After long days in a psychiatric hospital for internship, I often left feeling emotionally drained, overwhelmed, frustrated, sad, nervous, mad, and sometimes disturbed by the day’s events. Connecting with my spirituality allowed me to better cope with some of these feelings, and to actively manage them. I described this experience as such:

The negative emotions that I entered into this spiritual practice with seemed to dissolve as new emotions grew from within my core. Calm, relaxed, hopeful, grateful, happy—these emotions crept their way into every cell in my body as I was in relationship with spirit.

Specifically in relation to meditating while in nature, I indulged in profound emotional changes. For example, one day I wrote:

I really didn’t feel sad or alone anymore. There was so much living and breathing around me—the entire lake ecosystem, the grass and the trees, the birds in the sky and those floating on the water in front of me. While I was physically by myself, the nature
surrounding me reminded me that my higher power was present and alive and that I was, in fact, not alone at all. In realizing this I felt comfort, hope, peace, and gratitude.

Promoting positive emotional shifts may serve to prevent burnout, which is commonly linked to emotional depletion (Norcross & Guy, 2008). Part of developing clinicians’ work is to recognize how emotions are manifested and expressed through the body. If emerging dance/movement therapists can better learn to regulate this process in themselves and avoid depletion, this can lead to increased satisfaction personally and professionally.

The performance of my creative synthesis was emotionally charged for me. After moving my experiences of spirituality as self-care in front of an audience, I exited the stage and was overcome with many of the emotions that engaging with spirituality as self-care had provided me with—gratitude, happiness, strength, and hope. Realizing that my performance was a spiritual experience in and of itself, it reinforced the ways in which spiritual relationship can be an effective form of self-care due not only to emotional benefits, but those of a physical and mental nature as well.

**Mental.** I experienced mental depletion as a result of my inadequate self-care at the beginning of this research study. Bogged down from daily stresses and worries that seeped into my internship work, I had difficulty tracking conversations with clients and felt a sense of fuzziness in my brain throughout the day. This was an early sign of clinician depletion (Norcross & Guy, 2008). Engaging with spirituality served as an effective way to clear my mind of the things that were clouding it, with effects lasting throughout the day and into the next. After one long day at internship followed by engaging with my spiritual practice, I noted:

> It is an unfamiliar feeling for me to feel this receptive, aware, clear, and open in my mind at this point in the day.
Additionally, I wrote:

It was as if the stresses and worries melted away from my mind, sinking deep into the
core of the earth. My mind was clear, it felt lighter, and it felt calm. Not only was my
body at peace, but so was my mind.

My chosen form of contemplative or transcendent meditation fostered these mental shifts in the
ways it expanded my perception and understanding of the thoughts and ideas running through
my mind prior to meditating (Cardoso et al., 2004). By bringing intentional attention to my
thoughts, the increase in mental clarity resulting from this spiritual self-care allowed me to feel
more present and more readily able to take on the challenges of everyday life after each practice.
Meditation, as well as my performance, allowed me to clear my mind and expand consciousness
in relation to my higher power by focusing on the present moment (Cardoso et al., 2004). This
expanded consciousness and presence resulted in an authentic, ongoing, and reciprocal
relationship with spirituality. Engaging in meditation in nature to shift my relationship with
spirituality resulted in what I experienced as positive changes—physically, emotionally, and
mentally. For this reason, I propose that engaging with spirituality promotes positive changes
that affect the whole person. Much as dance/movement therapy is a process of change, so too is
engaging with spirituality.

Through consultation with my resonance panel, we found that spiritual self-care tends to
the majority of self-care needs, with the exception of social self-care needs. Through my own
experiences and those of my panelists, emerging dance/movement therapists often struggle to
find self-care that is truly effective because the demands of a developing clinician are often new
and unfamiliar, and old self-care routines may no longer suffice. I reaped the positive changes
that spiritual self-care provided, informing my panelists how it was applicable to them with respect to the physical, emotional, and mental self-care of an individual.

**Spiritual Relationship**

When I began this research, my initial question was about “connecting to spirituality” rather than “engaging with spirituality.” As a dance/movement therapist who is always in relationship with clients, I found that by engaging in spiritual practice, I formed an active and dynamic relationship with spirituality. Meditating in nature as a spiritual practice revealed to me how I impact the world and how the world impacts me. This realization, along with my chosen spiritual practice, led me to believe that spirituality is more about a relationship with something or someone than it is about a connection to something or someone. In addition to increased awareness and positive changes, the unique and dynamic relationship with spirituality I experienced was a significant and beneficial result of this self-care.

**Peace.** A benefit of this self-care was the feeling of peace that emerged from coming into relationship with my higher power. When I started noticing the effects of inadequate self-care through my last year of graduate training and internship, I often experienced internal chaos, in addition to the already existing chaos of the world around me. As I engaged with spirituality, these feelings of chaos subsided and were replaced with feelings of inner peace and peace with the world around me:

I felt more at peace within the home of my own body and more at peace with the busy and mysterious world around me. With this came a deeper appreciation for my higher power and the feelings of nurturance, comfort, curiosity, and safety that it enabled me to find within myself.
To experience the ways in which engaging with spirituality as a form of self-care allowed me to shift my views of my own internal and external relationship with the world was significant. As an emerging clinician working with clients in crisis, it became an important tool for me to know that through spiritual relationship, I always have the ability to find peace within myself, despite the challenges that come with this work. In addition to these everyday challenges of dance/movement therapy, emerging clinicians often face self-doubt, uncertainty, and lower self-efficacy (Blazek, 2010). Accessing this sense of peace, nurturance, comfort, curiosity, and safety through spiritual relationship proved to address these factors and serve as an effective and necessary addition to my self-care routine.

Another implication that emerged with support from my panelists was the mention of a constant search for the feeling of peace within their self-care routine, something they were not experiencing at the time. As emerging clinicians who may be working intensely with individuals or groups for the first time, often with extensive trauma backgrounds, the process of being flooded with this information, the stories, and the movements of these clients can be overwhelming. One panelist reported having a difficult time finding peace of body and mind after hearing, witnessing, and moving such stories all day at internship. For reasons like this, it is vital to actively attend to self-care and address the challenges associated with clinician development (Chapman, 2013). In addition to the challenges of the work, emerging clinicians may experience more prominent feelings of anxiety and vulnerability as well as lower self-efficacy in relation to their work (Skovholt & Rønnestad, 2003). If building one’s capacity to create and experience inner peace amidst the challenges of clinician development is possible through spiritual relationship, it contributes to the overall effectiveness of that self-care practice. The ways in which spiritual self-care effectively provided peace of body and mind through
relationship with my higher power could benefit other emerging clinicians in important ways. Regardless of whether a developing dance/movement therapist identifies more with a higher power, Supreme Being or transcendent force (Norcross & Guy, 2008), an experience of the Transcendent Source of Life (Dorman, 2016), an expression of greater divine energy (Myss, 1996) or other, these findings indicate the many ways in which engaging with spirituality can promote inner peace in emerging dance/movement therapists.

**Meaning-making.** As I began my internship within a larger hospital system, I felt small and insignificant. This contributed to feelings of insecurity and self-doubt, as well as questioning the meaning of my work as an emerging clinician. After several weeks, these feelings contributed to the decline of my overall emotional state and resulted in me questioning my competency. It felt like a daunting task to attempt to change the world by helping people to heal while at the same time, struggling to take care of myself adequately. However, engaging with spirituality as part of my self-care routine allowed me to find and create new meaning in my work as a dance/movement therapist as well as new meaning of my place within the world as a human being. Spirituality is an invaluable source of strength and meaning-making for the psychotherapist (Norcross & Guy, 2008). Norcross and Guy (2008) stated that spiritual self-care can also enhance a clinician’s self-care practice through several ways: clinicians can be renewed through engaging in a process of healing with clients; clinicians can recognize that they join with a Supreme Being or transcendent force that enables personal growth; and clinicians can accept that they are aids in healing, but are not the source responsible for it. My own initial idea of being responsible for facilitating healing in others was eased through engagement in spiritual practice. Meditating in nature deepened my understanding of the world’s vastness and my place
I realized that even if I cannot create all of the change I wish to on this planet through my work as a dance/movement therapist, any change I create is significant.

Meditating in nature was more than an act of being present with myself and my surroundings along the lake or in a park. I was far from alone amidst the presence of the expansive, always-changing, always-growing nature. As I meditated, I became increasingly aware of the ways in which nature and I influenced one another. This spiritual practice became about more than being in nature as a way to connect with my spirituality, but it was such that nature itself was my higher power. Nature was something much more powerful than me and yet, in our relationship, we both moved and shifted one another, giving meaning to my lived experience. Diaz (2016) discussed this same concept in saying that the relationship between our interactions with the natural world relate to our psychological well-being. By interacting authentically with nature, I addressed additional unconscious self-care needs of finding meaning, connection, and inner peace (Rosza et al., 2005). Having felt so small and insignificant, the realization that I am constantly changing the world around me through my interactions with it provided me a sense of meaning. It allowed me to realize that I do have power in the world, that I do have the ability to change things—no matter how small. Pargament and Wachholtz (2005) referenced this exact idea regarding contemplative and transcendent meditation. It was stated that this practice of meditation fosters the ability to use the body and mind to acknowledge and connect to the vastness of the world and one’s place within it (Pargament & Wachholtz, 2005).

Through my own meditation, I noted:

I was aware of the monstrous world around me, surrounding me in every sense as I sat there in contact with the earth, while also aware of how small I was within the world.

But the space my body occupied suddenly felt significant. My body left an imprint in the
earth beneath me, the wind moved my hair and clothes and caused my body to sway, the
sun warmed my skin, and the simple act of me coming into the space shifted the air
around me. Through my higher power I realized the ways in which it affects me and I
affect it. And through this relationship, neither of us will be quite the same as before.
These realizations brought a new unwavering sense of purpose and meaning to my work as an
emerging clinician. Gall et al.’s (2005) description of spirituality can be defined as a
transcendent, meaning-making experience in relation to oneself, others, and the universe—
complementing my experience of engaging in meditation in nature as spiritual self-care. While I
might not take up a great deal of physical space in this world, my higher power of nature changes
me, and I am in relationship with it and also have the power to create change. The notion that
my work can and will shift the world around me, no matter how much I may question it or my
own abilities as I develop as a dance/movement therapist, was a conclusion that was inspiring,
invigorating, and rejuvenating.

**Imagery.** As I engaged with spirituality throughout this study, imagery emerged
throughout all six of my spiritual practices—reminiscent of Hawkin’s theory of dance/movement
therapy (Hawkins, 1991). One of Hawkin’s most significant contributions in describing
dance/movement therapy as a creative and healing process was the importance of imagery
(Hawkins, 1991). Hawkins believed that imagery is one of the “basic ingredients in the creative
process. They [images] feed the process and play a significant role in bringing about innovative
connections between bits of sensory data” (Hawkins, 1991, p. 42). The imagery that emerged for
me added new depth to my present-moment experiences of meditating in nature. These images,
memories, and ideas from my past created new, spontaneous experiences each time. After one
spiritual practice, I wrote:
My body felt so still, yet as the wind would blow I imagined roots from my sitz bones extending downwards, firmly planting my body to the ground while my torso and spine responded to the wind, swaying ever so slightly side to side and in micro circles around my base, much as the tree branches surrounding me were doing in relation to their own trunks. All living and breathing together, perhaps we’re not so different after all.

This image of my own body as a tree brought deeper meaning to that experience in the ways I felt intimately connected to nature in feeling that my physical body was part of the surrounding flora. Additionally, imagery brought depth to my relationship with my higher power and contributed further to spiritual self-care as a meaning-making experience. By viewing myself in the likeness of nature, I transcended my physical body in connection to a higher power to create new meaning (Eliason et al., 2010). I was an active participant in the relationship with myself and my higher power. Images such as these, which brought greater meaning to a present moment experience further supports the idea that both dance/movement therapy and spirituality involve creative processes. This capitalized on the importance and benefits of incorporating creative processes into my self-care routine (Williams et al., 2010). If engaging with spirituality effectively enabled me to access creativity, this process could support other emerging dance/movement therapists in their searches for self-care.

**Timelessness.** Through my Movement Assessment Coding Sheet and panel feedback, the notion of effort transformation drives was discussed. Laban defined drives as a combination of three motion factors (Moore, 2014). While engaging with spirituality, I experienced periods in which I felt that time stopped or did not exist. This was reminiscent of Laban’s spell drive, combining the motion factors of space, weight, and flow, while excluding time. As the name
implies, this drive has been described as mesmerizing, magical, and enchanted (Moore, 2014). I wrote of my own experience:

Time never once crossed my mind, almost an alarming realization for someone who is as punctual as could possibly be and whose internal clock is pretty spot-on. But it was never even considered while meditating. It felt incredible not to be worried about being somewhere or getting things done by a certain time.

As someone who moves through everyday life at a relatively quick pace, the experience of timelessness was recuperative. Originally, I had established that I would meditate in nature for at least one hour per spiritual practice. However, in an attempt to move away from technologic influence, I turned my phone off before each practice and kept it on me only for the purpose of safety. I was worried that without any way of keeping track of time, I might not adhere to my six designated one-hour spiritual practices. It was not until I arrived back at home that I realized each time I had meditated for well over an hour. Time had simply not been of conscious relevance and its lack of presence in my spiritual relationship provided necessary recuperation.

**Heart chakra.** Having practiced yoga on and off for the last 10 years, I have had several brief introductions to the seven chakras, or vortexes of energy in the body that are each associated with different aspects of psychosomatic and psychoemotional human development (Dychtwald, 1977). The seven chakras are recognized by a Kundalini yoga practice and emphasize the crucial connection between the body and mind (Dychtwald, 1977). I noticed a strong desire and somatic urge to use my heart chakra to connect with spirituality during each of my spiritual practices, often shifting my clothing despite cold temperatures so as to expose my heart chakra to the wind and the sun, while gently titling this part of my body up and towards the sky. This act became a key movement-based ritual within my spiritual ritual of meditating in
nature (Browne, 1990; Rothwell, 2006). By exposing this chakra to the elements of nature, I felt a deeper connection to my higher power. I noted:

I found myself titling my heart and sternum up to the sky, opening my heart chakra and taking in all of the positive, radiant energy from the sky, the wind, the trees. The energy of the universe settled into my body and moved me to a place of peace, calmness, nurturance, and self-acceptance.

This chakra, located over the heart, relates to feelings of love, compassion, and self-expression (Dychtwald, 1977). Through the body/mind connection of the heart chakra, these human needs were met simply as a result of entering into relationship with spirituality. Similar to my embodied experiences of spirituality as self-care through movement, use of the heart chakra became a prominent movement theme in my creative synthesis. I incorporated movement into my choreography that was in energetic relation to my heart chakra to embody my spiritual relationship. Performing these movements allowed me to feel connected with my spirituality in that moment, while I experienced similar benefits during my creative synthesis as I had during my data collection. This reinforced the effectiveness of spiritual self-care and informed my understanding of my fourth research question: How do I embody spirituality as self-care through movement? My performance highlighted and facilitated my embodied understanding of spirituality so as to include several key movement themes—head-tail connectivity, breath, core-distal connectivity, free flow, stability/mobility, recuperation, grounding, spiraling, and the use of my heart chakra.

**Summary**

The primary research question guiding this heuristic inquiry was: How can engaging with spirituality serve as an effective form of self-care for emerging dance/movement therapists?
Secondary research questions included: How is spirituality defined? How is self-care defined? How do I embody spirituality as self-care through movement? The purpose of this research was to explore the effectiveness of self-care practices, particularly engaging with spirituality, for emerging dance/movement therapists. Guided by a pragmatic paradigm and heuristic methodology, I was the only researcher and participant and engaged in meditation within nature as my chosen spiritual practice. Three primary themes and 14 subthemes emerged that highlighted the effectiveness of engaging in spiritual self-care. This research is a small but important step towards bridging the gap between two topics typically discussed separately in literature: spirituality and self-care. By exploring spirituality as a practice of self-care, this research also contributes to the current lack of literature and resources available to emerging dance/movement therapists.

**Implications.** First, findings revealed that engaging in spiritual self-care fosters increased awareness, internally in relation to self and externally in relation to others, the larger world, and spirit. Additionally, this spiritual self-care contributed to heightened senses. The concepts of increased internal and external awareness and heightened senses have important implications for emerging dance/movement therapists. They cultivated important shifts in my ability to be present with myself and my higher power, contributing to my own self-growth and healing. If emerging therapists can improve in their ability to be present with self and with spirit, this could benefit them in the process of understanding and experiencing authentic presence with clients. Being present with a client’s body, mind, and spirit in the therapeutic process will not only be more beneficial to the client (Young, 2017), but it also enables emerging clinicians to learn to better take care of themselves. Through increased awareness and authentic presence,
clinicians may experience positive effects (Rothwell, 2006) and prevent burnout in the future (Terrell, 2016).

Second, this spiritual practice of self-care enabled me to experience positive physical, emotional, and mental changes. The first physical change I experienced was one from short, quick, and tight breath to long, deep, and expansive breath. I also noticed a change from bound flow throughout my body to free flow, supported by my breath. Additional physical changes included a move from mobilizing and exerting energy to an organic interplay between mobilizing and stabilizing as well as exerting and recuperating. Lastly, I experienced the physical change from not feeling grounded to feeling deeply rooted through my connection to nature and the earth. Finding this revitalizing breath, strength, grounding, and stability/mobility from within through connection with one’s higher power is an important implication as to why engaging with spirituality may serve as an effective form of self-care for emerging dance/movement therapists.

These physical changes have significant implications for dance/movement therapists, whose work is often taxing on the body as they learn to attune, empathize, and connect with clients through body/mind practices. Two of my resonance panel members agreed with this implication, sharing that they seek self-care practices that provide some of the physical shifts mentioned, such a more integrated breath, recuperation, free flow, and grounding. These physical changes were mirrored in my creative synthesis, in which embodying them through performance served as spiritual self-care in and of itself. Aligning with a guiding principle of dance/movement therapy—that physical change can lead to mental, emotional, and spiritual change—meditating in nature was effective in providing positive changes beyond my physical body (Ladeia et al., 2017; Levy, 2005).
Additional changes that occurred were in relation to emotional and mental states. Positive emotional changes such as happiness, gratitude, wonder, peace, relaxation, hope, and safety occurred. Part of emerging dance/movement therapists’ work is to recognize how emotions manifest in the body. If developing clinicians can better learn to regulate these processes in themselves through spiritual self-care, they can experience increased personal and professional satisfaction (Dombo & Gray, 2013). With respect to mental shifts, I discovered after engaging with spirituality that an increase in mental clarity and openness allowed me to be present and curious with myself and with my work as an emerging clinician. Panelists confirmed my finding that engaging with spirituality promotes positive physical, emotional, and mental changes and serves as a protective factor for emerging dance/movement therapists. This sort of spiritual and holistic self-care tending to the body, mind, and spirit could support an emerging dance/movement therapist’s ability to become a healthy, self-efficacious therapist (Blazek, 2010).

Lastly, engaging with spirituality as a practice of self-care showed to be effective in the ways it enabled me to enter into meaningful relationship with my higher power through meditation in nature. Five additional subthemes emerged describing my experiences during these spiritual encounters which could support other emerging dance/movement therapists. First, I discovered inner peace and peace with the world around me through spiritual self-care. I also experienced a refreshing and new sense of meaning and purpose that were brought to my understanding of self, others, the world, and my higher power. Both of these experiences helped me understand why more clinicians are viewing spirituality as an important element in self-care, as both a spiritual activity and an ethical obligation in their clinical work (Dombo & Gray, 2013). If engaging in meditation in nature as a spiritual practice provided a meaning-making experience
for me, both personally and professionally, spiritual self-care may help emerging clinicians as well as seasoned clinicians to bring meaning and purpose to self, relationships, and clinical work (Dombo & Gray, 2013).

A third subtheme that appeared within spiritual relationship was that of imagery. Imagery emerged and brought depth to the meaning I placed on my relationship with spirituality through meditation nature. If self-care practices enable imagery to unfold within the creative process of spirituality, it may serve as positive self-care for emerging clinicians who are in their own creative process of personal and professional growth. Additional implications reveal that through spiritual self-care, feelings of timelessness emerged and may offer other developing clinicians necessary recuperation. With the constant hustle of today’s Western society, the positive ways in which engaging with spirituality allowed me to change my pace could be important for other emerging clinicians seeking effective self-care.

Within the theme of spiritual relationship, the last subtheme of the use of my heart chakra arose. I used my heart chakra as a ritual within spiritual relationship—promoting feelings of love and compassion in meeting my self-care needs. Two panelists shared with me that they struggled to meet their own needs with their current self-care. For both emerging dance/movement therapists, who both considered themselves more spiritual than religious, it was encouraging to discover that entering into relationship with their higher power by engaging the heart chakra could provide insight and support in meeting their self-care needs, both personally and professionally. Incorporating my heart chakra as a ritual in my spiritual self-care enabled me to better meet my needs in the ways it supported access to my body and mind’s innate qualities of love and compassion (Dychtwald, 1977). Approaching experiences of spiritual ritual with love and compassion allowed me to experience these effects reciprocally from my higher power,
while preventing my experience from becoming mundane, meaningless, or without intention (Moore, 1992).

Beginning this research, I wondered how I could effectively enter into relationship and help integrate the bodies, minds, and spirits of my clients if I did not yet have a clear understanding, practice, or integration of spirituality or self-care. The implications of engaging with spirituality as a practice of self-care for developing clinicians are abundant. The literature and my own research reveal such a practice as a richly subjective but beneficial phenomenon for clinicians to engage with. This form of spiritual self-care may enable emerging dance/movement therapists to experience authentic presence and increased awareness with self and others; they may experience positive physical, mental, and emotional changes; and they may experience inner peace and meaning-making through spiritual relationship. Such benefits of spiritual self-care may serve as protective factors for emerging dance/movement therapists by promoting increased satisfaction, personally and professionally, and support them in forming long, healthy, and fulfilling careers.

Dance/movement therapy is a creative process that fosters change as well as new meaning and awareness. Through this heuristic inquiry, engaging with spirituality as a form of self-care enabled similar change, meaning-making, and awareness to occur. As developing clinicians search for effective self-care, incorporating the parallel processes of spirituality and creativity—something dance/movement therapists already do in their work—could support clinicians in finding effective self-care practices (Williams et al., 2010).

**Study limitations.** The primary limitation of this research is its methodology, a heuristic self-study. As the primary researcher and participant, I designed the study in a way that was in-line with my desired research questions and study design. I chose to engage in a spiritual self-
care practice that involved two practices that I had prior experience with and that formerly facilitated spiritual connection. This study looked into the effectiveness of engaging with spirituality as a practice of self-care and yielded results that I interpreted, and my panelists concurred, to be positive. These results are likely influenced by my specific chosen spiritual practice of meditating in nature. Other spiritual self-care practices may yield different results. My positive experience may also not apply to other emerging dance/movement therapists engaging with spirituality who, according to my operationalized definition of spirituality, experience spirituality in a subjective and contextual manner. If emerging dance/movement therapists have different relationships with spirituality than I do, the implications and effectiveness of spiritual self-care may differ.

Addressing researcher bias. While the clarification of researcher bias as a validation strategy was addressed by my resonance panel, it is still a large factor in this heuristic study. Viewing the world through the lens of a lifelong mover and emerging dance/movement therapist are significant cultural factors that influence researcher bias in this study. However, with the intention of being readily applicable to other emerging dance/movement therapists, this researcher bias appears inevitable in this study. Here arises my question of how effective engaging with spirituality as a form of self-care would be if this same study was done by an individual who does not have a movement background and who is not a dance/movement therapist. Additionally, having prior positive experiences with meditation and time in nature as ways to connect with spirituality, I am curious about how another emerging dance/movement therapist engaging with spirituality through a different practice might experience different results. Literature references both meditation and time in nature as spiritual practices (Collins, 2015; Dombo & Gray, 2013; Ladeia et al., 2017; Rothwell, 2006) but more specificity is needed
regarding the specific spiritual practice chosen and its related benefits. I have been as specific as possible in describing the benefits of this particular form of spiritual self-care in this research.

I aimed to remain objective during data analysis and interpretation but consulted my resonance panel to gain a deeper understanding of my research, biases, and the explanation of the results. A primary reason for utilizing a resonance panel as a validation strategy was for the purpose of illuminating my potential biases as the primary researcher and only participant. It was unanimous that a key bias present in my data collection and analysis was the fact that as the researcher and only participant, I have an extensive movement background and training as a dance/movement therapist. This was apparent in my extraction and interpretation, for example, of the primary theme of physical changes with the subtheme of stability/mobility. To someone who does not have a similar movement background or training as me, the individual may not have ever generated this theme, nor might it seem as significant as it might to an emerging dance/movement therapist. Additionally, the bias of having only positive prior experiences with spirituality surfaced. Having brief but significant spiritual experiences before engaging in this self-study, this research was influenced by them. An emerging dance/movement therapist with different religious or spiritual cultural identifiers than my own may experience or interpret my findings of the effectiveness of spiritual self-care differently that I have.

Accordingly, the vast majority of feedback I received from these panelists was in regard to the theme of physical changes that occurred through spiritual self-care, proving that our similar backgrounds in movement and dance/movement therapy influenced these results as well. Our somatic and body-based training play a role in this data, particularly as the theme of physical changes revealed. However, because this research was intended for application by other emerging dance/movement therapists, this bias did not seem significant enough to alter the
results that I chose to present from this research. I also noted that my panel members and I shared several prominent cultural identifiers: race, geographic location, socioeconomic status, and education backgrounds. These shared cultural identifiers are additional limitations in this study and influence not only my results as the researcher, but also the interpretation of my resonance panel members. Due to various cultural factors, my findings from engaging in spiritual self-care may not universally apply to emerging dance/movement therapists around the world, and future research is necessary.

**Future research.** Spirituality as a practice of clinician self-care has been discussed in literature, but requires more in-depth research. More importantly, there is limited literature discussing the topic of spirituality as self-care, specifically in relation to emerging dance/movement therapists. Blazek (2010), Chapman (2013), and Terrell (2016) addressed the need for increased access and knowledge to self-care tools for emerging dance/movement therapists, but a gap in literature still exists. Entering into the work of dance/movement therapy for the first time can evoke an array of feelings, sensations, emotions, and movement in the developing clinician. Amidst these new experiences, many find that their previous self-care is no longer adequate (Roach & Young, 2007). Spiritual self-care appeared to fill this void in my self-care routine, and its positive effects were further supported by literature. However, having only discussed positive benefits of engaging with spirituality as a form of self-care, I found a lack of literature discussing any risks or negative effects that may be associated with a clinician bringing spirituality into their practice of self-care. Further research is needed regarding this topic.

Additionally, more research conducted over extended periods of time is necessary to understand how a clinician’s relationship with spirituality may impact their personal and professional lives over time. If spiritual practices are in fact practices, does this imply that they
improve or change over time as one continues to engage with it? If spirituality is a creative process much as dance/movement therapy is, future research can explore how one’s relationship to spirituality may change. For example, if this relationship grows stronger for a clinician over time, does this increase the likelihood of that individual incorporating their own spiritual beliefs and practices into their clinical work, whether consciously or not? The American Counseling Association (2014) stated that whether or not clinicians engage in religion or spirituality as practices of self-care in their own professional and personal lives, they must be culturally competent of the diverse religious and spiritual traditions and needs of their clients. If emerging clinicians engage in effective spiritual self-care, how does that impact the therapeutic process and therapeutic movement relationship with a client? Due to vast differences in cultural experiences of spirituality, further discussion regarding the effects of spiritual self-care will benefit emerging dance/movement therapists and the field as a whole. Overall, the current body of research discussing spiritual self-care for emerging clinicians is lacking and this study is a contribution to this body of research.
References


Appendix A

Definitions of Key Terms

Burnout

Burnout is both physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feelings for clients (Norcross & Guy, 2008).

Dance/Movement Therapy

The American Dance Therapy Association defines dance/movement therapy as, “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (American Dance Therapy Association, 2016).

Emerging Dance/Movement Therapist

An individual within the field of dance/movement therapy who is a current student, intern, or professional in their first two years of clinical work.

Ecopsychology

Ecopsychology is the study of the relationship between humans and the Earth (Roszak et al., 1995), with an emphasis on the idea that our interactions with nature are projections of our unconscious needs within this reciprocal relationship (Sobol, 2011).

Meditation

Meditation, derived from the Sanskrit word dhyana, refers to the practice of meditating which means “attention to or contemplation” (Ladeia et al., 2017). While there are several subcategories of meditation, this research focuses on that with an emphasis on contemplation or transcendence, which integrates concentration and mindfulness while stimulating both the
capacity to focus internally and to open oneself to the universe at large (Lutz et al., 2008; Pargament & Wachholtz, 2005).

**Self-care**

Self-care is an active and intentional process of engaging in daily practices that attend to the whole person in the most nurturing ways possible, not only to prevent impairment or distress but to promote long-term wellness.

**Spirituality**

Spirituality is a transcendent, subjective, and contextual meaning-making experience that results through connection with an individual’s higher power.
Appendix B

Semi-Structured Self-Interview

Spirituality as Self-Care:

Date: _____________________
Location:_______________

1. Describe mental, physical, and emotional state prior to engaging in meditation within nature.

2. Describe the overall experience of engaging in meditation within nature.

3. Describe any shifts in mental state during or after engaging in meditation within nature.

4. Describe any shifts in physical state during or after engaging in meditation within nature.

5. Describe any shifts in emotional state during or after engaging in meditation within nature.

6. How did engagement in this spiritual practice act as effective self-care (or not)?

Embodied Experience of Spirituality as Self-Care:

Describe what was observed after watching video footage of the embodied experience of spirituality as self-care in terms of themes and Laban’s body, effort, shape, and space categories.
Appendix C

Movement Assessment Coding Sheet

**Movement Assessment Coding Sheet**
Prepared by Meredith Weisert

Date: ___________________________ Time: ___________________________
Spiritual Practice#: __________________ Location: __________________

**BODY:**

I. **General Information** (include eye contact, general posture, SMIFT, etc.):

II. **Body Parts** (circle those that apply):

   - **ACTIVE:**
     - [ ]
   - **HELD:**
     - [ ]

III. **Body Connectivities** (circle if evidenced):

<table>
<thead>
<tr>
<th>Breath</th>
<th>Core-Distal</th>
<th>Head-Tail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper-Lower</td>
<td>Body-Half</td>
<td>Cross-Lateral</td>
</tr>
</tbody>
</table>

IV. **Body Splits** (circle if evidenced):

<table>
<thead>
<tr>
<th>Head-Torso</th>
<th>Limbs-Torso</th>
<th>Left-Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front-Back</td>
<td>Upper-Lower</td>
<td></td>
</tr>
</tbody>
</table>
V. **Phrasing** (name body parts used for each):

<table>
<thead>
<tr>
<th>Phrasing</th>
<th>Initiation</th>
<th>Main Action</th>
<th>Follow-Through</th>
<th>Recuperation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sequential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EFFORT:**

VI. **Effort** (tics indicate presence/frequency):

<table>
<thead>
<tr>
<th>Effort</th>
<th>Accelerating</th>
<th>Decelerating</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEIGHT</td>
<td>Increasing</td>
<td>Decreasing</td>
</tr>
<tr>
<td>SPACE</td>
<td>Direct</td>
<td>Indirect</td>
</tr>
<tr>
<td>FLOW</td>
<td>Bound</td>
<td>Free</td>
</tr>
</tbody>
</table>

VII. **Effort Action Drives** (tics indicate presence/frequency):

| Action Drives ||
|---------------|
| Float-        |
| Punch-        |
| Glide-        |
| Slash-        |
| Dab-          |
| Wring-        |
| Flick-        |
| Press-        |

VIII. **Inner States** (tics indicate presence):

| Inner States ||
|--------------|
| Awake (time/space)- |
| Rhythm (time/weight)- |
| Stable (weight/space)- |
| Dream (weight/flow)- |
| Remote (space/flow)- |
| Mobile (time/flow)- |
IX. Transformation Drives (tics indicate presence/frequency):

<table>
<thead>
<tr>
<th>Vision (flow/space/time)</th>
<th>Spell (weight/flow/space)</th>
<th>Passion (weight/flow/time)</th>
</tr>
</thead>
</table>

SHAPE:

X. Body Shapes (circle if present):

- Pin
- Wall
- Ball
- Screw
- Pyramid

XI. Modes of Shape Change (tics indicate presence/frequency):

<table>
<thead>
<tr>
<th>Growing/Shrinking-</th>
<th>Spoking-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arcing-</td>
<td>Carving-</td>
</tr>
</tbody>
</table>

XII. Shape Flow Support:

<table>
<thead>
<tr>
<th>Support Not Visible</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Support Visible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

XIII. Shape Qualities (tics indicate presence/frequency):

<table>
<thead>
<tr>
<th>Rising-</th>
<th>Sinking-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enclosing-</td>
<td>Spreading-</td>
</tr>
<tr>
<td>Retreating-</td>
<td>Advancing-</td>
</tr>
</tbody>
</table>

SPACE:

XIV. Use of Levels (tics indicate presence/frequency):

<table>
<thead>
<tr>
<th>High-</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-</td>
<td></td>
</tr>
<tr>
<td>Low-</td>
<td></td>
</tr>
</tbody>
</table>
XV. **Reach Space** (fill in if evidenced):

![Reach Space Diagram](image)

XVI. **Size of Kinesphere** (circle size of kinesphere):

![Size of Kinesphere Diagram](image)

XVII. **Use of Diameters** (circle if evidenced):

- VERTICAL
- HORIZONTAL
- SAGITTAL

XVIII. **Use of Planes** (circle if evidenced):

- Plane 1
- Plane 2
- Plane 3

XIX. **Use of Diagonals** (circle if evidenced):

![Use of Diagonals Diagram](image)

XX. **Approach to Kinesphere** (circle if evidenced):

- Approach 1
- Approach 2
- Approach 3
Appendix D

Letter to Resonance Panel

Resonance Panel Letter Adapted from Moustakas (1990):

Date________________
Dear________________.

Thank you for your interest in my graduate thesis research on the experience of engaging with spirituality as an effective practice of self-care for emerging dance/movement therapy clinicians. 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 is attached.

I value the unique support and illumination that your experiences can provide my study. Through your participation as an expert panel member, I hope to clarify and validate my preliminary research findings. I will be using a qualitative research model and I am including a resonance panel as one of my validation strategies. Through interacting with members on my resonance panel, I hope to more fully answer my questions: As an emerging dance/movement therapy clinician, how can engaging with spirituality be used as an effective practice of self-care? Additional research questions include: How is spirituality defined? How is self-care defined? How do I embody spirituality as self-care through movement?

I am excited and look forward to the possibility of your participation in my study. I truly 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 meredith.weissert@loop.colum.edu.

Sincerely,
Meredith Weissert
Confidentiality Contract for Resonance Panel

Confidentiality Contract Adapted from Moustakas (1990)

I agree to participate in a group resonance panel meeting regarding Meredith Weissert’s graduate thesis study of engaging with spirituality as an effective practice of self-care for emerging dance/movement therapy clinicians.

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 traditional thesis. 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.

_________________ ______________________
Resonance Panel Member Researcher

_________________ ______________________
Date Date
Appendix F

Questions for Resonance Panel

1. Do you believe the primary themes and subthemes are labeled properly?

2. Would you change/re-name/add anything to the current themes that have been named as they are labeled in the charts?

3. Do you see other themes in this data that I do not?

4. Are the supporting embodied journal writing statements from my semi-structured self-interviews and video clips an accurate representation of the theme each is listed with?

5. What do these findings mean to you as other emerging dance/movement therapists regarding how engaging with spirituality might serve as an effective practice of self-care?

6. How might personal biases arise in this interpretation of data?
Appendix G

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