

The Use of a Survey to Identify Types of Self-Care That Graduate Art Therapy Students

Engage in For Well-Being

By

Makenzie Quinn

Master of Arts in Art Therapy

Herron School of Art and Design, IUPUI

Indiana University



Eileen Misluk

Director, Art Therapy

Chair



Chelsea Leeds

Committee Member

Accepted May 2022



Greg Hull

Dean

Herron School of Art and Design, IUPUI

SELF-CARE IN GRADUATE ART THERAPY STUDENTS

**The Use of a Survey to Identify Types of Self-Care That Graduate Art Therapy
Students Engage in For Well-Being**

Makenzie N. Quinn

Submitted to the faculty of the Art Therapy Program
in partial fulfillment of the requirements for the degree
Master of Arts in Art Therapy
in the Herron School of Art and Design
Indiana University
May 2022

Acknowledgments

Throughout the past two years of my graduate experience, I have been so humbled to have an abundant amount of support by my side. I am first and foremost grateful for my remarkable cohort: Gracen, Baley, Taylor M., Katelyn, Bailee, July, Jung Eun, Taylor W., Katie, Gabby, John, and Kate. Thank you so much for supporting, uplifting, loving, and encouraging me along the way. To Eileen Misluk for answering an absurd number of questions and emails that I always had, guiding me when I felt overwhelmed and unsure, supporting me, and setting by example as someone to look up to in this profession. To Chelsea Leeds for the continued support while writing this work and the continuous encouragement and support in all areas of my education. To Heather Davis for supporting me in my growth as a professional art therapist and helping me gain insight into the importance of self-care. Thank you to my professors and supervisors for the continual guidance and encouragement: Brooke Komar, Emily Allbery, Emily Slavich, Megan Hicks, Uriah Graham, Alicia Criswell, Joan Alpers, and Shannon McCullough.

Finally, thank you to my mom, dad, sister, and grandparents, who encouraged me to continue my education and take this leap of faith. To my partner Devon, who has continued to love, support, and be my biggest fan even in the most stressful times. To my friends, thank you for being flexible, understanding, and supportive. To my friend Gracen, I would not have been able to make it through this whole experience without you. Thank you for motivating me, listening to me, studying with me, encouraging me, and supporting me.

Dedication

This work is dedicated to the graduate art therapy students in the United States and the Master of Art Therapy and Counseling graduating class of 2022 at Herron School of Art & Design, IUPUI. It was a rewarding experience to receive so many participants for this study and support throughout this whole process.

Table of Contents

Acknowledgments	ii
Dedication	iii
Table of Contents	iv
Lists of Figures	vi
Abstract	viii
Chapter I: Introduction	1
Operational Definitions	3
Chapter II: Literature Review	4
Well-being	4
Factors Associated with Well-Being	6
Self-Care	8
Types of Self-Care	8
Challenges of Self-Care	14
Graduate Students	14
Risks and Warning Signs of Clinical Work	16
Graduate Art Therapy Students	17
Response Art	18
Conclusion	20
Chapter III: Methods	21
Design of Study	21
Location and Time Period	21
Enrollment Information/Subject Types Inclusion and Exclusion Criteria	21
Recruitment	22
Informed consent	22
Investigational Methods and Procedures	22
Data collection	22
Data analysis	23

Possible risks and discomforts to subjects	23
Precautions to minimize risks or hazards	23
Delimitations & Limitations	23
Chapter IV: Results	24
Chapter V: Discussion	45
Overview	45
Demographics	47
Well-Being	48
Self-Care	50
Types of Self-Care	51
Barriers	54
Self-care Importance/Education	55
Chapter VI: Conclusion and Recommendations	57
Conclusion	57
Recommendations	57
References	59
Appendix A: Recruitment List	64
Appendix B: Recruitment Email	65
Appendix C: Informed Consent	66
Appendix D: Qualtrics Survey	68

Lists of Figures

Figure 1: Do you consent to participate?	25
Figure 2: What is your age?	25
Figure 3: What is your gender?	26
Figure 4: What is your Race/Ethnicity?	26
Figure 5: How many years are you into your graduate art therapy studies?	27
Figure 6: What was your undergraduate degree/major?	27
Figure 7: How often do you feel you have positive relationships and support in your life?	28
Figure 8: How often do you feel positive about life?	28
Figure 9: How often do you feel your mental health is well attended to?	29
Figure 10: How often do you feel your physical health is well attended to?	29
Figure 11: How often do you use art-making (e.g. painting and drawing) as a type of self-care?	30
Figure 12: List the specific art process/making you use.	31
Figure 13: How often do you use response art (e.g., post-session art-making, reflective imagery) as a type of self-care?	32
Figure 14: How often do you use physical activities (e.g. walking, biking, weight lifting) as a type of self-care?	33
Figure 15: List the specific physical activity you do.	34
Figure 16: How often do you use leisure activities (e.g. other than art-making and physical activity, for example, watching tv, reading, games, gardening, hanging out with friends/family) as a type of self-care?	35
Figure 17: List the specific leisure activity you do.	36

Figure 18: How often do you use supportive activities (e.g., making to-do lists, planning, creating, routine, humor, problem-solving, religion, personal therapy) as a type of self-care?	37
Figure 19: List the specific supportive activities you do.	38
Figure 20: How much time do you typically spend on your self-care activities?	39
Figure 21: How often do financial concerns influence the types of self-care you do?	40
Figure 22: How often do financial concerns influence the frequency of self-care activities?	40
Figure 23: How often does time influence the types of self-care you do?	41
Figure 24: How often does time influence the frequency of self-care activities?	41
Figure 25: If any, what other barriers influence the type of self-care activities you do?	42
Figure 26: If any, what other barriers influence the frequency of self-care activities done?	43
Figure 27: How important is self-care to you?	44
Figure 28: Does your graduate program normalize and promote self-care?	44

Abstract

This study aimed to identify types of self-care that graduate art therapy students engage in for their overall well-being. To learn more, 108 current graduate art therapy students completed an online survey including questions related to demographics, well-being, self-care, and barriers. The anticipated outcome that graduate art therapy students will use response art and art-making less than other types of self-care was true for response art but not for art-making. The study found that leisure activity was the most common type of self-care used among graduate art therapy students. This study resulted in ample amounts of results that can imply the importance of self-care to graduate art therapy students and could be helpful in further research towards beneficial ways to incorporate self-care within individuals' daily lives for overall well-being.

Keywords: self-care, well-being, barriers, graduate art therapy students

Chapter I

Introduction

“Graduate studies present many exciting new opportunities, it also brings new challenges, particularly for students in professional psychology programs who face a broad range of academic, research, clinical, and professional demands” (Zahniser et al., 2017, p. 283). During this time, graduate art therapy students struggle with balancing life due to the high demands that graduate school requires (Carter & Barnett, 2014). For example, a graduate art therapy student may have classwork, research, exams, internship, a job, family, and friends that they are trying to manage (Carter & Barnett, 2014). Often graduate art therapy students' well-being can be impaired due to the complexities of their life (Zahniser et al., 2017). One of the ethical standards of the American Counseling Association (2014) states that “students and supervisors monitor themselves for signs of impairment from their physical, mental, or emotional problems” (p.13). Therefore, self-care can be a technique used to enhance a graduate art therapy student's overall well-being (Zahniser et al., 2017).

The overall well-being is influenced by many factors within their lives (Coster & Schwebel, 1997; Kinnunen et al., 2019; Segrin & Taylor, 2007). Psychological factors influence well-being. Self-care that professionals and students take part in impacts these social and psychological factors. Common types of self-care include physical activities, leisure activities, and supportive services (Sherman, 2004). Specific to graduate art therapy students, self-care outside of response art has been researched minimally. Due to the implications of the graduate art therapy students' field, art-making can often be assumed as the most frequently used form of self-care (Fish, 2012).

Therefore, this study aims to identify types of self-care that graduate art therapy students engage in for their overall well-being. The study will use a concurrent triangulation design with a five-point Likert-type scale in a survey form. It will be sent out to current graduate art therapy students in the United States to identify specific types of self-care. The anticipated outcome is that graduate art therapists will engage in other types of self-care than art-making or response art. The following literature review will include themes over well-being, self-care, graduate students, and graduate art therapy students.

Operational Definitions

Well-being- is a complex structure of positive aspects within someone's life that influence their quality of life (Hill et al., 2021; NCCDPHP, 2018).

Self-care- is a self-initiated intentional behavior that one implements in their life (Bickley, 1998; Mills et al., 2018).

Graduate art therapy students - are students pursuing a master's level degree in education that incorporates art and psychological theories through an integrative lens (American Art Therapy Association, 2017).

Response art- “refers to the visual, creative, art-based responses made by art therapists as part of clinical practice” (Nash, 2020, p. 39).

Chapter II

Literature Review

Well-being

Well-being can be influenced by many factors within our lives. Hill et al. (2021) discussed how “well-being is a subjective, dynamic, and complex construct” (p.1). Well-being is understood through two different concepts, eudaimonic and hedonic. These concepts arise from the Greek philosopher Aristippus who explained eudaimonic as self-actualization (i.e., living up to one’s potential and flourishing) and hedonic as maximizing pleasure and minimizing pain (Disabato et al., 2016). Eudaimonic draws upon Aristotle’s concept of living a good life which means living to one’s fullest potential (Disabato et al., 2016). Eudaimonic refers to the resources an individual has, such as social support, purpose in life, and mastery in certain areas (Hill et al., 2021). Hedonic, considered a subjective construct, focus on the positive and negative experiences that influence life satisfaction (Disabato et al., 2016). For example, hedonic can be personal experiences that affect emotional regulation and overall life satisfaction (Hill et al., 2021). Further exploration of hedonic and eudaimonic wellness was done by Stronge et al. (2019) and Disabato et al. (2016).

Both eudaimonic and hedonic types of wellness influencers are important and consistently overlap. This was shown in Stronge et al.'s (2019) cross-sectional data study of 13,779 people who completed initial and follow-up (post two months) questionnaires. These questionnaires included a seven-point Likert-type scale that measured socioeconomic status, relationship status, social support, life satisfaction, and self-esteem. The results found social support (eudaimonic) increased life satisfaction (hedonic). This study resulted in a positive correlation with well-being increasing due to both hedonic and eudaimonic influences. This

supports Hill et al.'s (2021) definition that well-being is “the balance point between an individual’s resource pool and challenges faced” (p.2).

Similarly, Disabato et al. (2016) conducted a cross-cultural study examining hedonic and eudaimonic well-being. This study was conducted to further distinguish hedonic and eudaimonic concepts. Elucidating on current research from the US and UK, an exploration of an international concept of well-being was studied. They conducted a study with 7,617 people at least fifteen years old from 109 different countries. The questionnaire was offered in sixteen languages and contained twenty scales. To determine if eudaimonic and hedonic were best represented as a single concept or separated. Data analysis consisted of a one-factor and two-factor model that allowed combining and separating the data to understand the distinctness and integration of the two concepts. The study found that eudaimonic and hedonic have minimal evidence in discriminant validity and were highly correlated in being similar well-being variables. Therefore, the study suggests that eudaimonic and hedonic construct an overarching definition of well-being heavily influenced and intertwined by one another with slight separation between the two.

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP; 2018) explained well-being as “a positive outcome that is meaningful for people and many sectors of society because it tells us that people perceive that their lives are going well.” Examples provided by the NCCDPHP were objective and subjective quality of life domains such as employment and housing conditions. In relation to Hill et al. (2021) and Stronge et al. (2019), NCCDPHP discussed how the integrative concept of well-being focusing on mental and physical health supports a holistic approach to life perception. NCCDPHP provides the following:

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and

moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. (How is well-being defined?)

Throughout the research, similar concepts, including life satisfaction and the level of experienced positive and negative emotions within one's life, further define well-being. In conclusion, the researchers noted above agreed that well-being can be thought of as a positive aspect of someone's life that influences their quality of life.

Factors Associated with Well-Being

Kinnunen et al. (2019) conducted a survey over a mindfulness-, acceptance-, and value-based intervention (MAV) that examined changes in the level of burnout and mindfulness tasks. The six participants were between the ages of 25 and 60 who scored in the 75th percentile on the Bergen Burnout Indicator, were employed, had internet access, and had no regular mindfulness practices. The data was collected in a pretest followed up with a post-test at eight weeks, four months, and ten months. This study used a four-point Likert scale (1 = strongly disagree to 4 = strongly agree) and a five-point Likert scale (1 = never to 5 = very often). One example of a five-point Likert-type question from ten questions given to assess perceived stress was “in the last month, how often have you been upset because of something that happened unexpectedly” (p.84). Examples of the eighteen items used to assess psychological well-being included self-acceptance, autonomy, and environment. An example of the fifteen items to assess social well-being included was “I don't feel I belong to anything I'd call a community” (p.84). Examples of the seven items rated for life satisfaction included life domains such as housing, financial situations, occupation, intimate relationships, leisure activity, and current friendly relationships.

The study found an increase in experiential well-being and a decrease in burnout after increasing mindfulness skills. In conclusion, an individual's level of well-being can be examined through factors such as perceived stress, psychological well-being, social well-being, and personal life satisfaction.

Similarly, Coster and Schwebel (1997) conducted a study to refine the Well-Functioning Questionnaire further. The participants were professional psychologists who practiced for a minimum of ten years post-schooling. This study conducted open-ended questions that discussed contributions to their overall well-functioning and questions pulled from a well-functioning questionnaire using a five-point Likert-type scale to highlight the significance of each statement. The results found ten common themes that psychologists reported consistently in contributing to their level of well-functioning. These include peer support, stable personal relationships, supervision, a balanced life, graduate department/school attended, personal psychotherapy, continuing education, family of origin, the costs of being impaired, and coping mechanisms. The study recommended that if psychologists maintained a normal state of well-functioning, they could manage stressors in their professional and personal lives.

Segrin and Taylor (2007) conducted a questionnaire survey of 703 adult volunteers waiting for jury duty that measured thirty items in social skills, fourteen items in positive relationships with others, six items in psychological well-being, five items in life satisfaction, fourteen items in environmental mastery, six items in self-efficacy, twelve items in hope, four items in happiness, and seven items in quality of life. This study used an adapted form of a Likert-type scale for each set of questions/statements. Specifically, the researchers wanted to examine the association between social skills and well-being. The results found social skills were strongly related to positive relations, and those positive relations associated with higher levels of

well-being. The results also indicated that social skills were related to greater life satisfaction, hope, happiness, and quality of life which are associated with overall well-being.

In conclusion, Kinnunen et al. (2019), Segrin and Taylor (2007), and Stronge et al. (2019) agreed on the main factors that make up well-being: social and psychological factors. Social factors include personal relationships and education. Psychological factors are life satisfaction and coping mechanisms. Therefore, it has been found that diversity in factors can influence someone's overall well-being.

Self-Care

Bickley (1998) defined self-care as a “self-initiated behavior that people choose to incorporate into their daily lives” to promote health, well-being, and active engagement (p.114). A qualitative study by Mills et al. (2018) examined a group of palliative care providers' perception of self-care. The study used a survey and content analysis to formulate questions that noted keywords and phrases participants repeated or often used in responses (Mills et al., 2018). They found self-care was “described as a conscious and deliberate practice that meant much more than just a “tick-box” checklist to be completed within a set of allocated tasks” (Mills et al., 2018, p. 4). Bickley (1998) and Mills et al. (2018) support the statement that self-care is intentional behavior that one implements in their life. Furthermore, Carter & Barnett (2014) noted that self-care was a continuing “practice of self-awareness and self-regulation” that someone incorporates into their life (p. xiii). Through continuous research on self-care, the concept has started to be defined as behaviors that further a person's well-being.

Types of Self-Care

Self-care can be different behaviors that people engage in. Sherman (2004) discussed four aspects of self-care that include physical, emotional, mental, and intuitional health. Self-care

for physical health involves walking, sports, napping, taking warm baths, and eating well. Types of self-care for emotional health include meditating, listening to music, daily journals, and interacting with others. Self-care for mental health includes saying no, setting priorities, and distractions such as music or hobbies. Types of self-care for intuitional health include relaxation techniques such as setting aside a sacred place to collect oneself and creating routines to follow. The purpose why one is engaging in self-care can help identify what types of self-care can best serve them.

Physical activities that people engage in for self-care can include walking, running, and working out. Klussman et al. (2021) conducted a questionnaire with 143 participants identified as inactive, a part of a team sport, or a member of the local creative movement arts center. This study explored the relationship between physical activity and well-being. Nine questionnaires were given on self-connection, physical activity, affect, flourishing, job satisfaction, life satisfaction, meaning, mental health, and overall health. Examples of physical activity measurements included intensity in walking, team sports played, and community-based movement arts (i.e., partner dance, Acro yoga). Results found physical activity had a positive effect on well-being, but specific types of physical activity had no relationship to well-being. This study suggests further research is needed on the relationship between physical activities and well-being due to the lack of diversity in types of physical activity within the sample questions.

People's leisure activities for self-care include gardening, reading, and hanging out with friends. Kuykendall et al. (2015) conducted a meta-analysis of the literature on the relationship between leisure engagement and subjective well-being due to numerous studies showing a link between the two. The conceptualization of leisure engagement was formed around leisure activity and duration. Specific types of leisure activity included social activities, sports, games,

and cultural experiences. Another type of leisure activity found was intrinsic motivation and freedom, which influences feeling autonomy in their decision making. Results found higher levels of leisure engagement had higher levels of subjective well-being.

A subsection of leisure activity is the behavior of art-making. “Flow is a construct developed by Mihály Csíkszentmihályi that describes a psychological state of optimal attention and engagement” (Chilton, 2013, p.64). Forkosh and Drake (2017) conducted a study on 70 undergraduate students to examine the effects of coloring versus drawing on cognitive demands, mood, flow, and enjoyment. This study was conducted in a lab where participants were asked to think about a sad or stressful situation before starting to make art. The task of coloring was associated with low cognitive demand, and drawing was associated with high mental demands. Results found cognitive demand did not influence a positive effect, but both coloring and drawing were associated with improved positive affect. This was shown as an effective way to regulate emotions and distract from adverse events.

Similarly, Collier and Wayment (2021) conducted a study on 216 participants enrolled in a psychology course. The study used the PEARLS model (personalized art-making task (P), high engagement (E; or flow), arousal (A), reduced rumination and self-focus (R), to increase life satisfaction or well-being (LS)) to explain and enhance art-making for mood-repair. Through a laboratory experience of art-making activities, it was found that participants rated above average amounts of arousal/flow. Therefore, the study suggests art-making activities are capable of mood repair in positive emotions and orientation.

Supportive self-care activities that people engage in include planning, organizing, and creating routines. Turner et al. (2005) surveyed with 363 professional psychology interns to explore their strategies and effectiveness of self-care. Participants were recruited through

internship training directors at accredited psychology programs in the United States and Canada, where the training directors were sent an email to forward to each of their current interns. This study attempted to understand interns' abilities to manage hardships in training. The survey included 35 self-care strategies, scored by frequently selecting, sometimes, and rarely for frequency and effectiveness. Types of self-care strategies ranked lowest were therapy, faith and spiritual practices, feedback from others, and cognitive reframing. Types of supportive self-care ranked highest were humor and active problem-solving. Results found that the types of self-care ranked highest were being social with friends and family, sleep, and exercise (Klussman et al., 2021; Kuykendall et al., 2015; Turner et al., 2005).

Moses et al. (2016) conducted a study on self-care practices and well-being when college students look after themselves because research has shown that “psychological well-being is positively associated with student engagement, persistence, and performance” (p. 346). It has been found that college years can increase distress and mental health issues; therefore, this survey looked specifically at the relationship between self-care and well-being in college students and specific practices that associate with increased well-being. The survey included 206 predominantly female college students. The survey had 20 questions on mindfulness that used a 5-point Likert type scale (1 = never to 5 = very often), a varying physical activity scale assessing three types of physical exercise, including walking, moderate-intensity activities, and vigorous-intensity activities, 23 questions over food habits, 11 questions over social support using a 5-point Likert type scale (1 = not at all to 5 = a lot), 13 questions oversleep hygiene using a 5 point Likert type scale (1 = never to 5 = always), seven questions over well-being using a 4 point Likert type scale (1 = none of the time to 4 = all of the time), and one question over life stressor events. Limitations found were the sample size being predominantly female. The study design

used a cross-sectional inferring that correlation and caution cannot be distinct. The data collected was all self-report. Results found that physical activity did not correlate to well-being. Self-care practices included food habits, social support, sleep hygiene, and mindfulness acceptance. These practices were positively associated with well-being. Gender differences found that female participants associated higher with healthier food habits while male participants associated greater physical activity. Other variables did not differ in gender but indicated gender affects overall well-being. Similarly, research shows that males are less likely to engage in self-care practices than females (Turner et al., 2005). Continuing this idea, Myers et al. (2012) found that males were under-represented in this study which is commonly found in other self-care studies. These studies show that self-care has been associated with predominantly feminine constructs, which led to the underrepresentation of men in self-care practices.

Rupert and Kent (2007) conducted a study on self-care strategies that are career sustaining in relation to burnout among professional psychologists. The survey included 595 professional psychologists. This study was initiated due to high burnout rates in the counseling profession and the emotional exhaustion from clinical work. The survey had 78 questions using a Likert-type scale of different point values divided into four sections. These sections covered sixteen items on the current position and career satisfaction, twenty-two items over burnout, fifteen items on practice activities, and twenty-five items on behavior and cognitive strategies. The most common self-care strategies found were religious/spiritual activity, sense of humor, self-awareness, engaging in hobbies, physical activity, spending time with friends, reflecting on work experiences, and taking regular vacations.

Similarly, Rupert & Dorociak (2019) conducted a self-care and well-being survey on 438 licensed psychologists. This study was conducted due to the increased attention on the

importance of self-care in the practicing psychologist profession. It promoted functioning and well-being in practice as an ethical imperative to professional work. The survey included four sections using a seven-point Likert scale and a mediation model that included twenty-one items on self-care, ten items on perceived stress, five items on life satisfaction, and twenty-two items on burnout. The self-care predictors used were professional support, professional development, life balance, cognitive awareness, and daily balance. The results identified that more engagement in self-care correlated with lower adverse outcomes and higher positive outcomes, such as participating in activities outside of professional work and having a balanced life. Professional support as self-care also predicted better results and reduced stress.

Goncher et al. (2013) conducted a study to identify the perceptions of self-care utilization and quality of life in 262 clinical psychology graduate trainees. This study was conducted based on graduate students' need to engage in behaviors such as self-care for stress management. This study used a five-point Likert-type scale to examine self-care methods. The self-care utilization questionnaire included thirty questions that reflected self-care strategies. Examples of questions are “I talk to someone during stressful periods”, “I engage in personal hobbies outside the realm of psychology”, and “I take time to be aware of my diet and use healthy eating habits” (p. 55-56). The results found that self-care was strongly correlated with life satisfaction. Specifically, effective self-care strategies are refocusing the rewards of practice, recognizing hazards, minding the body, cultivating personal relationships, setting boundaries, creativity, and spirituality.

In conclusion, the researchers above agreed that types of self-care include broad ranges of self-initiated behaviors. These are behaviors that people choose to incorporate into their lives to promoting overall well-being—specifically, physical activities, leisure activities, and supportive activities.

Challenges of Self-Care

Self-care has challenges that cause barriers to participation. El-Ghoroury et al. (2012) administered a survey to 387 current graduate psychology students on barriers to their well-being. Common barriers were financial issues, time constraints, lack of motivation, energy or interest, shame, guilt, or embarrassment. Similarly, Myers et al. (2012) administered a questionnaire to 488 graduate students in a clinical psychology program in the United States on self-care practices and perceived stress levels. Common demographic barriers that impacted engagement in self-care included relationship status, age, gender, and cost of income versus income sufficiency. Mills et al. (2018) conducted interviews with 24 palliative care nurses and doctors to discuss the practice of self-care in relation to high burnout rates within the field. Common barriers to self-care included recognizing the importance of self-care, lack of planning or prioritizing self-care, no support, lack of leadership/role models to normalize self-care, stigma, being busy, inadequate boundaries between work and home, and self-criticism.

In conclusion, El-Ghoroury et al. (2012), Mills et al. (2018), Moses et al. (2016), and Myers et al. (2012) found many challenges to self-care. Specifically, the most consistent challenges were financial restraints, time restraints, gender differences, and lack of prioritizing. Therefore, as noted above, challenges of self-care can cause a barrier to people implementing them into their lives.

Graduate Students

Zahniser et al. (2017) conducted a study exploring self-care in 358 clinical psychology graduate students. The study was conducted due to the importance of self-care in psychologists gaining attention overtime for being ethically imperative and essential for the challenges practicing psychologists face. It included a survey that reviewed self-care, program self-care

culture, perceived progress in graduate training, perceived stress, affect, and wellbeing. Common training-related roles found within the study included coursework, independent research, clinical work, and professional demands.

Similarly, Carter and Barnett (2014) discussed the juggling act that graduate students typically must keep up with, including “classwork, comprehensive exams, group projects, thesis or dissertation, research projects, and teaching assistantships” (p. 58). Additionally, graduate education includes “practicum, internship, clinical work with clients, supervision sessions, documentation, and other administrative requirements, and involvement in professional organizations” (Carter & Barnett, 2014, p. 58). Graduate students have additional roles in their personal lives that include friends, siblings, children, spouses, parents, jobs, and more that bring countless responsibilities outside of their current education (Carter & Barnett, 2014; Colman et al., 2016; Zahniser et al., 2017). Therefore, graduate students hold many roles at one time during their education that could raise levels of stress.

Callan et al. (2021) conducted a systematic review exploring the training future for psychologists to be competent in self-care. This study found that creating a culture of self-care is necessary at the graduate school level due to the high demands of graduate students' roles and the importance of setting a foundation for the use of self-care. Similarly, Colman et al. (2016) did a meta-analysis on the efficacy of self-care in psychology graduate students. The research found that graduate students who are more involved in self-care benefited more compared than those who did not. In conclusion, the above researchers noted that self-care is an aspect that should be implemented in graduate programs due to the many roles graduate therapists undertake.

Risks and Warning Signs of Clinical Work

Due to the many roles that graduate students endure, realizing the risks and warning signs in this field is critical. Nissen-Lie et al. (2021) conducted a questionnaire exploring personal and situational risk factors of emotional burdens in 12,036 psychotherapists from 1991 to 2016. The development of the psychotherapist common core questionnaire (DPCCQ) included the therapist's training and education, type of professional practice, professional development, perceived skills, difficulties experienced in practice, coping skills, interpersonal style, and personal past experiences, trauma, and relationships. Personal factors found that increased risk of personal burden included age, personal trauma and abuse, disappointment or loss, financial stressors, personal health, and anxiety. Situational factors such as work satisfaction increased the risk of personal burden (i.e., feelings supported at work and workplace conditions).

Carter and Barnett (2014) discuss factors in therapists' lives that cause distress. When distress factors increase, such as demands and roles of being a therapist, the risk and warning signs of burnout can become more predominant. Three elements were identified that implicate burnout: emotional exhaustion, depersonalization, and decreased sense of accomplishment. Emotional exhaustion symptoms are feelings of emotional depletion and an inability to provide emotional aspects in clinical settings. Depersonalization signs include negative attitudes regarding clients and loss of empathy. Decreased sense of accomplishment includes negative attitudes and beliefs about self or professional accomplishments and a reduced sense of satisfaction or fulfillment in professional work. Other personal signs of burnout include fatigue, insomnia, physical exhaustion, weight loss, irritability, boredom, increased risk-taking, substance use, and relationship difficulties.

Similarly, Lipsky and Burk (2009) discuss the effects of secondhand trauma on “stewards” such as police officers, firefighters, social workers, therapists, teachers, and military personnel. Secondhand trauma is the daily exposure to hardship, pain, and trauma experienced by other living beings. Warning signs and symptoms of secondhand trauma include feeling hopeless, feeling that one cannot do enough, hypervigilance, reduced creativity, incapacity to grasp complexity, minimizing events/ emotions, fatigue, feeling of persecution, and anger. In relation, the American Counseling Association (2014) code of ethics states that “students and supervisees [should] monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others” (p.13).

In conclusion, the researchers above noted that it is important for therapists to be aware of risks and warning signs of burnout. Burnout can be better understood by fatigue, emotional depletion, and depersonalization that come from emotionally demanding experiences (Carter & Barnett, 2014). Therefore, finding ways to explore and release these symptoms can reduce risk in clinical work.

Graduate Art Therapy Students

Graduate art therapy students' education incorporates art and psychological theories through an integrative lens. “Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (American Art Therapy Association, 2017, para.1). Graduate art therapy students engage in didactic, experiential, clinical, and research training that prepares them as masters-level clinicians.

Response Art

Response art has become a common type of self-care where therapists use art as an active behavior for self-care. Fish (2012) explored art therapists' use of response art,

Response art is artwork created by art therapists in response to material that arises in their therapy work. Art therapists use response art to contain difficult material, express and examine their experiences and share their experiences with others. In this viewpoint, some of the varied uses of response art are discussed and illuminated with vignettes as part of an ongoing dialogue on how dedication to art making can effectively support one's practice in a profession that recognizes the versatility and power of images. (p.138)

Reasons for making artwork can include self-care, supporting empathetic engagement, and reducing countertransference. Vignettes used with response art included: response art as a container, response art to communicate empathy, response art to aid with countertransference in supervision, and response art in clinical training. Fish (2012) found that through response art therapists can contain difficult aspects in clinical work while living and working in balance.

In parallel, Harter (2007) wrote an article reviewing other literature and personal experience to expand on the idea of visual art-making for therapists' growth and self-care. Throughout the article, the concept of person-as-scientist is expanded on to gain a deeper understanding of the concept of person-as-artist. Person-as-scientist is a metaphor that relates to the science-like aspects of a person, but that person is not always a good scientist or nothing but a scientist. This transfers over to a person-as-artist metaphor as a person may have artist-like aspects but does not have to be defined as a good artist or always an artist. Harter found that practicing art is an ongoing process that can capture experiences and realities that continue moving beyond our reach. To reach self-care in response art is to move past the "concepts of lips

and noses, or of houses, or of horses, rocks, and trees, and experience the subject as she, he, or it presents to the artist” (p. 177). Most importantly, art can create sacred spaces.

Correspondingly, Nash (2020) conducted a literature review to explore therapists’ experiences using response art, stating that “response art refers to the visual, creative, art-based responses made by art therapists as part of clinical practice” (p. 39). Specifically, it is art made in response to any work-related experience. Response art discussed included immediate reflective art (e.g., post-session art-making), co-creating in session, and response art in groups. Immediate reflective art-making was found as an instant release of bodily feelings through direct visual and gestural experiences built up during the session. This immediate reflective art allowed the therapist to rebalance and, if implemented as a routine part of practice can directly relate to providing self-care in clinical work. Systematic response art of returning to a continuous artwork multiple times enhances deeper understandings, adapting, curiosity, critical thinking, and clinical distancing that allows for broader perspectives to work through feelings and resistance in clinical work. A common theme found in response art included the ability for it to contain and hold complex emotions and feelings. Limitations found included difficulties in recording, interacting, understanding the therapist's experiences, and translating visual art to academic language that represents the correct understanding.

Similarly, Hyatt (2019) conducted an art response memoir as self-care in response to compassion fatigue. Compassion fatigue can come from a combination of personal trauma and secondary trauma. The memoir reviewed her compassion fatigue history, perspectives of initiation, a life review of writing and art response process, significant insights found, and the culmination of her process. Found through art responses, multiple themes emerged,

empowerment to let go of past self-negative beliefs and behaviors, restored creativity, and that increased diversity in play within work and personal life can occur.

Culminating researchers above agreed that response art could look differently throughout practice. Response art has been found as a self-care technique that allows for emotional expression, curiosity, visual release, gestural release, and rebalance. Therefore, response art has been incorporated as a useful behavior for self-care in clinical work.

Conclusion

Overall, graduate students are faced with many challenges throughout their education. It is important to acknowledge and understand their well-being and the types of self-care are used to facilitate overall health during this time. Due to minimal research conducted on graduate art therapy students' self-care strategies, further research should be done to identify common types of self-care.

Chapter III

Methods

Design of Study

The purpose of this study was to identify what types of self-care graduate art therapy students engage in for their overall wellbeing. The study used a concurrent triangulation design with a five-point Likert-type scale through a survey to identify what types of self-care graduate art therapy students engage in. A concurrent triangulation design uses quantitative and qualitative data in an integrative model to simultaneously collect detailed information about participants (Castro et al., 2010). The qualitative data includes written responses. The quantitative data consists of a Likert-type scale that uses a five-point system or a range of a specific number for only one question/statement rather than a full Likert scale involving a series of statements exploring different subject dimensions (Likert, 1932).

Location and Time Period

This study was conducted through an online survey through Qualtrics. Recruitment began in February 2022 with a two weeks' time period to fill out the survey, therefore, ending recruitment in February 2022.

Enrollment Information/Subject Types Inclusion and Exclusion Criteria

The study aimed to survey fifteen graduate art therapy students. At the time of the study, participants were required to be enrolled in a graduate art therapy program within the United States. The study excluded undergraduate art therapy students.

Recruitment

The survey was emailed to 21 current graduate art therapy program directors (see Appendix A), requesting that the survey be forwarded to their current graduate art therapy students to complete (see Appendix B).

Informed consent

The consent form reviewed the purpose and procedures of the study, along with the participants' rights as research subjects (see Appendix C). Informed consent was included at the beginning of the survey.

Investigational Methods and Procedures

I utilized a survey design with quantitative and qualitative questions to collect information about participants. A survey is used because it is the most effective self-reporting method of data collection for this study (Ponto, 2015). The survey included 29 questions: six questions gathered demographic information, four questions gathered overall well-being through a five-point Likert type scale ranging from not at all important to extremely important, eleven questions gathered types of self-care used through a five-point Likert type scale and open text box entries, and eight questions gathered challenges/barriers to self-care using the same scale and open text box entries (see Appendix D). Sherman (2004) guided the development of questions asked about self-care based on the concept's physical health, emotional health, mental health, and intuitional health.

Data collection

Art therapy graduate program directors received an email with a link to the survey to forward to their current graduate students. The survey was completed through Qualtrics with an estimated time of 10-15 minutes. After receiving the first invitation to participate in the study,

participants had two weeks to complete the survey. A reminder of the survey was sent at the beginning of the second week after the original invitation was sent.

Data analysis

This study used descriptive statistics to organize and understand the data collected. The qualitative data collected used content and thematic analysis of written responses to search for common words, themes, and concepts.

Possible risks and discomforts to subjects

A risk of completing the survey is the potential loss of confidentiality and possible discomfort when answering questions.

Precautions to minimize risks or hazards

The participants could choose not to take part in this study. The participants could change their minds or exit the survey without penalty.

Delimitations & Limitations

A delimitation of this study is that parameters were added to survey questions that do not allow participants to skip questions. This could cause a participant to be uncomfortable which could lead to participants exiting the survey. Recruitment through emailing graduate directors could hinder the number of participants due to some directors not ever receiving the link or directors not forwarding the email to their students. A limitation of this study is that it uses a survey. Surveys can allow for misinterpretations and dishonesty. Another limitation of a survey is the time it takes for the participants to complete the survey.

Chapter IV

Results

The study aimed to identify types of self-care graduate art therapy students engage in for their overall well-being. Specifically, it was hypothesized graduate art therapy students engage in self-care activities that extend beyond art-making and response art. Also, the study reflected the demographics of current graduate students who will be emerging into the field in the next few years. This is important because this data shifts the current professional demographics towards greater inclusivity, although this process of the profession reflecting society is an ongoing goal.

Other categories explored were graduate art therapy students' well-being and barriers to self-care. As a result of this study, these results will help increase knowledge about graduate art therapy students' self-care practices and their influence on overall well-being. One hundred and eight subjects participated in the survey. It is important to note that four of the 108 participants did not finish the survey. Three of the four participants stopped at question ten, and one participant stopped at question six. The results of each survey question are organized below.

Figure 1

Do you consent to participate?

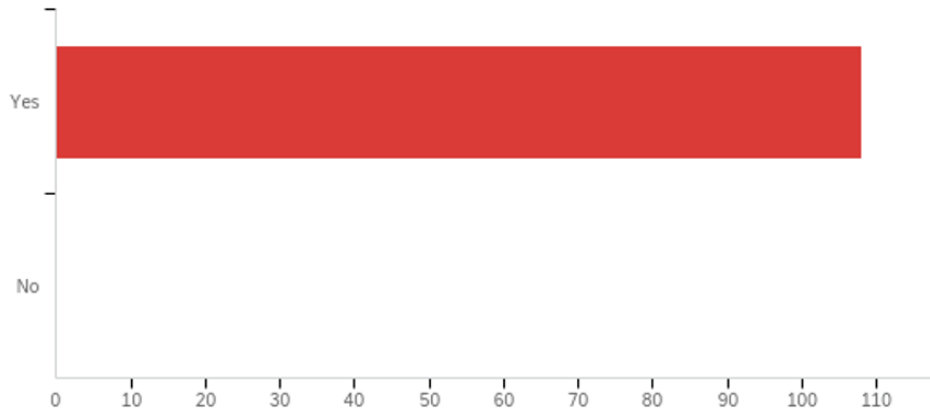


Figure 2

What is your age?

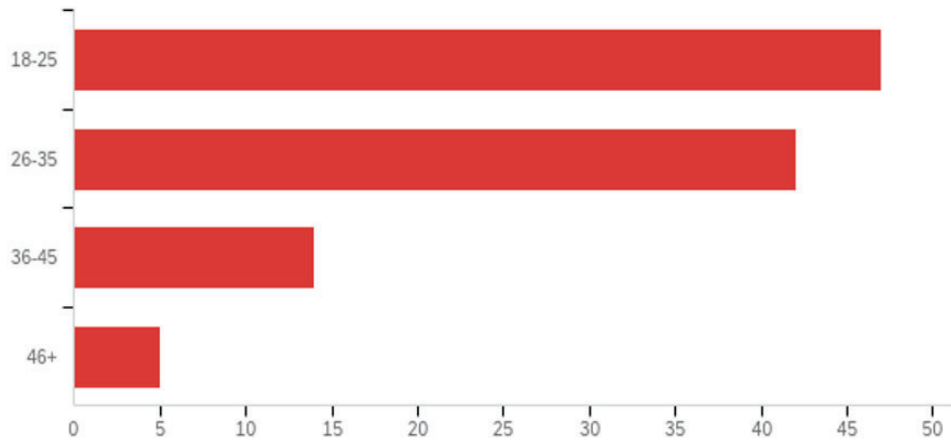


Figure 3

What is your gender?

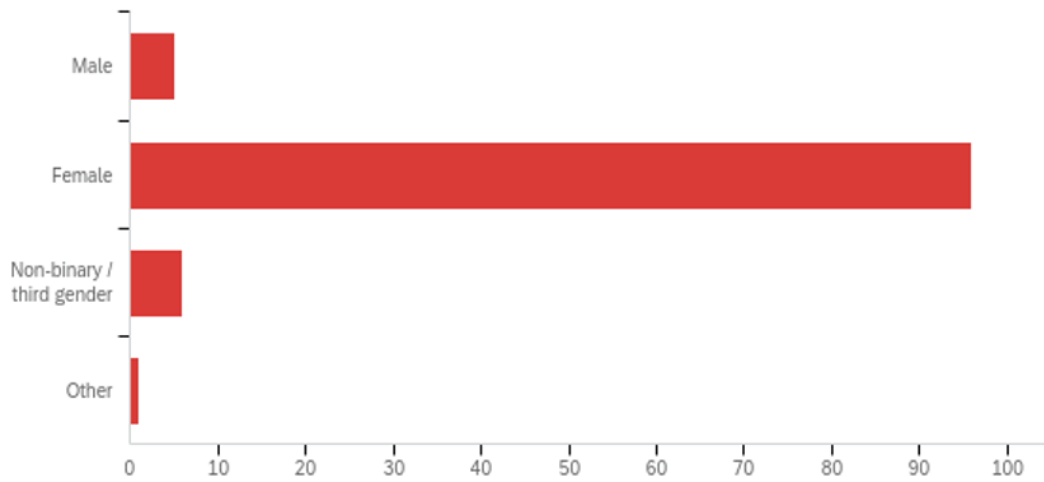


Figure 4

What is your Race/Ethnicity?

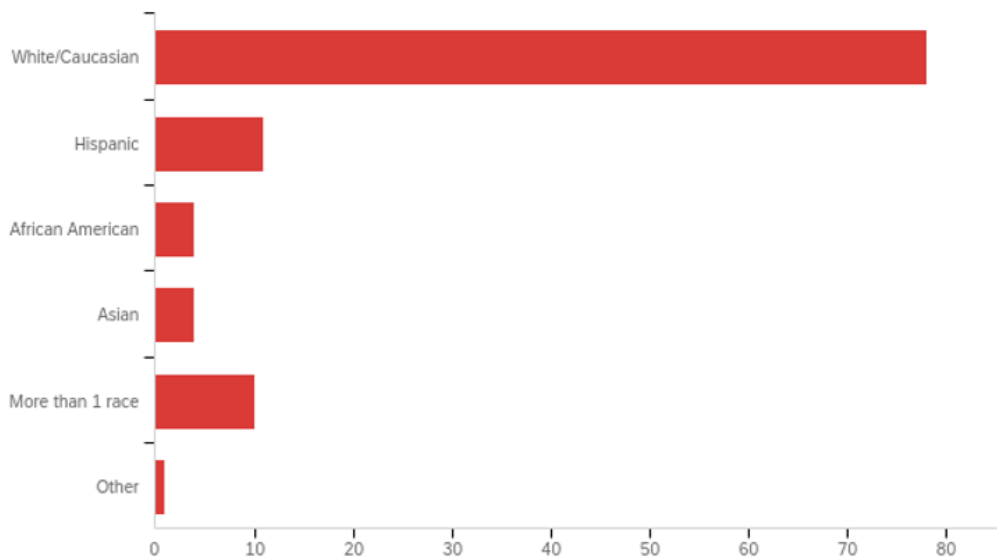


Figure 5

How many years are you into your graduate art therapy studies?

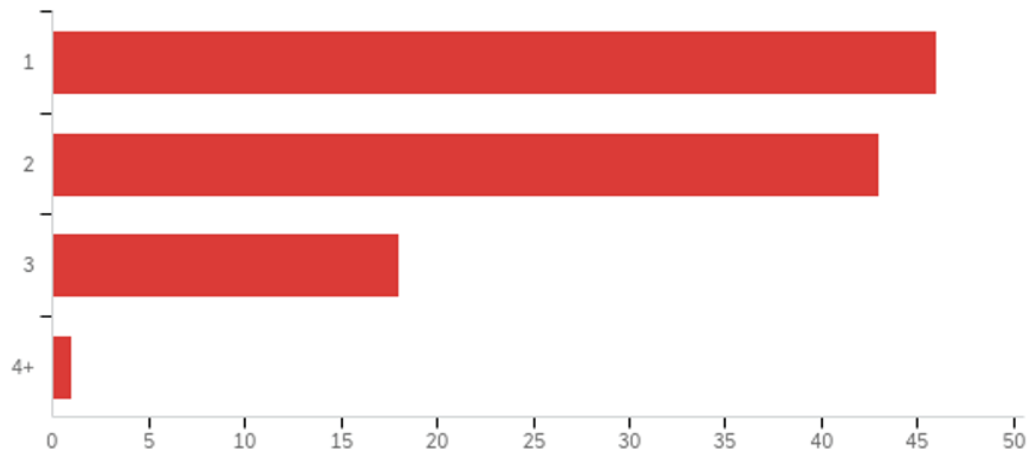


Figure 6

What was your undergraduate degree/major?

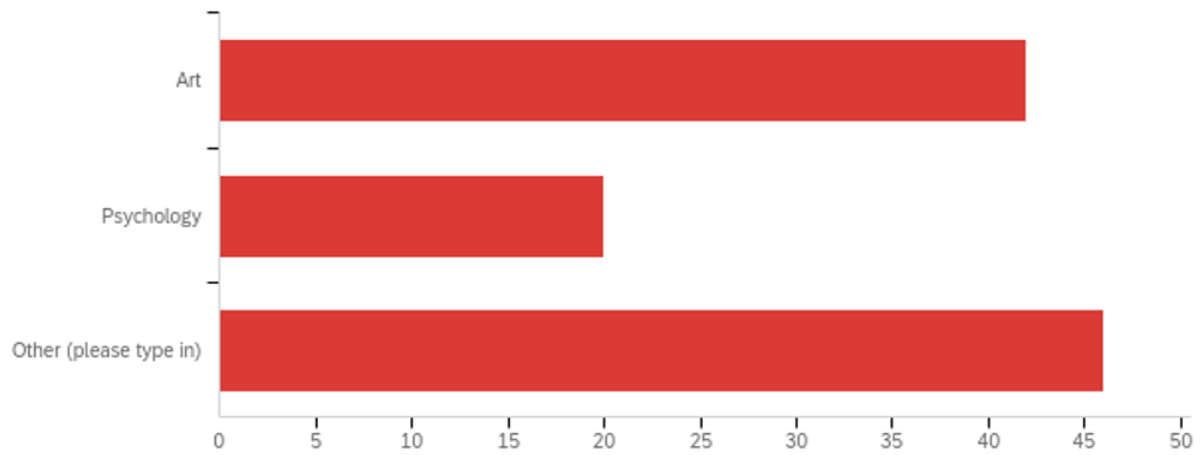


Figure 7

How often do you feel you have positive relationships and support in your life?

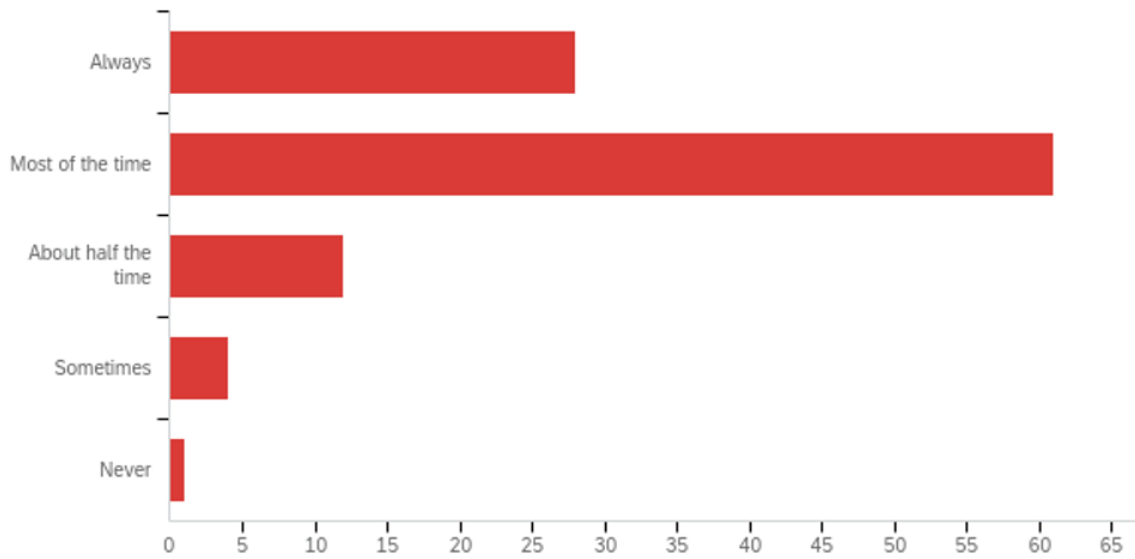


Figure 8

How often do you feel positive about life?

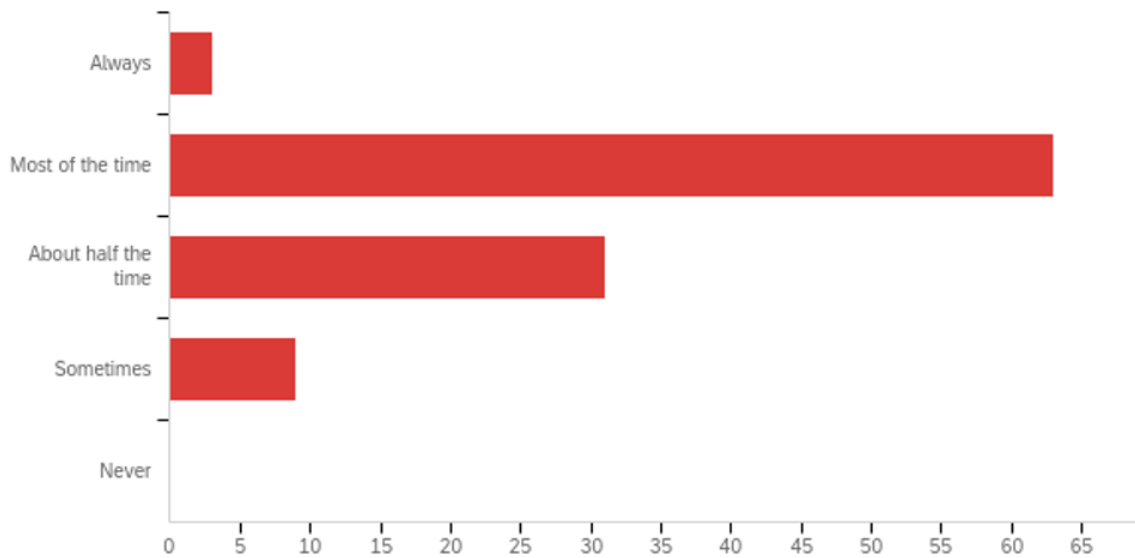


Figure 9

How often do you feel your mental health is well attended to?

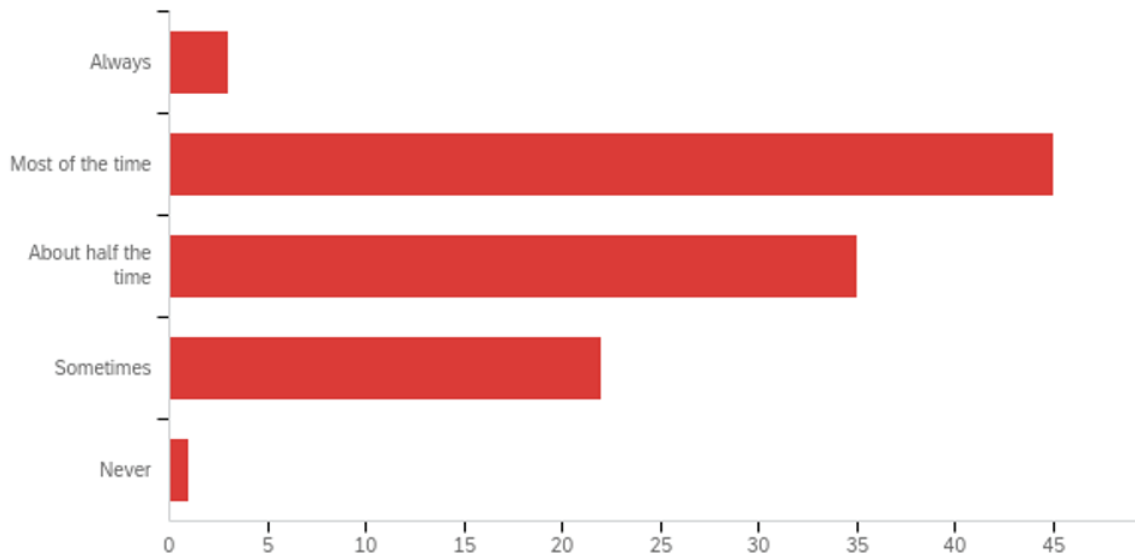


Figure 10

How often do you feel your physical health is well attended to?

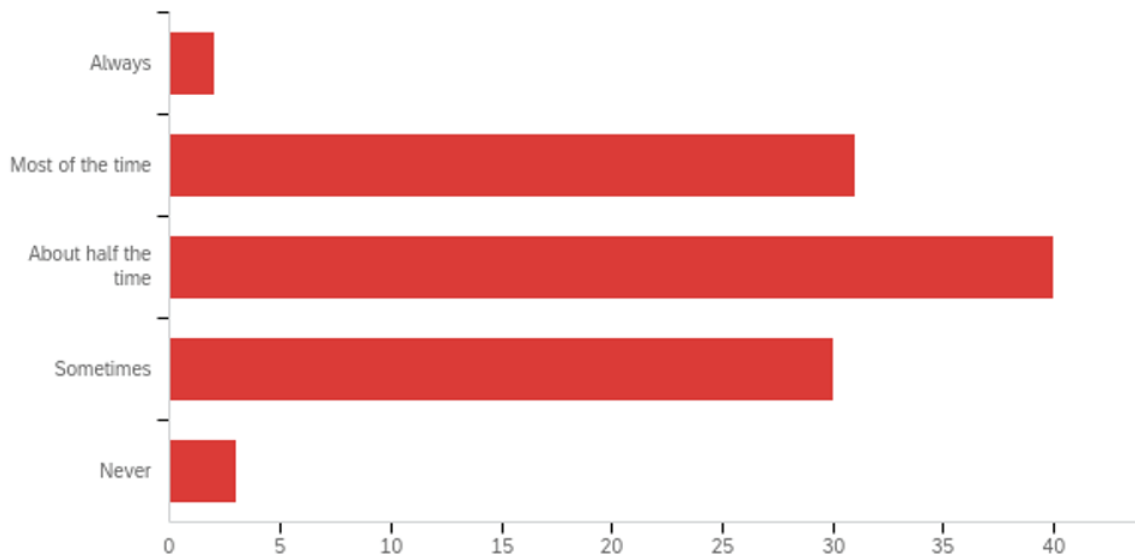


Figure 11

How often do you use art making (e.g. painting and drawing) as a type of self-care?

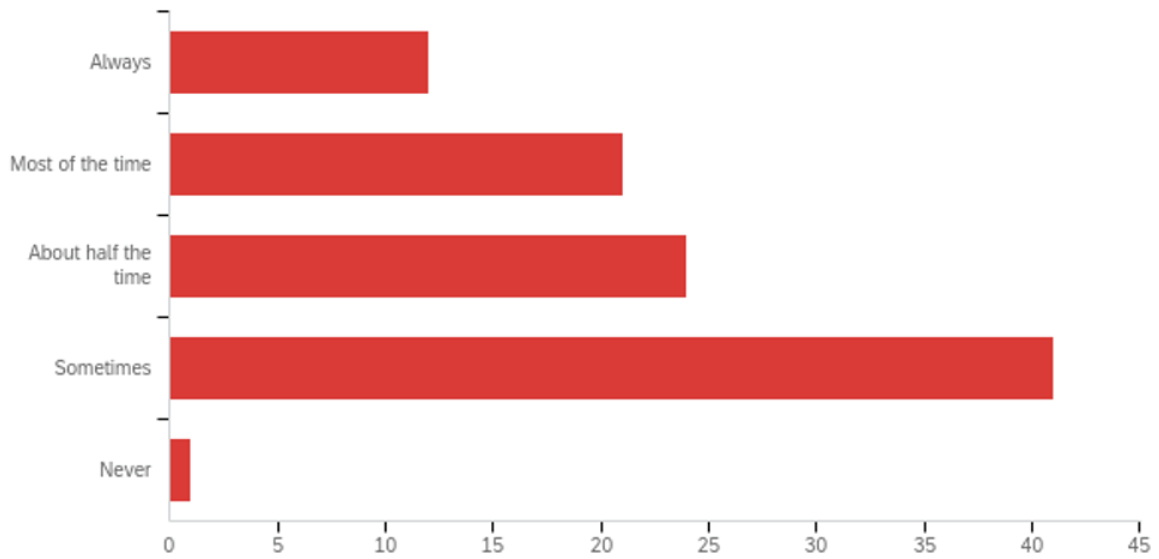
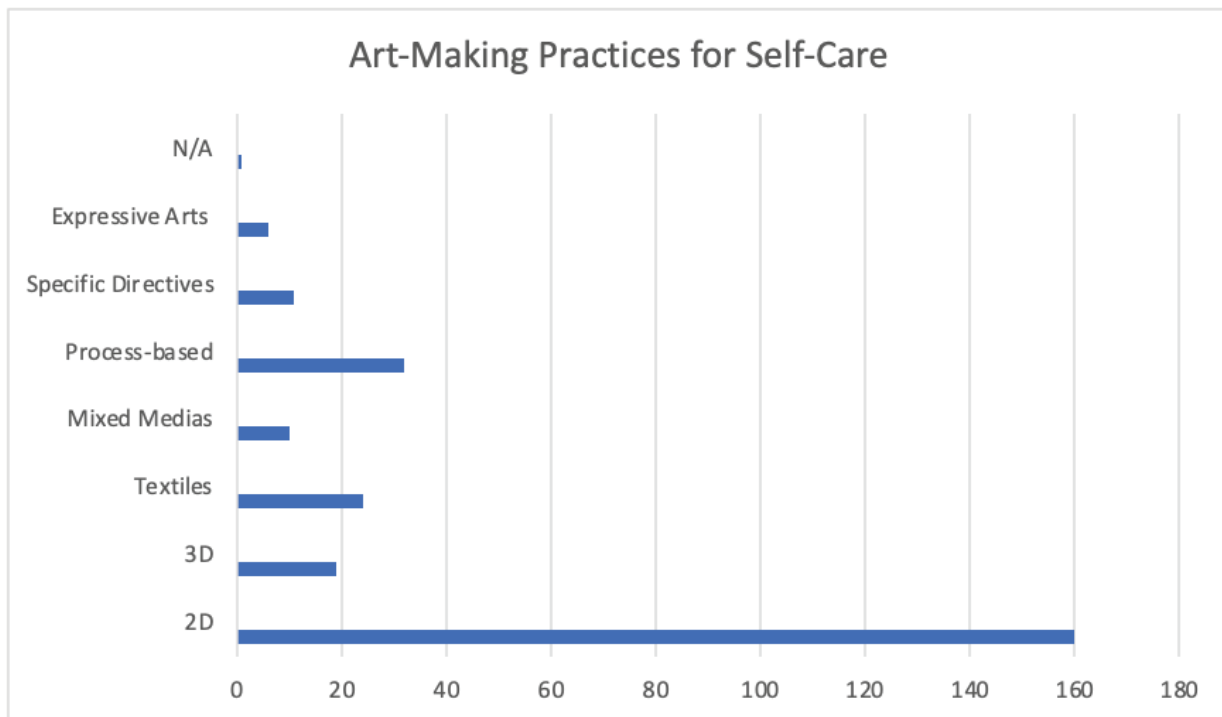


Figure 12

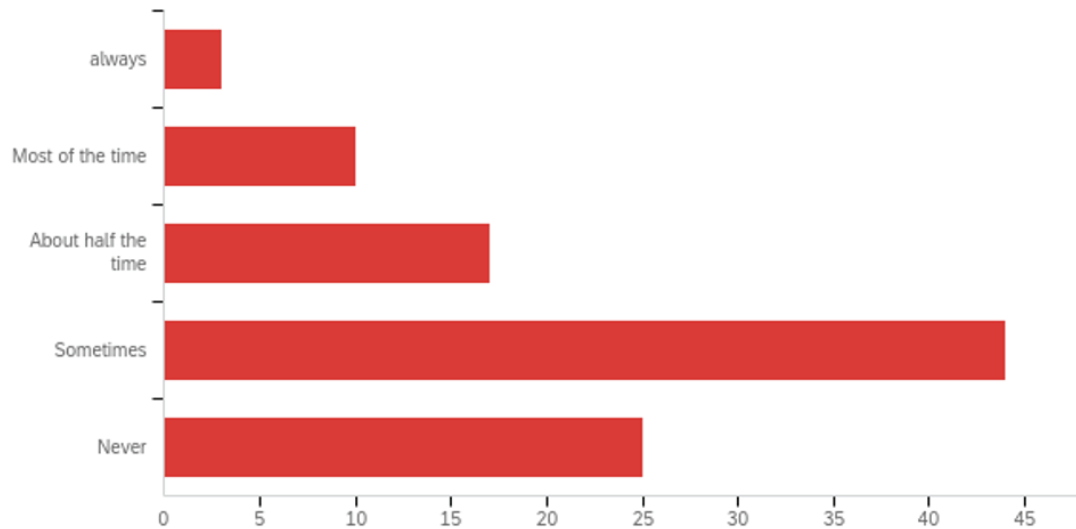
List the specific art process/making you use.



Note. This chart reflects how many times each art process or approach to making was mentioned within the written responses. There were a total of 21 different art materials mentioned within the responses. These were combined under the broader headers used for the table above.

Figure 13

How often do you use response art (e.g. post-session art-making, reflective imagery) as a type of self-care?



List the specific art response art-making you use.

Within the written responses 2D, 3D, and mixed media were mentioned 59 times. There were 52 responses that mentioned processed-based art-making. Reasons pertaining to school for using response art were mentioned eight times, and 32 people said that they did not use response art. Therefore, within written responses, participants mentioned materials, directives, processes, and reasons for making art 102 times. Out of 108 participants, 32 people said they did not use response art as a type of self-care.

Figure 14

How often do you use physical activities (e.g. walking, biking, weight lifting) as a type of self-care?

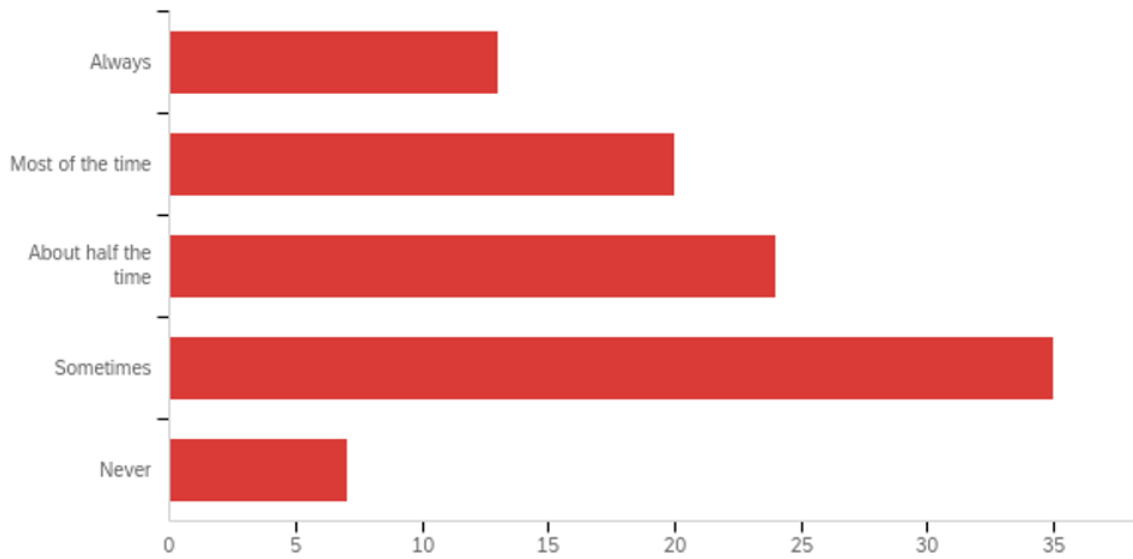
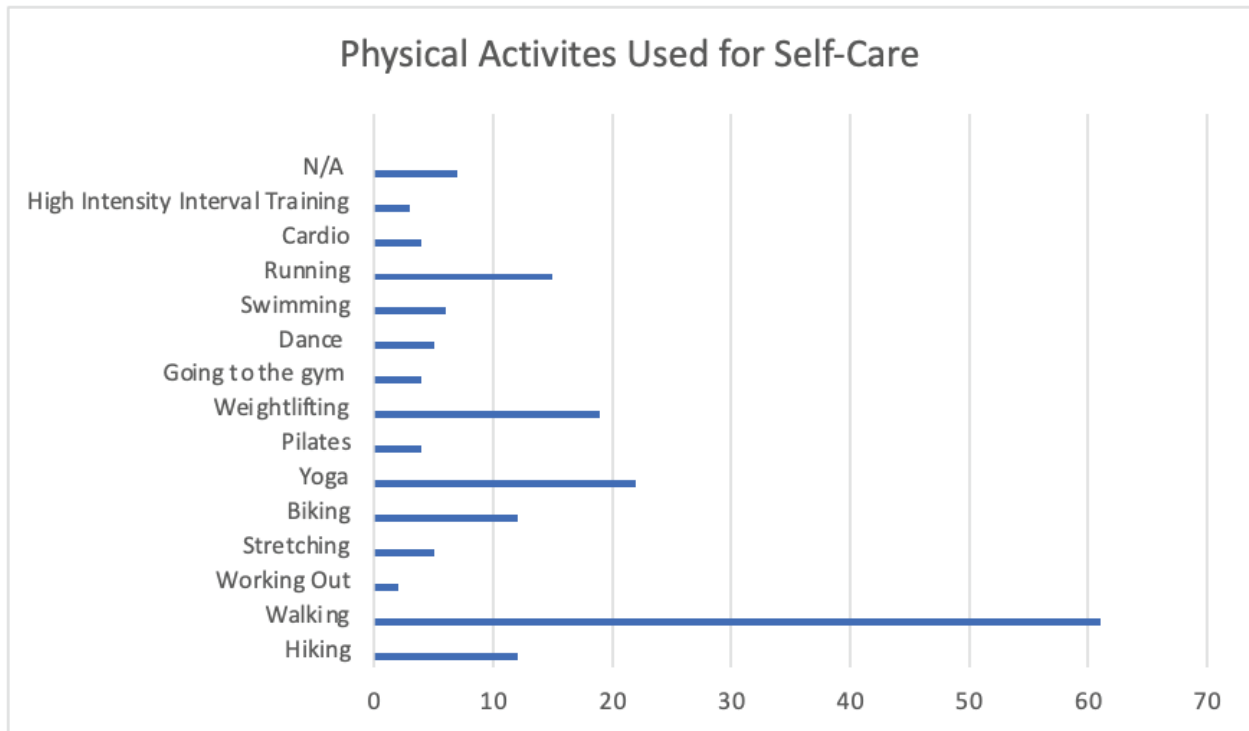


Figure 15

List the specific physical activity you do.



Note. Items that were only mentioned once in written responses were exercise, Zumba, basketball, band exercises, stair machine, kickboxing, rock climbing, racquetball, cross country skiing, body pump, aerobics, martial arts, jump rope, ice skating, jumping on the trampoline, playing in the snow, stargazing, driving, working/job, mindfulness exercises, limited time due to internship and classes, winter makes it hard due to coldness, and don't feel safe outside.

Figure 16

How often do you use leisure activities (e.g. other than art-making and physical activity, for example, watching tv, reading, games, gardening, hanging out with friends/family) as a type of self-care?

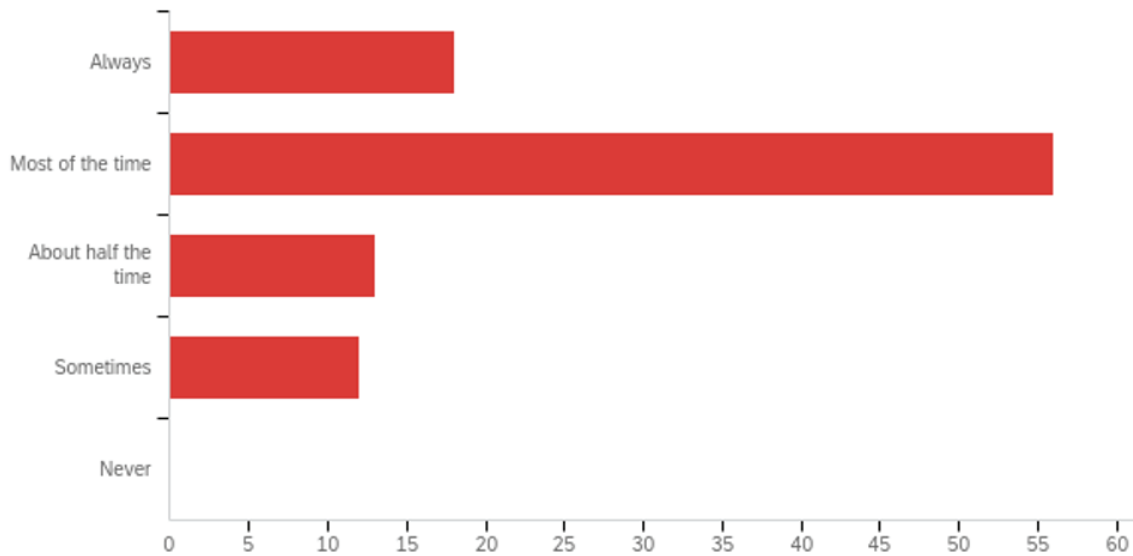
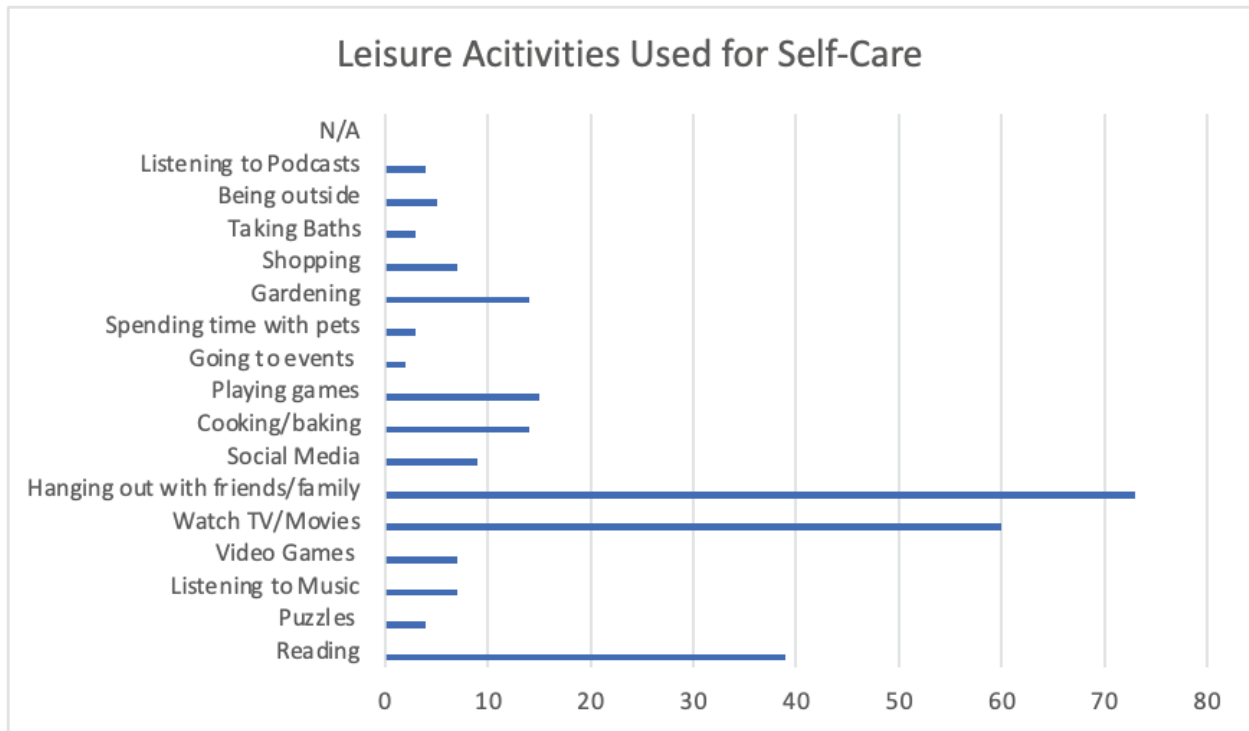


Figure 17

List the specific leisure activity you do.



Note. All participants mentioned at least one type of leisure activity that they engage in as a type of self-care. Items that were only mentioned once were DIY projects, video, sleeping, sex, getting nails done, skincare, croquet, piano, choir, journaling, walking on the beach, eating, fishing, kayaking, hiking, walking, biking, historical preservation, organizing, and cleaning.

Figure 18

How often do you use supportive activities (e.g., making to-do lists, planning, creating, routine, humor, problem-solving, religion, personal therapy) as a type of self-care?

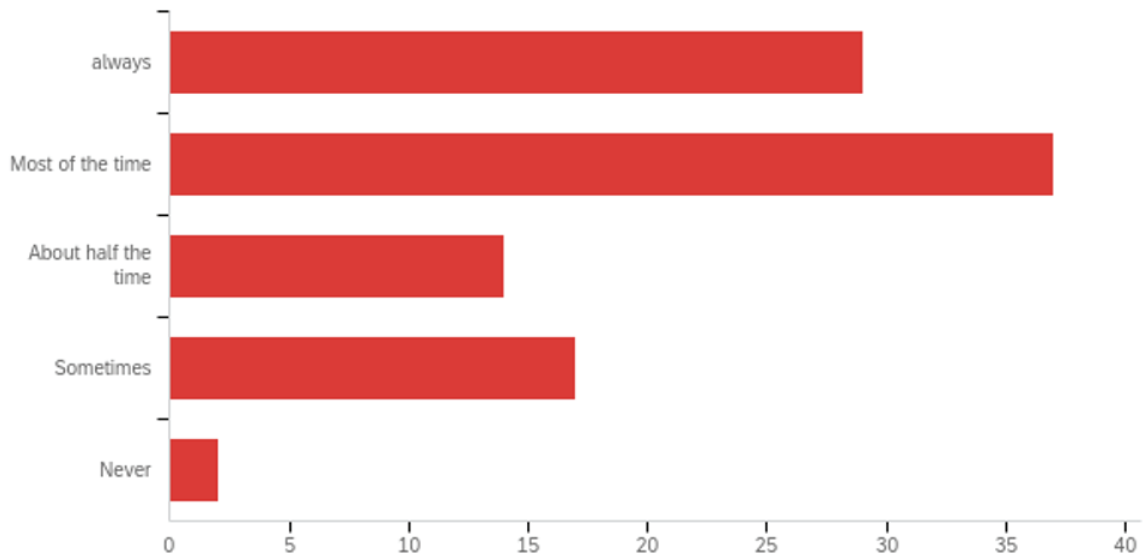
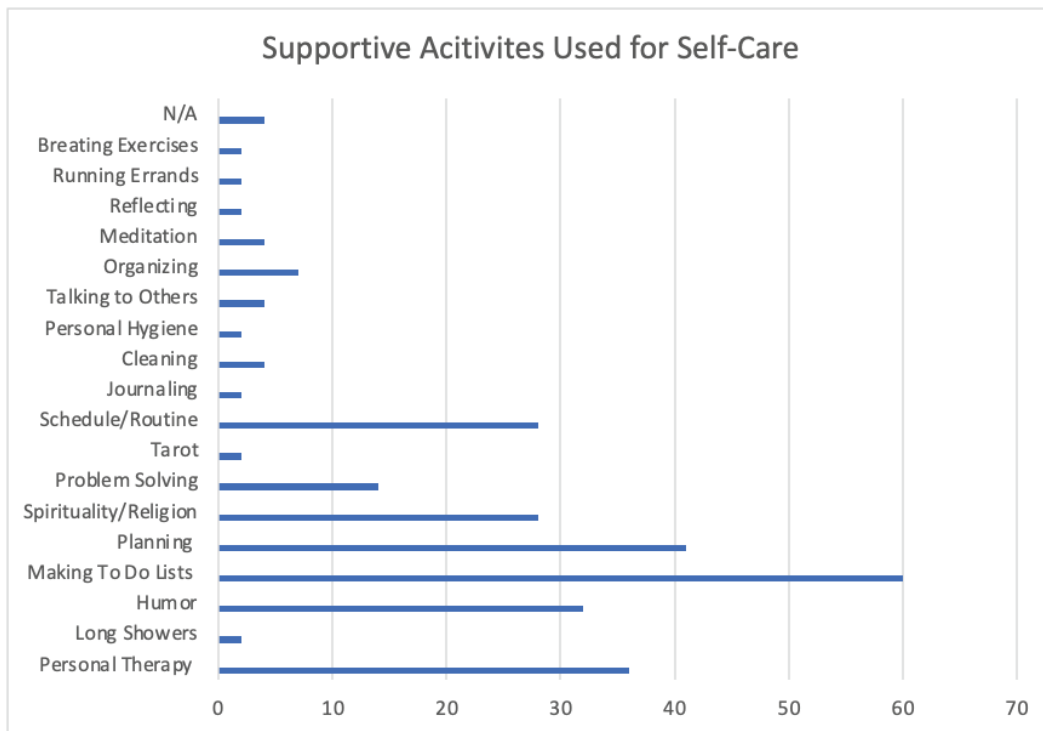


Figure 19

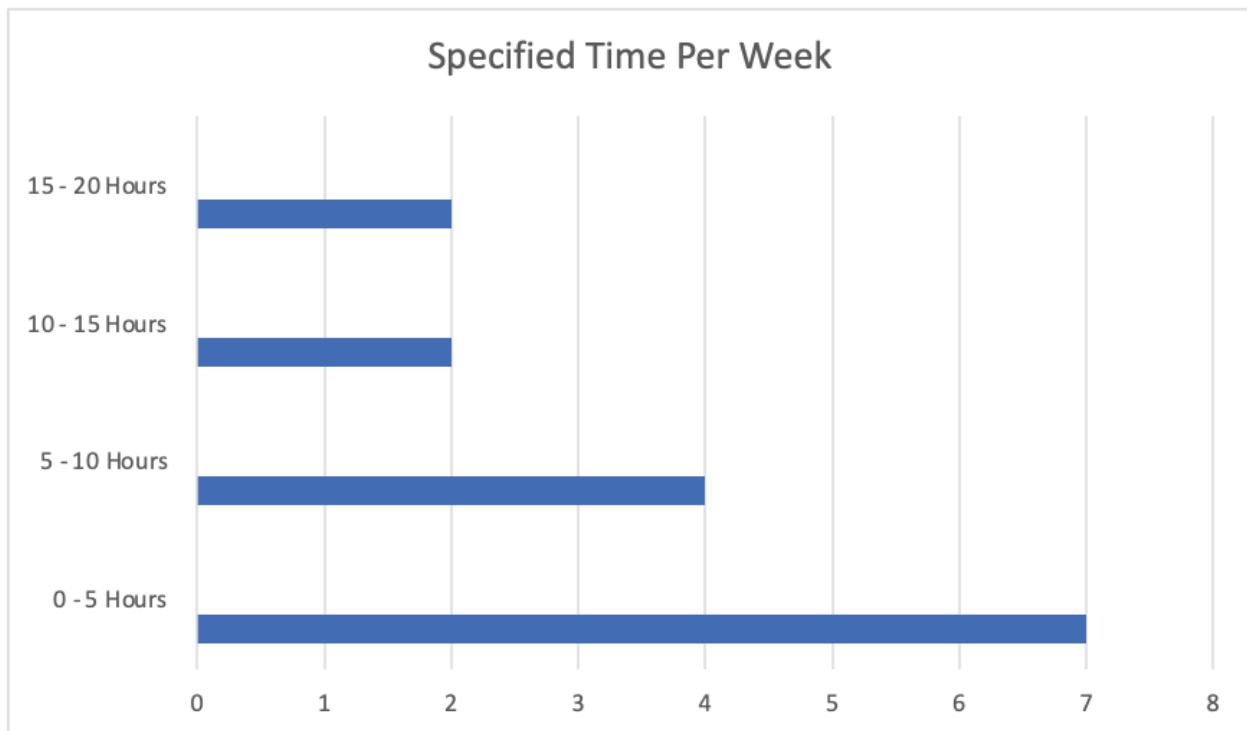
List the specific supportive activities you do.



Note. Items only listed once were sleep routine, planning outfits, pre-packing lunches, podcasts, pets, crying, cleaning, group therapy, marriage therapy, singing, good eating habits, mindfulness, yoga, reviewing, massages, acupuncture, self-care, drinking, nature/outside, talking, and self-care apps.

Figure 20

How much time do you typically spend on your self-care activities?



General time amounts found were 20 minutes to 12 hours but did not clarify if daily or weekly due to limitations of the question not providing a specified time period. Other general amounts of time/terms noted were weekends, two days, 70%, $\frac{1}{3}$, to $\frac{1}{2}$ of time, and depends. Specified time per day ranged from 5 minutes to five hours. Wide ranges of time did not allow for specific ranges of time. Terms associated with self-care daily were a few hours per day, some, a little, and as much as I can. Five people reported they were unsure or did not spend enough time.

Figure 21

How often do financial concerns influence the types of self-care you do?

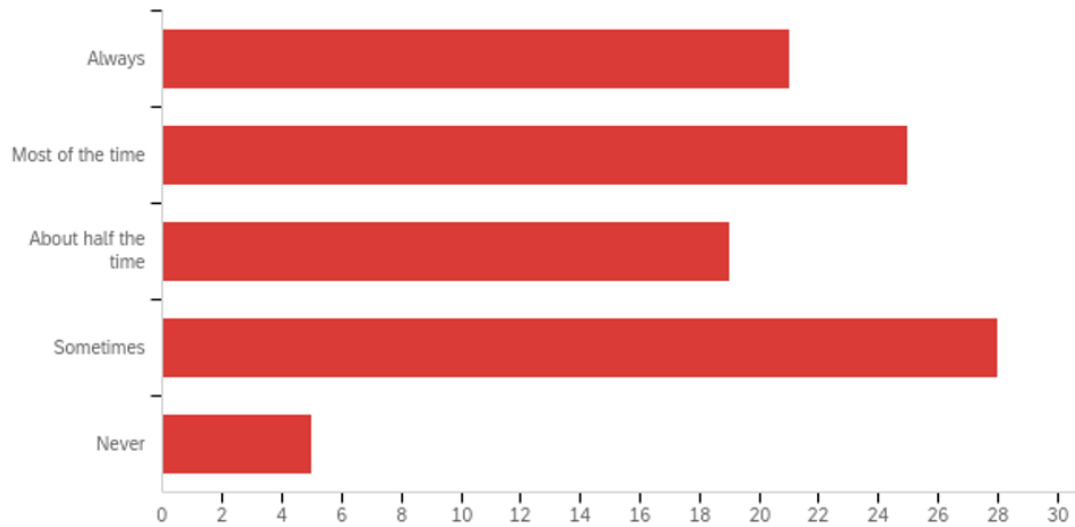


Figure 22

How often do financial concerns influence the frequency of self-care activities?

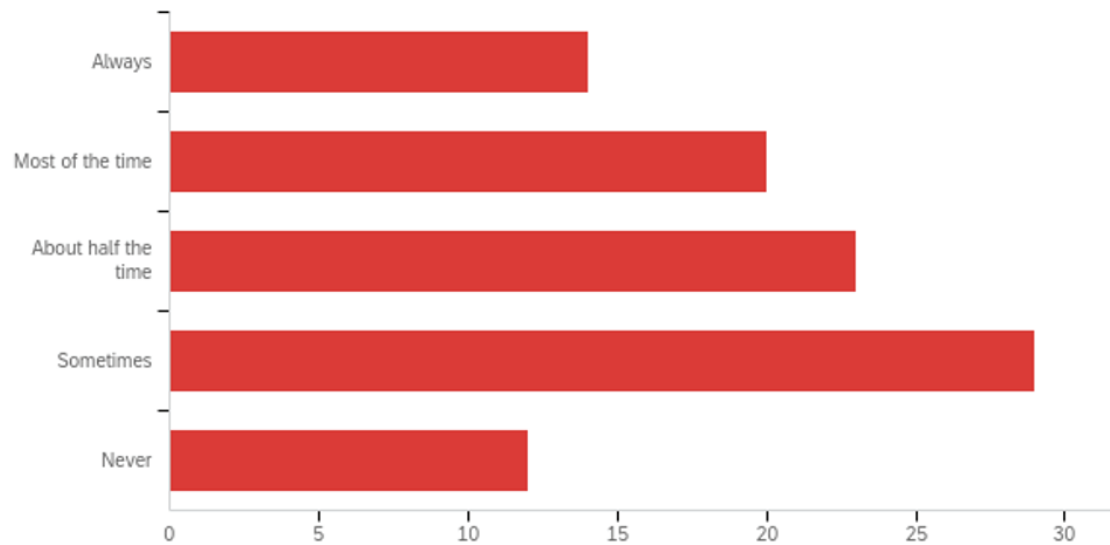


Figure 23

How often does time influence the types of self-care you do?

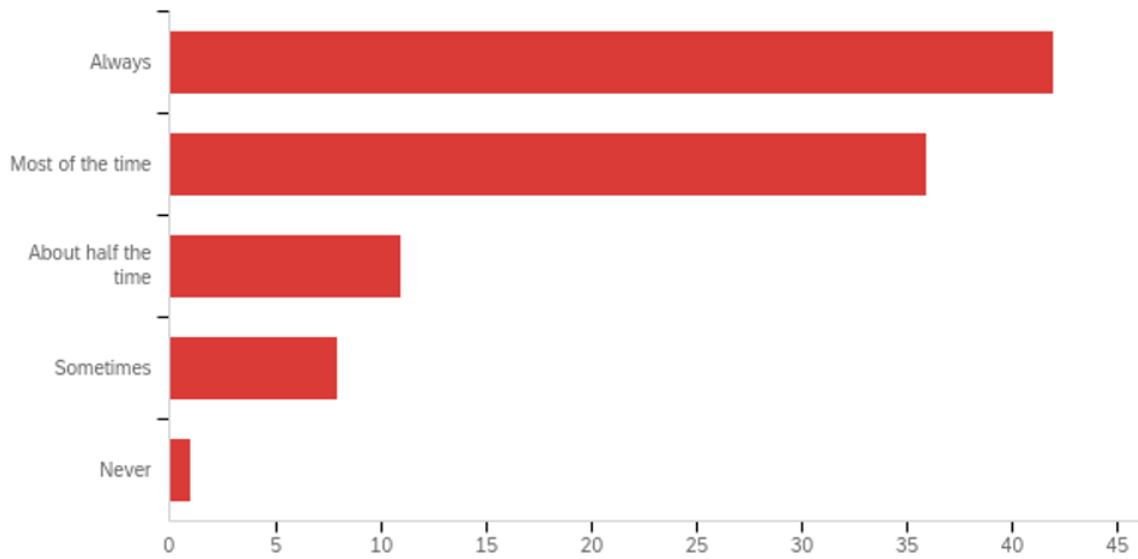


Figure 24

How often does time influence the frequency of self-care activities?

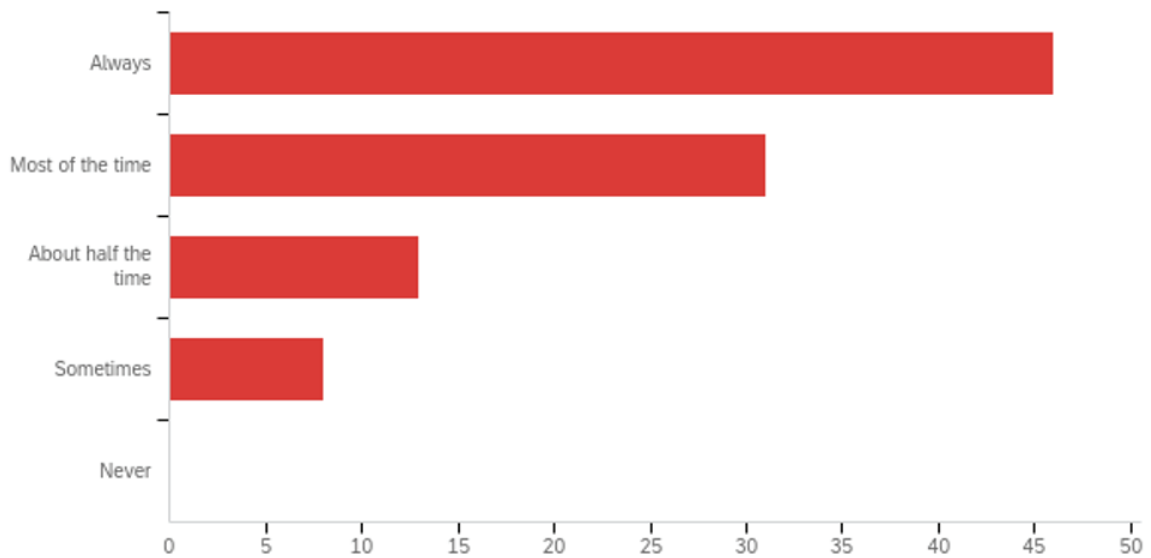
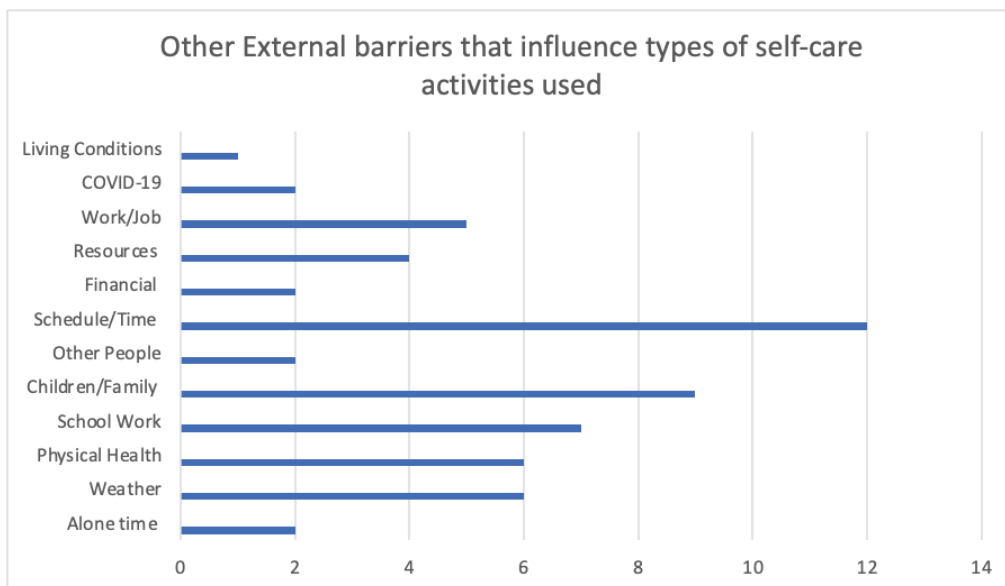
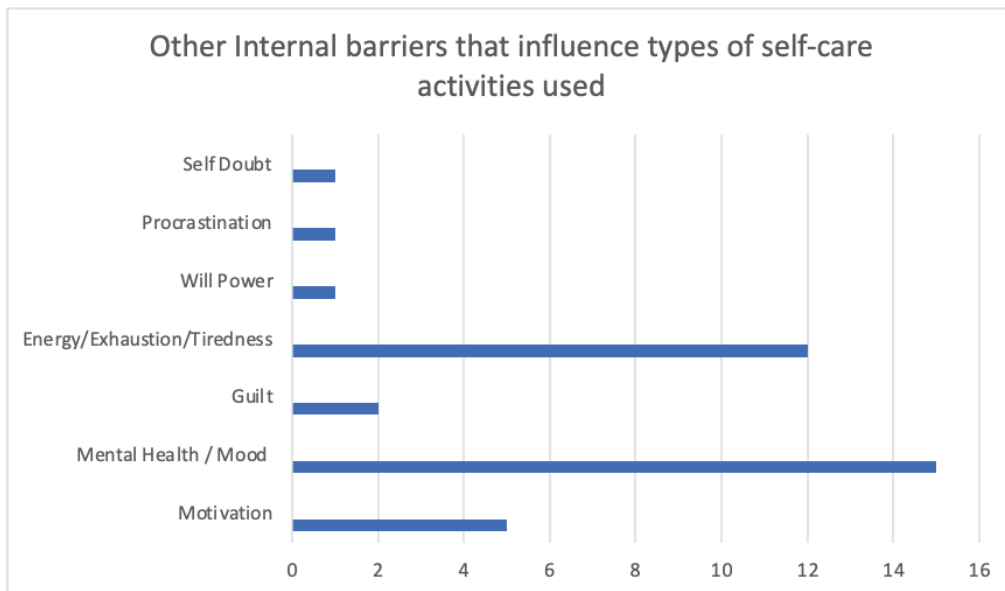


Figure 25

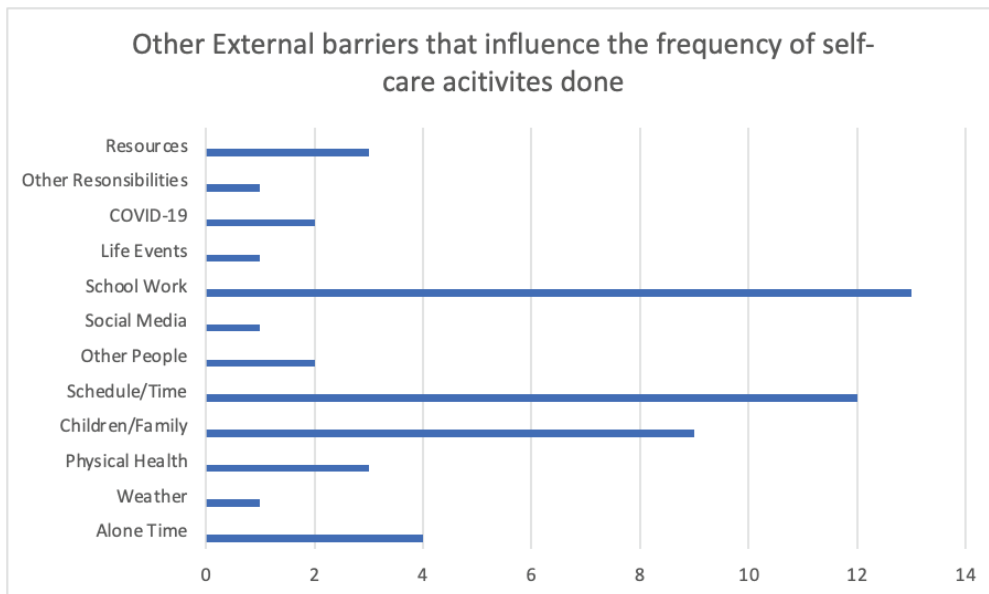
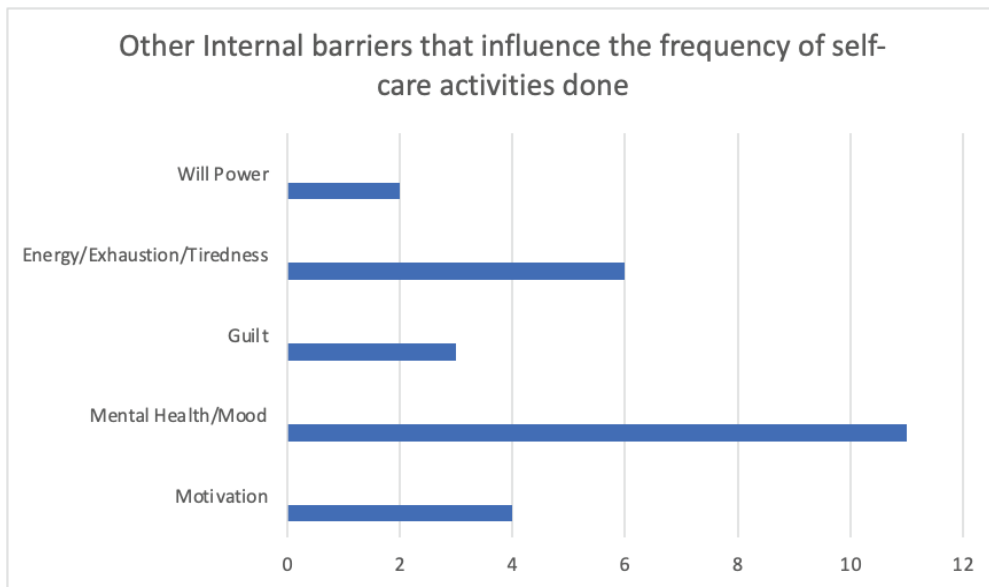
If any, what other barriers influence the type of self-care activities you do?



Note. These charts reflect how many times each barrier was mentioned within the written responses. Similar terms were compiled to collect the broader responses into themes.

Figure 26

If any, what other barriers influence the frequency of self-care activities done?



Note. These charts reflect how many times each barrier was mentioned within the written responses. Similar terms were compiled to collect broader responses into themes.

Figure 27

How important is self-care to you?

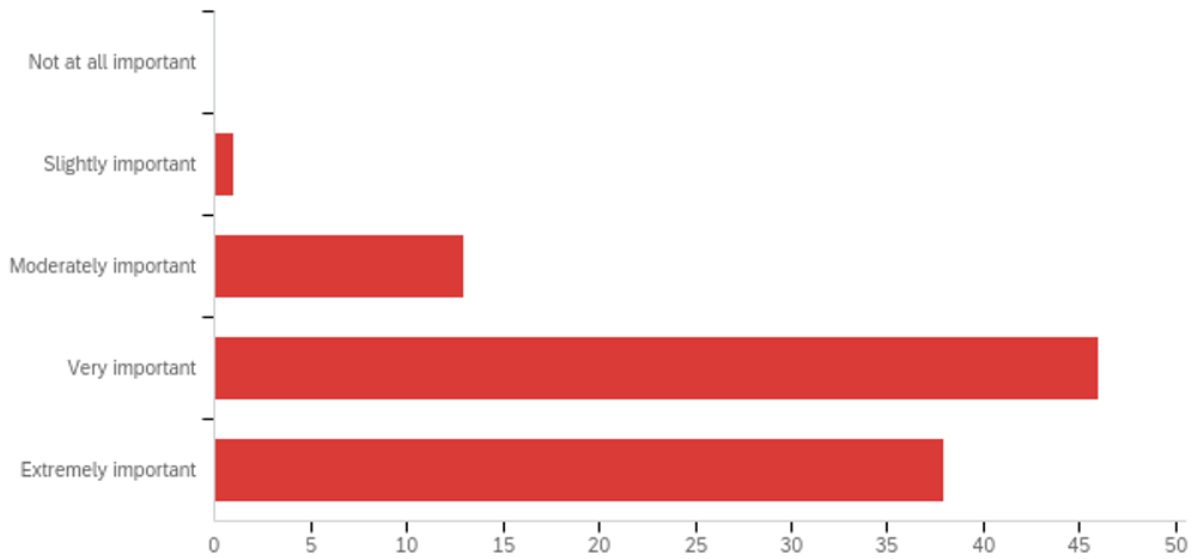
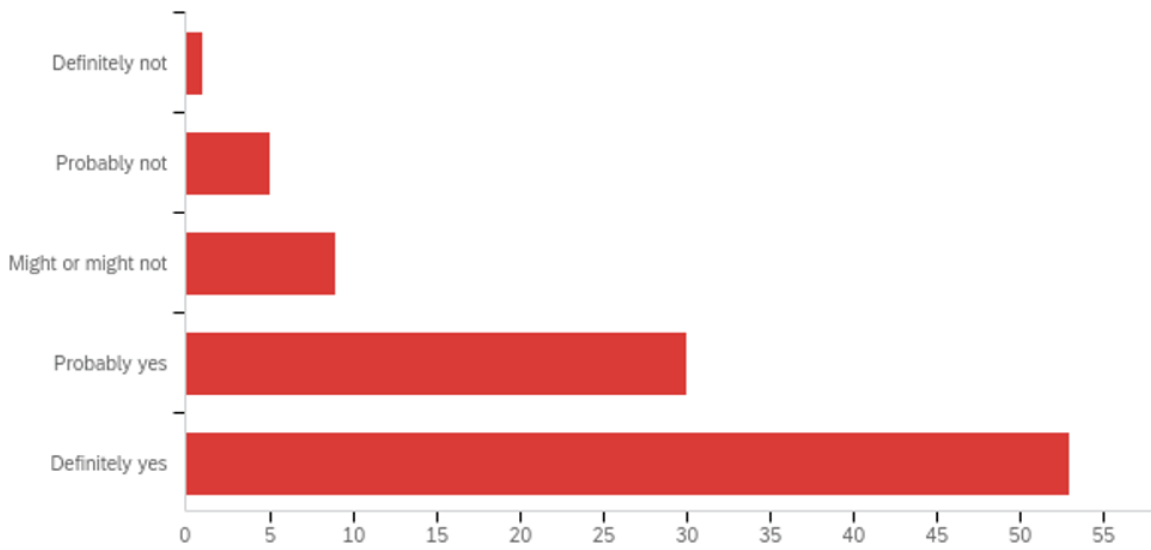


Figure 28

Does your graduate program normalize and promote self-care?



Chapter V

Discussion

Overview

This study reflects the findings of self-care practices that graduate art therapy students engage in for their overall well-being. The information gathered can offer a better understanding of self-care within graduate students' academic years and the types of self-care that graduate students can engage in to improve their well-being. The survey was broken down into four sections: demographics, well-being, self-care, and barriers to self-care. It was built from findings within the literature review conducted above. Therefore, the results will be compared and contrasted with the literature review findings.

Typically, survey studies do not produce a large sum of results, but this survey produced a larger quantity than usual at 108 participants (Mertens, 2015, pp. 189). To give context, 711 individuals in the United States were awarded degrees or certifications in relation to Art Therapy, including bachelor's and master's level students, in 2019. Specifically, 23 individuals related to Art Therapy were at Herron School of Art & Design, IUPUI. Out of the 23, only seven were awarded master's Degrees, and 17 were pre-art therapy certificates. Therefore, only 30% of individuals in that program were eligible to take my survey. Altogether 30% of 711 is 213 individuals. Therefore, if you double 213 for a number of first and second-year students in a program you get 426 individuals. My survey had 108 participants which means on average 25% of current graduate art therapy students took this survey.

A convenience sampling was used with personalized emails to program directors requesting that they send it along to their current students (Mertens, 2015, pp. 336). This meant that students received the survey from a recognizable/known email and from a person in an

influential position. The study anticipated 20 participants but obtained 108 participants. Therefore, this could reflect and validate the importance of self-care in higher education within the art therapy field. Also, the study used an integrative model using a concurrent triangulation design that allowed for more in-depth detailed information to be collected by using a Likert-type scale that produced quantitative data and written responses that produced qualitative data. The Likert-type scale produced quantitative data that allowed for easier access to direct results that did not need further analysis to understand what was found. The written responses produced qualitative data that allowed access to direct statements written by graduate art therapy students. My supervisor and I conducted a thematic analysis to identify themes/commonalities within written responses found. This allowed for broader themes to be identified through key terms that unify the information gathered. This process was conducted multiple times to allow for validity and reduction of possible researcher bias. Overall, this method was successful in gathering valuable data that supported and challenged existing literature on demographics, well-being, self-care, and barriers to self-care.

Within the survey, it is important to acknowledge the limitations and boundaries of the questions asked. The Likert-type scales do not have clear definitions of terms (e.g., strongly agree) that allow the participant to define this term within their own understanding. This means that there are natural variations within the responses. The written response questions within a survey may have been misinterpreted without the opportunity for the researcher to obtain clarification. The results found that participants used the examples provided in the questions in the responses. This led the researcher to wonder if another limitation is the influence of examples. The examples given were from the findings in the literature review. Therefore, a limitation is the potential influence of examples provided to clarify questions.

A limitation of this study was that participants had to answer each question to be allowed onto the next question, which forced participants not to skip questions. This limitation could have led to incomplete surveys where participants stopped taking the survey in the middle without finishing. The survey did allow for pausing and continuing at a later time if participants needed but could have resulted in participants forgetting to return to the survey to finish. It is important to note that four participants out of the 108 did not complete the entire survey. Three of the four participants stopped at Question 10, and one participant stopped after Question 6.

A limitation in the phrases of questions was noted. Specifically, Question 21 asked about the number of times students engage in self-care practices. This question did not delineate a time frame for the participant leading to a wide range of responses that could not be clearly analyzed. A similar limitation was found within the written responses for questions 12, 14, 16, 18, and 20. The use of the term *type* led to a wide variety of interpretations by the participants leading to data that could not be thoroughly analyzed. Question 6 presented similar limitations in data analysis because the choices did not offer a written response for the “other” selection, which limited the responses from that question. With these limitations noted, the findings from these students are promising.

Demographics

The demographics included in this study were age, gender, race/ethnicity, number of years in school, and undergraduate degree/major. The most common age found was 18-25 years. This can often be found in graduate programs for students continuing to higher education due to not taking any gap years or only a small amount of time between undergraduate and graduate school. The most common gender reported was female, and the most common race/ethnicity was white/Caucasian. This relates to the results Moses et al. (2016) found as a limitation of their

study, with women representing majority of the sample size. This further validates Myers et al. (2012) as it was found that males were commonly under-represented in self-care studies as self-care can often be associated with a feminine construct. It is known that the art therapy profession has been predominantly white/Caucasian females. This survey validates current professional demographics but showed a shift in rising numbers of male, non-binary/third gender, Hispanic, African American, Asian, and multiple race backgrounds. This study may reflect the ongoing goal of the art therapy profession moving toward greater inclusivity.

Participants were primarily in their first year of graduate school at 42.59%. Second-year graduate students accounted for 39.81% of the responses, and third-year students made up 16.67%. Students within the fourth year of graduate school accounted for 0.93% of the responses. This could reflect that most respondents attend two-year graduate programs rather than three-year programs or programs with individualized plans of study. As noted above, the limitation to question 6 regarding undergraduate degree/major reported the most common undergraduate degree of study was not art at 38.89% or psychology at 18.52%, but the option “other” was selected at 42.59%. These results were unexpected due to most programs requiring extensive credits in art and psychology courses to apply to programs in the United States. If replicated in the future, a “select all that apply” option could be beneficial if individuals double majored in art and psychology.

Well-Being

The development of questions in this section was influenced by the literature review findings for definitions and factors of well-being. Questions 7 and 8 reference “positive” as a requirement for well-being due to pre-existing literature finding that well-being is associated with positive aspects within someone's life (Disabato et al., 2016; Hill et al., 2021; NCCDPHP;

2018; & Stronge et al., 2019). Question 7 was developed from the eudaimonic concept that certain factors such as social support influence someone's well-being (Disabato et al., 2016). The top ten most common factors of well-being included support from others and relationships within their life (Coster & Schwebel, 1997). The most common response to question 7, which focused on how often participants feel they have positive relationships and support in their life, was reported as “most of the time” at 57.55% and “always” at 26.42%. Question 8 focused on how often participants felt positive about their life which was reported the highest as “most of the time” at 59.43%, demonstrating that positive relationships and support correlate with how often the respondents felt positive about life. This supports Stronge et al.'s (2019) findings that imply supportive relationships increase life satisfaction and Segrin and Taylor (2007) found that positive relations are associated with higher well-being.

Questions 9 and 10 focused on how often participants felt their mental and physical health were attended to. Participants reported on Question 9 that mental health was attended to “most of the time” at 42.45% and “about half the time” at 33.02%. Question 10 reported physical health was attended to “about half of the time” at 37.74% and “most of the time” at 29.25%. The data in the literature review did not provide findings related to this information. Based on my own experience in graduate school and the data collected from written responses for Questions 16, 26, and 27, external barriers such as weather and deadlines are less controlled barriers to physical wellness and may have resulted in lower ratings.

Kinnunen et al. (2019), Segrin and Taylor (2007), and Stronge et al. (2019) wrote that diversified activities for self-care enhance wellness. The written responses in Questions 12, 14, 16, 18, and 20 reflected those findings, with majority of participants writing more than one activity for each type of self-care. Therefore, it is found that participants engage in multiple

forms of self-care, which is consistent with the notation that diversity of activity influences well-being.

Self-Care

According to the present study, the anticipated outcome that graduate art therapy students would use response art and/or art-making less than other types of self-care was true for response art but was not true for art-making. The present study found that leisure activity was the most common type of self-care used among graduate art therapy students. Response art was reported as the least common type of self-care by students. The survey allowed participants to type N/A for written responses to Questions 12, 14, 16, 18, and 20 for types of self-care they did not utilize. Zero percent of participants reported N/A for Question 18, which supports Bickley's (1998) and Mills et al. (2018) statement that self-care is intentional self-initiated behavior that is a choice. Throughout Questions 12, 14, 16, 18, and 20, no negative or harmful behaviors were reported as self-care, which further supports Bickley's (1998) research that suggests utilizing self-care promotes health and well-being. However, one person noted "drinking (sometimes)" as a supportive self-care behavior; further clarification is needed to understand the intent behind this statement.

Results from the present study found that self-care activities can fluctuate between leisure, supportive, and physical activities. Activities such as walking, biking, hiking, organizing, cleaning, and being outside overlapped. This validates the ongoing difficulty that previous researchers have had in defining and distinguishing between the types of self-care. Pre-existing literature shows that physical, leisure, and supportive self-care activities both validate and contradict the present study results. This conflict of information could be influenced by the differences in criteria in existing literature regarding graduate students versus professionals.

Types of Self-Care

The most common answers reported on Question 15 referring to the use of physical activity as a type of self-care were “sometimes” at 35.35%, “about half the time” at 24.24%, and “most of the time” at 20.20%. The most common physical activity was walking, reported by 60 participants. Walking is an activity that is easily accessible and without financial impacts. Yoga was the second-highest activity reported by 22 participants, and weightlifting by 19 participants. Weather inconsistencies or the ability to feel safe outside was reported to be impactful whether participants chose to use outdoor physical activity. Seven participants reported that they never use physical activity as a type of self-care.

The most common answer for Question 17, which refers to how often leisure activity is used as a type of self-care, was “most of the time” at 56.57%. The second most common answer reported was “always” at 18.18%, then “about half the time” at 13.13%. No participants reported selecting “never” for Question 17; they also did not report N/A for Question 18, which referred to types of leisure activities used. Leisure activities are often common, everyday life activities that come more naturally within someone's day; therefore, it is expected to be used more frequently. The most common leisure activity found was hanging out with friends/family reported by 73 participants, then watching tv/movies (n=60), and reading (n=39) (Turner et al., 2005; Moses et al., 2016; and Rupert and Kent, 2007). Therefore, leisure activity results counter Bickley (1998) and Mills et al. (2018) research that self-care activities are more than an unconscious “tick-box,” but rather something that is a deliberate, intentional behavior that one implements in their life for positive aspects due to leisure activities reported as common everyday behaviors.

The most common answer for Question 19, referring to how often supportive activity is used as a type of self-care, was reported as “most of the time” at 37.37%, “always” at 29.29%, and “sometimes” at 17.17%. Two percent of participants reported that they never use supportive activities. The most common types of supportive activity reported were planning/scheduling (n=69), making to-do lists (n=60), and personal therapy (n=36). Other top reported activities were humor, spirituality/religion, and problem-solving. Results mirrored the top most common supportive practices for self-care found by Turner et al. (2005) and Rupert and Kent (2007).

Question 11 asked how often participants used art-making as a type of self-care, 41.41% reported “sometimes,” 24.24% reported “about half the time,” and 21.21% reported “most of the time.” Overall, only one participant reported that they never use art-making. The most listed type of art-making was two-dimensional, with 160 references from participants. Comparably, textiles were mentioned 24 times, three-dimensional, 19 times, and mixed media 10 times. The popularity of two-dimensional art may be due to the materials' accessibility, familiarity, and affordability. Within two-dimensional art-making, the painting was noted 62 times and the drawing 50 times. This further supports Forkosh and Drake's (2017) research, where they found that coloring and drawing were associated with positive effects on regulating emotions and distracting from adverse events. Multiple participants reported that art-making served as a process for self-care, releasing stress, and reflecting on emotions/feelings. This supports Collier and Wayment's (2021) research that art-making is capable of positive mood repair. Reported results implicated that a result of graduate art therapy training may be a shift from production-based artmaking to intuitive-based or process-based creating. Multiple art processes listed in the data directly reflected graduate art therapy training. For example, participants wrote that they engaged in common directives such as mandalas, zen tangles, poetry, and altered books.

Directives provide guidelines, goals, and direction in art-making and reduce decision-making. Other common art processes not specific to the art therapy profession reported were journaling, doodling, abstract, intuitive, meditative, and movement. Participants mentioned 21 different materials, for example, acrylic paint, watercolor, oil pastels, pencil, markers, and colored pencils.

Question 13 asked how often response art was used as a type of self-care, 44.44% reported “sometimes”, 25.25% reported “never”, and 17.17% reported, “about half the time”. Fish's (2012) research was supported through participants identifying, understanding, and reporting the use of response art, but through my reflection, the actual use of response art in art therapy seems to be inflated. I have realized that response art seems to not always be identified as response art (i.e., not introduced and explained as response art in school), but its concept seems to be widely used. Response art was referred to eight times in relation to a task completed due to a school assignment rather than self-care. This finding aligns with Bickley (1998) and Mills et al. (2018) because the participants aligned response art to school assignments or tasks that need to be completed rather than self-care. One participant reported that response art would be used in future practice. Multiple students reported using response art as a type of self-care for specific reasons, including increased self-awareness and self-regulation. This supports Carter and Barnett's (2014) research that self-care serves as a continual practice for self-awareness and self-regulation.

Furthermore, the participants reported using response art for rebalancing, containing emotions, placement for countertransference, and reflecting. The types of response art were immediate reflective art, such as post-session art-making, co-creating art-making in session, and systemic response art, such as working on a single piece of artwork multiple times. El Duende Process Painting (EDPP) was reported by participants as a specific type of systematic response

art-making which refers to using the same canvas multiple times over different time periods using paint in many layers that build upon one another (Miller, 2012). This data directly supports the work of Fish (2012), Hyatt (2019), and Nash (2020) in the unique way that art therapists use art-making as a tool of clinical inquiry. The most common type of art-making used for response art was two-dimensional art, thus mirroring the highly reported two-dimensional art in art-making as self-care. Due to the high volume of reported use of two-dimensional art as the primary process and materials in self-care, it could relate that art therapy students have more accessibility to two-dimensional materials or pre-existing backgrounds in two-dimensional art before graduate education.

Barriers

The survey investigated financial concerns' influence on barriers to self-care due to previous literature findings that financial concerns are one of the top two barriers to self-care. This study found that financial concerns influenced the frequency of using self-care more than financial concerns influenced the type of self-care used. Five participants reported financial concerns “never” impacting the type, and twelve participants reported “never” impacting the frequency. About twelve participants reported that financial concerns are not a barrier for engaging in self-care. These findings support pre-existing literature because most participants still report that financial concerns are a common barrier to self-care (El-Ghoroury et al., 2012 & Myers et al., 2012).

The survey reviewed the impact of time influencing self-care due to pre-existing literature suggesting that time is one of the top two most common barriers to self-care (El-Ghoroury et al., 2012; Mills et al., 2018; & Moses et al., 2016). The results support pre-existing literature as only one participant reported time not influencing their self-care. The most common

response to time's influence on self-care was “always” at 46.94% for frequency and 42.86% for type.

Throughout this section, it is important to note that time and financial concerns were barriers discussed in previous questions within the survey. The last two barrier questions asked participants to report barriers, excluding time or financial barriers. Therefore, time and financial barriers still reported in a multitude of written responses reiterate how much of a common barrier they are to graduate art therapy students. Specifically, schedule/time was the most common answer found within the written responses, which were noted twelve times in both questions. Thirty-four participants reported that no other barriers than time or financial barriers influence the type of self-care they engage in. Thirty-eight participants reported that no other barriers than time or financial restraints influenced their frequency of engaging in self-care. Other common external barriers to self-care included children/family, schoolwork, job/work, weather, and physical health, which supports common barriers found in pre-existing literature (Mills et al., 2018; El-Ghoroury et al., 2012; Moses et al., 2016; Myers et al., 2018; Zahniser et al., 2017; Carter & Barnett, 2014; & Colman et al., 2016). Common internal barriers found were mental health/mood, energy level/exhaustion, and motivation which supports common barriers found in pre-existing literature (El-Ghoroury et al., 2012; Moses et al., 2016; Mills et al., 2018; & Lipsky & Burk, 2009).

Self-care Importance/Education

Due to the high volume of surveys completed, it could be found that the results of Question 28 asking about the importance of self-care increases the value of the question. The most common answer found for how important self-care is to you was “very important” at 46.94% and “extremely important” at 38.78%. No participants selected “not at all important,”

which supports that there is value in self-care within graduate art therapy students. This integrates into the last question asked on the survey that examined if the student felt their graduate program normalized and promoted self-care. The most common answer found was “definitely yes,” at 54.08%. Only one participant reported, “definitely not.” This supports Callan et al. (2021), Colman et al. (2016), Carter and Barnett (2014), & Coster and Schwebel (1997) literature findings that the importance and promotion of self-care being implemented in graduate school is a necessary and valuable tool.

Chapter VI

Conclusion and Recommendations

Conclusion

Overall, this study mainly supported pre-existing literature findings that reviewed demographics, types of self-care, and barriers with minimum contradictions. This study found specific examples of demographics, types of self-care, and common barriers for current graduate art therapy students. The demographic results supported the ongoing goal of the art therapy profession moving towards greater inclusivity. The types of self-care graduate art therapy students engaged in included a diverse range from the most common leisure activities such as hanging out with friends/family and art-making such as two-dimensional art. Barriers reported that influenced self-care the most were time, financial restraints, family, mood, and school. This study resulted in ample amounts of results that can infer the importance of self-care to graduate art therapy students and could be helpful in further research towards beneficial ways to incorporate self-care within individuals' daily lives for overall well-being.

Recommendations

Further recommendations are a study that allows cross-analyzing data through statistical analysis using SPSS to identify direct relationships between well-being and specific types of self-care. Research should be done to determine how different career paths impact the type of self-care used and its benefits. Other recommendations include researching how many participants are two-dimensional art majors and if that impacts why two-dimensional art processes were reported the most. The impact of the region that individual's study in needs to be researched to understand the impact of culture on types of self-care and barriers to self-care practices. The final research recommendation is to conduct a study that views beliefs on response

art practices within current graduate art therapy students versus response art practices of current practicing art therapists to identify the impact of school on the usage of response art.

References

- American Art Therapy Association. (2017). *About art therapy*. American art therapy association.
<https://arttherapy.org/about-art-therapy/>
- American Counseling Association. (2014). ACA code of ethics.
<https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Barnett, J. E., & Cooper, N. (2009). Creating a culture of self-care. *Clinical Psychology: Science and Practice*, 16(1), 16–20. <http://dx.doi.org/10.1111/j.1468-2850.2009.01138.x>
- Bickley, J. B. (1998). Care for the caregiver: the art of self-care. *Semin Perioper Nurs*, 7(2), 114-211.
- Carter, L. A. & Barnett, J. E. (2014). *Self-care for clinicians in training: A guide to psychological wellness for graduate students in psychology*. Oxford University Press.
- Callan, S., Schwartz, J., & Arputhan, A. (2021). Training future psychologists to be competent in self-care: A systematic review. *Training and Education in Professional Psychology*, 15(2), 117-125. <http://dx.doi.org/10.1037/tep0000345>
- Castro, F. G., Kellison, J. G., Boyd, S. J., & Kopak, A. (2010). A methodology for conducting integrative mixed methods research and data analyses. *Journal of mixed methods research*, 4(4), 342-360.
- Chilton, G. (2013) Art therapy and flow: A review of the literature and applications, *Art Therapy*, 30(2), 64-70, <http://doi.org/10.1080/07421656.2013.787211>
- Collier, A. & Wayment, H. A. (2021). Enhancing and explaining art-making for mood-repair: The benefits of positive growth-oriented instructions and quiet ego contemplation. *Psychology of Aesthetics, Creativity, and the Arts*, 15(2), 363–376. <https://doi-org.proxy.ulib.uits.iu.edu/10.1037/aca0000286.supp>

- Colman, D. E., Echon, R., Lemay, M. S., McDonald, J., Smith, K. R., Spencer, J., & Swift, J. K. (2016). The efficacy of self-care for graduate students in professional psychology: A meta-analysis. *Training and Education in Professional Psychology, 10*(4), 188–197. <https://doi.org/10.1037/tep0000130>
- Coster, J. S. & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice, 28*(1), 5-13.
- Disabato, D. J., Goodman, F. R., Kashdan, T. B., Short, J. L., & Jarden, A. (2016). Different types of well-being? A cross-cultural examination of hedonic and eudaimonic well-being. *Psychological Assessment, 28*(5), 471–482. <https://doi.org/10.1037/pas0000209>
- El-Ghoroury, N. H., Galper, D. I., Sawaqdeh, A., & Bufka. L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology, 6*(2), 122-134. <https://doi.org/10.1037/a0028768>
- Forkosh, J. & Drake, J. E. (2017) Coloring versus drawing: Effects of cognitive demand on mood repair, flow, and enjoyment, *Art Therapy, 34*(2), 75-82, <http://doi.org/10.1080/07421656.2017.1327272>
- Goncher, I. D., Sherman, M. F., Barnett, J. E., & Haskins, D. (2013). Programmatic perceptions of self-care emphasis and quality of life among graduate trainees in clinical psychology: The mediational role of self-care utilization. *Training and Education in Professional Psychology, 7*(1), 53– 60. <http://dx.doi.org/10.1037/a0031501>
- Hill, D. M., Brown, G., Lambert, T. L., Mackintosh, K., Knight, C., & Gorczyński, P. (2021). Factors perceived to affect the wellbeing and mental health of coaches and practitioners working within elite sport. *Sport, Exercise, and Performance Psychology, 1*-15. <http://dx.doi.org/10.1037/spy0000263>

- Kinnunen, S. M., Puolakanaho, A., Mäkikangas, A., Tolvanen, A., & Lappalainen, R. (2019). Does a mindfulness-, acceptance-, and value-based intervention for burnout have long-term effects on different levels of subjective well-being? *International Journal of Stress Management*, 27(1), 82-87. <http://dx.doi.org/10.1037/str0000132>
- Klussman, K., Langer, J., & Nichols, A. L. (2021). The relationship between physical activity, health, and well-being: Type of exercise and self-connection as moderators. *European Journal of Health Psychology*, 28(2), 59–70. <https://doi.org/10.1027/2512-8442/a000070>
- Kuykendall, L., Tay, L., & Ng, V. (2015). Leisure engagement and subjective well-being: A meta-analysis. *Psychological Bulletin*, 141(2), 364–403. <https://doi.org/10.1037/a0038508>
- Likert, R. (1932). A technique for the measurement of attitudes. *Archives of Psychology*, 22(140), 5-55.
- Lipsky, L. D. & Burk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. Berrett-Koehler Publishers, Inc.
- Mertens, D. M. (2015). *Research and evaluation in education and psychology* (4th edition). SAGE Publications, Inc.
- Miller, A. (2012). Inspired by el duende: One-canvas process painting in art therapy supervision, *Art Therapy*, 29(4), 166-173. <http://doi.org/10.1080/07421656.2013.730024>
- Mills, J., Wand, T., & Fraser, J. A. (2018). Exploring the meaning and practice of self-care among palliative care nurses and doctors: A qualitative study. *BMC Palliative Care*, 17(63), 1-12. <https://doi.org/10.1186/s12904-018-0318-0>

- Moses, J., Bradley, G. L., & O'Callaghan, F. V. (2016). When college students look after themselves: Self-care practices and well-being. *Journal of Student Affairs Research and Practice, 53*(3), 346–359. <https://doi.org/10.1080/19496591.2016.1157488>
- Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology, 6*(1), 55–66. <http://dx.doi.org/10.1037/a0026534>
- National Center for Chronic Disease Prevention and Health Promotion. (2018, October). *Well-being concepts*. Centers for Disease Control and Prevention. <https://www.cdc.gov/hrqol/wellbeing.htm>
- Nissen-Lie, H. A., Orlinsky, D. E., & Rønnestad, M. H. (2021). The emotionally burdened psychotherapist: Personal and situational risk factors. *Professional Psychology: Research and Practice, 52*(5), 429–438. <https://doi-org.proxy.ulib.uits.iu.edu/10.1037/pro0000387>
- Ponto, J. (2015). Understanding and evaluating survey research. *Journal of the advanced practitioner in oncology, 6*(2), 168–171.
- Rupert, P. A. & Dorociak, K. E. (2019). Self-Care, stress, and well-being among practicing psychologists. *Professional Psychology: Research and Practice, 50*(5). 343-350. <http://dx.doi.org/10.1037/pro0000251>
- Rupert, P. A., & Kent, J. S. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice, 38*(1), 88–96. <https://doi.org/10.1037/0735-7028.38.1.88>

- Segrin, C. & Taylor, M. (2007). Positive interpersonal relationships mediate the association between social skills and psychological well-being. *Personality and Individual Differences, 43*(4), 637-646. <http://doi/10.1016/j.paid.2007.01.017>
- Sherman, D.W. (2004). Nurses' stress & burnout: How to care for yourself when caring for patients and their families experiencing life-threatening illness. *American Journal of Nursing, 104*(5), 48-56.
- Stronge, S., Overall, N. C., & Sibley, C. G. (2019). Gender differences in the associations between relationship status, social support, and well-being. *Journal of Family Psychology, 33*(7), 819-829. <http://dx.doi.org/10.1037/fam0000540>
- Turner, J. A., Edwards, L. M., Eicken, I. M., Yokoyama, K., Castro, J. R., Tran, A. N.-T., & Haggins, K. L. (2005). Intern self-care: An exploratory study into strategy use and effectiveness. *Professional Psychology: Research and Practice, 36*(6), 674–680. <https://doi-org.proxy.ulib.uits.iu.edu/10.1037/0735-7028.36.6.674>
- Zahniser, E., Rupert, P. A., & Dorociak, K. E. (2017). Self-care in clinical psychology graduate training. *Training and Education in Professional Psychology, 11*(4), 283–289. <https://doi.org/10.1037/tep0000172>

Appendix A

Recruitment List

Albertus Magnus College

Cedar Crest College

Drexel University

Eastern Virginia Medical School

Edinboro University

Emporia State University

Florida State University

Hofstra University

Herron School of Art & Design, IUPUI

Lesley University

Loyola Marymount University

Marywood University

Nazareth College

Pratt Institute

School of the Art Institute of Chicago

Southern Illinois University Edwardsville

Springfield College

St Mary of the Woods College

The George Washington University

University of Indianapolis

Wayne State University

Appendix B

Recruitment Email

Hi, my name is Makenzie Quinn I am a graduate art therapy student at Herron School of Art & Design, IUPUI. I am reaching out to graduate art therapy directors regarding my thesis research on graduate art therapy students self-care practices through the use of a survey. This is an IRB approved study (protocol #13741) under the direction of Eileen Misluk, MPS, LPC, ATR-BC, LMHC, CEDS. The informed consent document is provided at the start of the survey. I would greatly appreciate it if you could forward this email to your current graduate art therapy students. This survey will take 10-15 minutes and will provide valuable feedback in understanding self-care. Students will have two weeks from today to complete this survey.

Link Here: https://iu.co1.qualtrics.com/jfe/form/SV_01TujwWBICJrxAy

Thank you so much,

Makenzie Quinn

Contact Information:

Eileen Misluk

Phone: (317) 278-9460; 317-292-6798

Office: Room 240

Email: emisluk@iupui.com

Makenzie Quinn

Email: manquinn@iu.edu

Appendix C

Informed Consent

INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR RESEARCH

**The use of a survey to identify types of self-care that graduate art therapy students engage in for well-being
#13741
Herron School of Art & Design, IUPUI**

You are being asked to participate in a research study. Art Therapists do research to answer important questions that might help change or improve the way we do things in the future. This consent form will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

All research is voluntary. You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later. This research is intended for individuals over the age of 18 and currently enrolled as a graduate art therapy student in an art therapy program.

The purpose of this study is to understand types of self-care that graduate art therapy students engage in for their overall well-being.

We are asking you if you want to be in this study because you are currently a graduate art therapy student.

The study is being conducted by Makenzie Quinn, graduate student and Eileen Misluk, Director and Assistant professor of the art therapy program at Herron School of Art and Design, IUPUI.

If you agree to be in the study, you will do the following things. Initial email will be sent to graduate programs who will forward on to their current graduate students. Students receive a survey link via email. Complete an online survey through Qualtrics.

The survey will be completed one time and is estimated to take 20 minutes. After the first invitation to participate in the study, you will have two weeks to complete the survey.

A reminder of the survey will be sent at the beginning of the second week after the original invitation is sent.

Before agreeing to participate, please consider the risks and potential benefits of taking part in this study. A risk of completing the survey is a loss of confidentiality and being uncomfortable answering the questions on the survey. We do not expect that you will have any personal benefits from taking part in this study, but we hope to learn things that will help art therapists in the future.

You will not be paid for participating in this study.

There is no cost to participate in the study.

Efforts to keep your personal information confidential will be made, but we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study.

We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Information collected in this study may be used for other research studies or shared with other researchers for future research. If this happens, information that could identify you, such as your name and other identifiers, will be removed before any information or specimens are shared. Since identifying information will be removed, we will not ask for your additional consent.

If you have questions about the study or encounter a problem with the research, contact the researcher, Makenzie Quinn or Eileen Misluk at emisluk@iupui.edu or 317-278-9460

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program office at 800-696-2949 or at irb@iu.edu.

If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future. If you decide to withdraw, close the survey and do not submit your survey at the end.

Appendix D

Qualtrics Survey

The use of a survey to identify types of self-care that graduate art therapy students engage in for well-being

Start of Block: Demographics

Q1 Do you consent to participate?

Yes

No

Q2 What is your age?

18-25

26-35

36-45

46+

Q3 What is your gender?

Male

Female

Non-binary / third gender

Other

Q4 What is your Race/Ethnicity?

- White/Caucasian
- Hispanic
- African American
- Asian
- More than 1 race
- Other

Q5 How many years are you into your graduate art therapy studies?

- 1
- 2
- 3
- 4+

Q6 What was your undergraduate degree/major?

- Art
- Psychology
- Other (please type in) _____

End of Block: Demographics

Start of Block: Well-being

Q7 How often do you feel like you have positive relationships and support in your life?

- Always**
- Most of the time**
- About half the time**
- Sometimes**
- Never**

Q8 How often do you feel positive about life?

- Always**
- Most of the time**
- About half the time**
- Sometimes**
- Never**

Q9 How often do you feel your mental health is well attended to?

- Always**

- Most of the time**
- About half the time**
- Sometimes**
- Never**

Q10 How often do you feel like your physical health is well attended to?

- Always**
- Most of the time**
- About half the time**
- Sometimes**
- Never**

End of Block: Well-being

Start of Block: Types of Self-Care

Q11 How often do you use art making (e.g. painting and drawing) as a type of self-care?

- Always**
- Most of the time**
- About half the time**

Sometimes

Never

Q12 List the specific art process/making you use. If it does not apply to you please type N/A.

Type answer here _____

Q13 How often do you use response art (e.g., post session art making, reflective imagery) as a type of self-care?

always

Most of the time

About half the time

Sometimes

Never

Q14 List the specific art response art making you use. If it does not apply to you please type N/A.

Type answer here _____

Q15 How often do you use physical activities (e.g. walking, biking, weight lifting) as a type of self-care?

Always

Most of the time

About half the time

Sometimes

Never

Q16 List the specific physical activity you do. If it does not apply to you please type N/A.

Type answer here _____

Q17 How often do you use leisure activities (other than art making and physical activity for example, watching tv, reading, games, gardening, hanging out with friends/family) as a type of self-care?

Always

Most of the time

About half the time

Sometimes

Never

Q18 List the specific leisure activity you do. If it does not apply to you please type N/A.

Type answer here _____

Q19 How often do you use supportive activities (e.g., make to do lists, planning, creating routine, humor, problem solving, religion, personal therapy) as a type of self-care?

Always

- Most of the time**
- About half the time**
- Sometimes**
- Never**

Q20 List specific supportive activities you do. If it does not apply to you please type N/A.

Type answer here _____

Q21 How much time do you typically spend on your self-care activities?

Type answer here _____

End of Block: Types of Self-Care

Start of Block: Challenges/Barriers of Self-Care

Q22 How often do financial concerns influence the types of self-care you do?

- Always**
- Most of the time**
- About half the time**
- Sometimes**
- Never**

Q23 How often do financial concerns influence the frequency of self-care activities?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

Q24 How often does time influence the types of self-care you do?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

Q25 How often does time influence the frequency of self-care activities?

- Always
- Most of the time
- About half the time
- Sometimes

Never

Q26 If any, what other barriers influence the type of self-care activities you do? If it does not apply to you please type N/A.

Type answer here _____

Q27 If any, what other barriers influence the frequency of self-care activities done? If it does not apply to you please type N/A.

Type answer here _____

Q28 How important is self-care to you?

Not at all important

Slightly important

Moderately important

Very important

Extremely important

Q29 Does your graduate program normalize and promote self-care?

Definitely not

Probably not

Might or might not

Probably yes

Definitely yes

End of Block: Challenges/Barriers of Self-Care