

SELF-CARE FOR COUNSELORS



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Self-Care for Counselors

A Guide to Optimal Functioning and Wellness for Yourself and Your Clients.



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Licensing

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Preface

Preface

The Creation of this Open Education Resource (OER)

In 2023, the Illinois State Legislature made available \$3 million in funding dedicated to Open Education Resource creation. This money was disbursed to academic institutions throughout the state via a 2-year competitive grant (2024-2026) that was overseen by the Illinois Secretary of State/Illinois State Library and facilitated by the [Consortium of Academic and Research Libraries in Illinois \(CARLI\)](#). This textbook and ancillary materials were part of Trinity Christian College's grant submission entitled *OER CARES: Cultivating Academic Resources to Equip Students*. From the grant, four separate projects were funded, including this one created for COUN 614: Self-Care for Counselors and Their Clients.

The grant's primary purpose is to develop Open Educational Resources (OER) throughout the state of Illinois to reduce textbook costs for students and encourage student success. Developed OER course materials will be released under a license that permits their free use, reuse, modification, and sharing with others.

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1: Introduction

Learning Objectives

- Identify and explore each domain of wellness (as outlined by Myers and Sweeney), giving you heightened awareness of what wellness is and why self-care is essential for holistic functioning as a clinician.
- Increase your knowledge base and comfort level with these topics so that your willingness and ability to assist clients with their own wellness journey becomes a regular part of your practice as a professional counselor.

Most people love the idea of self-care. It brings forth images of engaging in a spa day, practicing deep breathing, sitting cross legged while watching a beautiful sunset, or journaling.



Figure 1.1: Establishing a practice of self-care is essential to role in your role as a counselor. (Photo by cottonbro studio from Pexels.)

These are, of course, all great avenues to achieve self-care, but possessing useful and accurate information can take you further than you may have imagined in not only applying this valuable and necessary concept to your own life, but to the lives of your clients as well.



Video 1.1: A self-care routine is essential for your wellbeing. However, self-care is not merely sitting on a couch watching the television; rather, it includes eating a healthy diet, spending time meditating and exercising, enjoying nature and the outdoors, and engaging in self-expression activities. ("Self Care: What It Really Is | Susannah Winters | TEDxHiltonHeadWomen" by TedX Talks from YouTube.)

Definition: Wellness

Self-care ultimately derives from the concept of **wellness**, defined by Merriam-Webster (n.d.) as "the quality or state of being in good health especially as an actively sought goal." Wellness can best be thought of as the optimal state of health for individuals and groups. Health is defined by the World Health Organization (2021) as "a state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity [illness]" (pg. 3). Self-care is related to wellness and health in that it is the active practice in protecting personal well-being, happiness, and health.

Wellness can perhaps best be understood if separated into various segments or areas of our lives as humans. One way to think about this is through the work of Jane Myers and Thomas Sweeney (2004) who developed a model of wellness that parses wellness into 8 separate, but connected, parts. These parts include, but are not limited to, our social lives, our spiritual selves, our financial and/or occupational situations, our relationship with the environment, our emotional state, our physical selves, our sense of personal identity and how that relates to others around us, and our sense of self-worth.



Figure 1.2: The 8 Dimensions of Wellness include Spiritual, Intellectual, Cognitive, Vocational, Social, Environmental, Physical, and Emotional. (Illustration used with permission by Dr. Debra Majewski.)

The 8 Dimensions of Wellness

- **Spiritual:** Expanding a sense of purpose and meaning in life.
- **Intellectual:** Recognizing creative abilities and finding ways to enhance knowledge and skills.
- **Cognitive:** Managing negative thought patterns for healthier emotional and behavioral functioning.
- **Vocational:** Satisfaction with work/life balance and future financial situation.
- **Social:** Having a sense of belonging, connection, and a well-developed support system.
- **Environmental:** Appreciating the natural world and occupying a pleasant, stimulating environment that enhances well-being.
- **Physical:** Recognizing the need for physical activity, sleep, and good nutrition.
- **Emotional:** Coping effectively in life with appropriate emotional expression.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP), counseling's primary accrediting body, mentions wellness and self-care 8 times in Section 3 of their standards (2024). Three of those mentions particularly stand out. Standard 3.A.11 primarily focuses on the counselor's responsibility to engage in care to self to avoid burn-out in order to provide ethical and effective practice to their clientele. Standard 3.C.11 addresses various factors that affect an individual's overall wellness as the result of lifespan development, while standard 3.E.17 discusses the importance of the counselor managing their caseload effectively to achieve optimal wellness and avoid burnout. The American Counseling Association (ACA) Code of Ethics (2014) also states that "counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (Section C Introduction, pg. 8). Chi Sigma Iota (n.d.), the international counseling and academic professional honor society, has also developed a set of nine wellness competencies for counseling students and professional counselors. These are part of a broader website about [wellness in counseling](#) that contains links to wellness inventories, research, videos, and more information.

It is my hope that by identifying and exploring each domain of wellness, it will assist you with a heightened awareness of what wellness is and why self-care is essential for holistic functioning as a clinician. I also seek to increase your knowledge base and comfort level with these topics so that your willingness and ability to share this with clients and assist them with their wellness journey becomes a regular part of your practice as a professional counselor.

? Reflection Moment 1.1

1. Consider for a few moments whether or not you have a self-care practice.
 - If you do, what does it consist of?
 - If you don't, why do you think you are not practicing self-care?

These reflection questions are also available as a PDF download: [Introduction Reflection Moment](#)

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2: The History of Self-Care

Learning Objectives

- Gain awareness of the long history of self-care and understand how self-care was implemented and developed at different times by different groups throughout history.
- Examine the concept of self-care being selfish and how this can become a barrier to practicing self-care.
- Recognize how and why self-care is important for the counseling profession, both for counselors and their clients.

Early Ideas

Epimeleia heautou, a Greek phrase which means attend to, be concerned about, or care of the self, can be found as early as the writings of Socrates. There, he speaks about how a focus on the accumulation of wealth should not come at the expense of wisdom, truth, and the care of the soul. These thoughts have been challenged by others throughout history as acts of self-interest, egoistic, and highly suspect. In the *Laches* by Plato (ca. 390 B.C.E./2024), he illustrates two fathers attempting to encourage their children to care for themselves and how this task is impossible if the fathers do not first care for themselves.

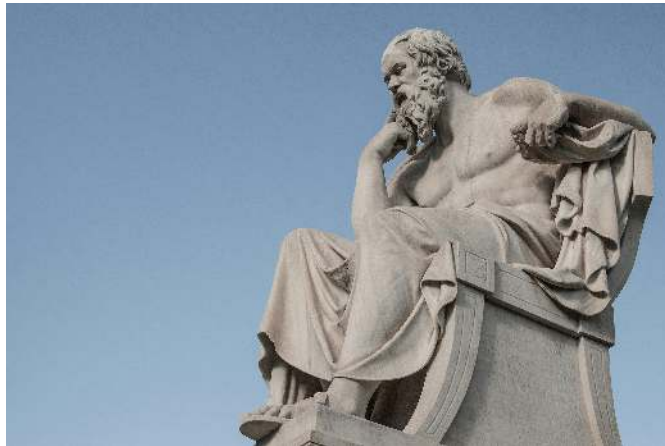


Figure 2.1: Before one can guide others one must first engage in the deliberate care of one's own soul. (Photo by Anne O'Sullivan from Pexels.)

In the 20th century, Clarfield (1997) talks about a pamphlet from 1936 titled *What to Do Until the Doctor Comes* that espoused self-help advice. As an example, one section discusses what to do if an individual had received a severe electric shock from a wire: "If the patient is still in contact with the wire, great care must be exercised to protect oneself" (p. 1272). The booklet then goes on to recommend the rescuer pry the victim off the wire with a dry stick, apply a mustard plaster over the heart, and offer strong black coffee after the rescue. Another rather frightening suggestion for a dog bite was to cauterize the wound with a red-hot nail iron. Alcoholic beverages were frequently diagnosed for medicinal use including snake bites and the bite of a rabid dog. A similar example recommended adding brandy to egg albumin and clear soup to treat diarrhea. Needless to say, self-care has evolved.



Figure 2.2: In any storm, self-care is the first safety measure. (Photo by Nikolett Emmert from Pexels.)

The Mid-1900s

In the 1950s, the medical community began talking about self-care with regards to how patients could engage in individualized practices to reinforce and strengthen their own physical health and well-being. This was the beginning of the idea of the individual taking responsibility for their own healthcare journey and having autonomy in their health and wellness. It began with encouragement to focus on proper nutrition, exercise, and personal grooming, all of which were recognized to show increased feelings of self-worth.

The self-care movement continued in the 1960s with the civil rights movement becoming a core part of community care in large part due to the Black Panther Party. Members of the Black Panther Party, who were known for their promotion of social justice and equality, encouraged what was then a radical idea of using self-care as a means to fight systemic racism (Pearson, 2021). They believed that holistic well-being in the black community -- including child and medical care, access to financial information, and adequate food security -- was essential in achieving parity with white communities and negating the effects of white control and oppression. The Black Panther Party's 10-Point Program was developed in 1966 and can be found [here](#).



Video 2.1: Members of the Black Panther Party worked to establish free healthcare clinics for neglected communities despite challenges from institutional racism. ("What You Don't Know About The Black Panthers | AJ+" by AJ+ on YouTube.)

More recently, the issue that haunted Plato in *Laches* returns as many continue to question the “selfishness” of self-care. Dr. Monnica Williams, in an article by Aisha Harris (2017), summed up this struggle by noting that when a person does not pay attention to stress, diet, and fitness, medical issues, including high blood pressure, high cholesterol, and obesity, can persist.



Video 2.2: When we neglect our needs, we experience mental, emotional, and physical exhaustion. ("Self Care IS NOT Selfish: Emotional Baseline Theory Pt 1" by The Virtual Couch Podcast on YouTube.)

In the 1980s and 1990s, the idea of self-care began to shift away from political associations and into the mainstream culture, bringing with it fitness centers, yoga classes (and pants!), and the idea of wellness being accessible to everyone. The 9/11 attacks reinforced the idea of wellness and self-care as necessary during times of political upheaval and cultural instability. The fallout from the attacks in New York also brought attention to the effects of Post-Traumatic Stress Disorder (PTSD) and trauma on people and caused a great deal of self-reflection. Individuals who witnessed the attacks, even through media coverage, realized that trauma could happen to anyone at any time.

The 2000s

The 2000s brought the increasing emergence of social media, blogs, and other forms of online contact that made it possible for otherwise sidelined groups, such as the LGBTQ community, women, and people of color, to create space for themselves and find community where they could offer support to each other. These avenues were often the first place many of these individuals were introduced to the concept and benefits of self-care.



Video 2.3: Project Village is a social media project that encourages greater compassion, connection, and community. ("Project Village: Connection & community in social media | Lauren Ross | TEDxCherryCreekWomen" TedX Talks on YouTube.)

Self-Care and Counseling

Historically, a myopic approach to self-care has been utilized, where the mind and body are divided into distinct parts of the whole and treated separately. Eventually the World Health Organization (WHO), U.S. Department of Health, and Substance Abuse and Mental Health Services Administration (SAMHSA) began to realize that a holistic approach was necessary for health and healing. Myers et al. (2000) defines wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community" (p. 252). In Adler's theory on individual psychology, he makes the case that the mind, body, and spirit are "indivisible" (Sweeney, 2019).

Our identity as counselors stems from a wellness perspective which includes evaluating clients' functioning in the various areas of wellness in their lives. This differs from the medical model of wellness which focuses on the treatment of diseases and their symptoms. The medical model paradigm arose in the past when people lived shorter lives and died from infectious diseases such as influenza and tuberculosis. People are living much longer today and are more likely to be affected by life-style diseases that are chronic, such as diabetes, cancer, and cardiovascular disease (Granello, 2013). The wellness paradigm, as opposed to the medical model paradigm, offers the opportunity to include self-care interventions as part of a holistic preventative treatment plan to improve body, mind, and spirit.

Wellness and self-care are ways to enrich and improve the life we have all been given. The medical model offers a "wait and treat" method usually at a significant cost, not only to the patient, but to the country in the form of increasing insurance, drug, and other medical related costs. A wellness model is preventative, but requires a paradigm shift in the individual where they must choose to make lifestyle changes that will result in greater life satisfaction and potentially better health over the lifespan (Granello, 2013).

Self-care can be a powerful tool against stress and burnout that can be common amongst counselors. As mental health practitioners, we work in an environment that requires empathy, deep listening, and focused attention on the well-being of others. Due to the professional relationship and maintenance of boundaries with our clients where this level of care is not expected to be reciprocated, this creates a lopsided culture where the needs of the counselor are easily ignored potentially leading to professional impairment (Posluns & Gal, 2019).

The provision of self-care to professionals has been shown to be effective not only in helping manage and prevent the effects of burnout, but also to increase resilience in those who do trauma and grief work. It also models healthy coping behavior for clients and helps reduce the risk of ethical violations (Jiang et al., 2020).

Given the amount of evidence that is available supporting the importance of self-care, it is imperative that counselors and supervisors learn to adequately serve their clients and participate in their own self-care practices.

✓ Resources 2.1

- [International Association for Wellness Counseling](#)
- [Chi Sigma Iota: Wellness In Counseling](#)

? Reflection Moment 2.1

1. As you read the history of self-care, did anything surprise you? If so, what and why?
2. Regarding the importance of self-care for your clients and yourself, what are your thoughts on:
 1. The level of importance the ACA and CACREP place on self-care for counselors and their clients.
 2. How self-care aligns with our identification as counselors.
 3. The important role self-care can play in your ability to be effective with clients.

These reflection questions are also available as a PDF download: [History of Self-Care](#)

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3: Defining Self-Care

Learning Objectives

- Identify and explore how self-care is defined, including the various domains and contexts.
- Explore the purpose and importance of self-care for counselors and their clients.
- Examine the similarities and differences between self-care and wellness.

What is Self-Care?

Definition: Self-Care

Self-Care is literally defined as “care for oneself” (Merriam-Webster, n.d.).

Self-care is most commonly associated with stress-management techniques. This is, of course, true, but the application of self-care can go far beyond managing stress. As you will read in the following chapters, self-care is related to all parts of human functioning including physical, financial, social, emotional, environmental, spiritual, cognitive, and more. When we think of stress-management, we often focus primarily on the emotional, social, and physical aspects of self. By taking a holistic view of the self, we are encouraged to consider all aspects of human functioning thereby creating the opportunity to find balance among the various systems of our SELF.



Figure 3.1: Holistic self-care encourages us to attend all aspects of human functioning. (Photo by Arina Krasnikova from Pexels.)

It is important to view self-care within a variety of contexts as well. The first is a **local** context that focuses on family, neighborhood, and community. This context is primarily related to the individual's sense of safety. An example of this within the social realm could be related to satisfaction with relationships and community involvement. The second context is **institutional** and includes the elements of education, religion, government, and business/industry. This context could be related to social wellness with regards to relationships within each of these elements, and/or vocational wellness with regards to vocation and/or occupation. The third context is **global** with the elements of politics, culture, global events, the environment, media, and community events. This context is primarily focused on outside factors and the interplay of how an individual chooses to interact with them. The last context is **chronometrical** and includes the elements of perpetual movement, positive movement, and purposeful movement over the lifespan. This context can ebb and flow for an individual given their well-being and level of self-care during any given point in their life.

Four Self-Care Contexts

- **Local:** Family, neighborhood, and community.
- **Institutional:** Education, religion, government, and business/industry.
- **Global:** Politics, culture, global events, environment, media, and community events.

- **Chronometrical:** Perpetual movement, positive movement, and purposeful movement.

These four contexts continually affect the individual's well-being in different ways and at different times and should be considered when contemplating self-care interventions (Myers & Sweeney, 2004).

Self-care has the sole purpose of assisting the individual to maintain homeostasis. This refers to the entire self which includes the personal and professional aspects of the person. Becoming overly stressed, burned out, and losing competence does not happen suddenly, but as the result of a gradual process of large and small stressors that remain unattended to. Teaching students in a graduate program and clinicians in supervision offers the opportunity to intervene before the stress becomes critical and begins to affect the quality of life and effectiveness of work (Jiang et al., 2020).



Video 3.1: Self-care should be a consistent, continual practice, and you should never lose contact with the things that you enjoy. ("Self Care for Therapists? How to Look After Ourselves | Real Talk with Elliott" by Elliott Connie on YouTube.)



Figure 3.2: Learning self-care in a graduate program or during supervision allows for early intervention before stress impacts wellbeing and performance. (Photo by nappy from Pexels.)

Wellness vs. Self-Care

Wellness has historically been difficult to define and has primarily been presented as the description of a construct. Dodge et al. (2012) sought to rectify this by defining wellness as a seesaw with wellness being the fulcrum with psychological, social, and physical challenges and resources on either end constantly affecting the balance of the seesaw.



Figure 3.3: Wellness is the center of the seesaw, balancing between challenges and resources for wellbeing. (Photo by Krišjānis Kazaks on Pexels.)

The concept of wellness and medicine has been described throughout history primarily as a human tendency toward wholeness and balance of the mind, body, and spirit. Aristotle spoke of the “good life” and that people sought happiness that was associated with living in moderation. In the Jewish language of Hebrew the word *Shalom* is an expression of communal harmony and well-being. There are references in the Christian Bible relating the health of the body to the spiritual life of the individual, and many modern hospitals have affiliations with Catholic, Methodist, Baptist, or Presbyterian organizations. Native Americans and Chinese and Eastern medicine have many references to holistic understandings and practices of treating people. The rise of psychology offered greater understanding of the mind and cognitive processes and their influence on health and wellness.

Self-care, however, is the act of choosing to intervene in the levels of wellness. Self-care also includes any intervention designed to assist an individual in achieving balance in the various areas of wellness. An individual may appreciate the idea of wellness and be able to identify the areas that need improvement but still offer resistance to doing the necessary work required to affect change. This resistance is commonly seen with any type of situation seen in the counselor’s office.

? Reflection Moment 3.1

How would you characterize the difference between Wellness and Self-Care?

This reflection question is also available as a PDF download: [Defining Self-Care](#)

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4: The Importance of Self-Care

Learning Objectives

- Explore how practicing self-care can be beneficial for counselors' physical and mental health during the graduate program and as a practicing counselor.

It is no secret that graduate school is highly stressful and can have a negative impact on graduate students' physical and mental health. As a professor, I have seen this happen many times. One of the first things I do during an introductory course I teach, is to ask how many students are currently engaged in a regular self-care practice. Without fail they look around the room guiltily and less than 10% respond positively. Some are not even sure what I mean. In my own college experience, I was introduced to self-care during my undergraduate experience and can attest to the fact that I had no awareness of self-care or any of the interventions I learned. I can also share that learning about the importance of self-care and wellness along with the various interventions changed my life. I also realized as a practicing counselor and then as a professor how valuable all that I had learned was in managing my stress.

Research suggests that students who practice self-care experience more positive outcomes than those who do not. The outcomes are experienced in three primary areas with the greatest improvement in personal growth, especially as it relates to self-compassion, followed by psychological well-being which is evidenced by greater life satisfaction and decreases in psychological distress, and lastly stress reduction (Jiang et al., 2020). This is especially important given the rigors of graduate students attempting to complete a master's program in counseling or any of the helping professions. The student is also required to manage their lives in a variety of contexts outside the classroom which may include family, work, and social obligations.

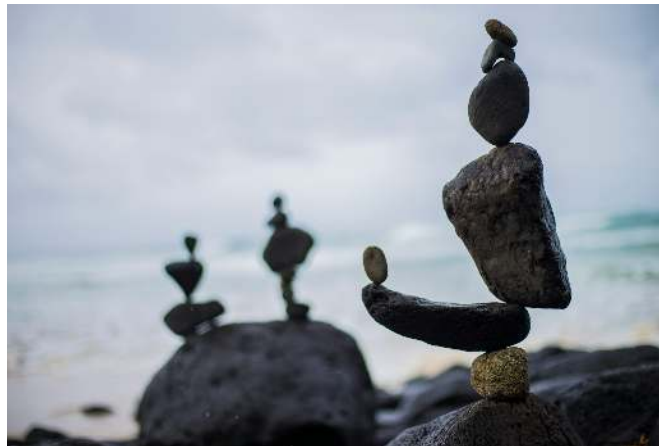


Figure 4.1: Balance—though delicate—is possible with mindful self-care, building the foundation for lasting resilience. (Photo by Shiva Smyth from Pexels)

Reflection Moment 4.1

As a graduate student, do you recognize how self-care might assist you in managing your stress?

This reflection question is also available as a PDF download: [The Importance of Self-Care](#)

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5: Elements of Self-Care

Learning Objectives

- Increase your knowledge of using assessment to determine client functioning in the areas of self-care.
- Understand how Myers and Sweeney organized the areas of self-care into specific domains and how to determine functioning in each domain.
- Examine how cultural aspects impact an individual's perspective of self-care in their lives.

The Indivisible Self

Self-Care can be best understood as disseminated into a variety of parts or areas of wellness. An online search of areas of wellness will reveal a list of seven to nine items that can include, but are not limited to the following dimensions: social, emotional, spiritual, vocational/occupational, financial, environmental, physical, and cognitive/intellectual. These areas are designed to represent the various domains that humans' function within. By examining functioning in each area an individual can determine if there is a need for improvement, providing a map for "self-care" with the goal being the achievement of coming as close to balancing the dimensions as closely as possible to achieve wellness in overall functioning (Myers & Sweeney, 2004).

The most efficient way to map an individual's wellness is to assess where they are in each area at any given time. This provides a snapshot whereby a plan of action can be developed to address zones that need improvement and to celebrate parts that are currently strong. Most people ebb and flow throughout their lifetime in the various areas depending on life circumstances such as job losses, relationships, and other situations that affect the different domains.

Wellness in 8 Dimensions Assessment

The Wellness in 8 Dimensions assessment incorporates the dimensions of social, emotional, financial, physical, occupational, intellectual, environmental, and spiritual wellness. Users gain insight into how these dimensions affect their longevity and overall quality of life and can use results to determine self-care goals.

The following is a user-friendly assessment (Swarbrick & Yudof, 2014): [Wellness in 8 Dimensions Assessment – Wellness Institute](https://www.wellnessinstitute.org/assessment).

Myers and Sweeney (2004) ultimately organized the vast number of categories of wellness into five primary **domains of self**; creative, coping, physical, social, and essential. The **creative self** includes the areas of thinking, emotion, control, humor, and work. The **coping self** includes leisure, stress-management, self-worth, and realistic beliefs. The **physical self** includes exercise and nutrition. The **social self** includes friendship and love, and the **essential self** includes spirituality, gender identity, cultural identity, and self-care. This organization was based on holism or the indivisibility of the various parts of the self which was proposed by Alfred Adler who emphasized a focus on the whole entity, rather than its individual parts. This text will explore each of these five domains in detail for use with yourself and with your clients.

It Is Important to note that this process is entirely subjective. For example, an individual who holds a job that is highly satisfying, but low paying, might rate their financial wellness as high, whereas another individual who values high pay would rate any position with low pay as low in financial wellness.



Figure 5.1: Wellness is dependent on a variety of factors. (Photo by Thirdman from Pexels.)

Satisfaction with each area and individual preference is imperative in determining wellness. This is especially important for a counselor to note with regards to awareness of taking care to not impose our values onto the client when assessing client wellness.

Self-Care and Cultural Aspects



Figure 5.1: Every voice in the circle holds a story shaped by culture, identity, and the effects of systematic stress. (Photo by Tirachard Kumtanom from Pexels.)

When working with a class or a client, cultural aspects should always be considered. Many of our colleagues, students, and clients are affected by racism and other forms of oppression which can affect mental and physical health. Unfortunately, many counselors have not had the conceptual foundation or possess the necessary knowledge to understand the ways oppression is experienced and causes stress by those we work with (Harrell, 2000). The experience of oppression alone, then coupled with being asked to prove the existence of having experienced it, watching family and friends experience it, and the continual reminders of the inequities in society in the media all contribute to this stress. This stress can affect wellness in many domains including mental, physical, spiritual, and social.



Figure 5.2: Awareness is only the first step; meaningful allyship requires listening, learning, and acting with intention. (Photo by Nicholas Swatz from Pexels.)

Individuals who experience oppression and/or discrimination may respond differently to self-care assessments and interventions. We need to ask ourselves “How does this individual’s membership to this cultural group affect the way events are defined, or the way the level of stressfulness is evaluated?” (Slavin et al., 1991, p. 159). We need to consider the client or students’ level of acculturation and how our standard stress models and self-care interventions may need to be altered to fit their beliefs and values. (Slavin et al., 1991).



Figure 5.3: Awareness and respect for differences is key to effective treatment planning. (Photo by Matheus Viana from Pexels.)

Many marginalized groups have found support in community and/or collectivist-based wellness opportunities and have lacked the individual power and control to make choices regarding their wellness. As counselors we need to be aware of these collective, lived experiences that can be incorporated into a wellness plan. Ayurveda, a Hindu spiritual practice which incorporates aspects of mind, body, and spirit is often practiced in group setting featuring yoga or meditation. Rootwork, an Afro-Indigenous generational healing tradition involves healing oneself and the community through focus on self-determination, self-empowerment, and spiritual growth. These are just two examples of communal interventions (Gamby et al., 2021).

Consider the section above on the history of self-care that references how the Black Panther Party influenced the self-care movement. From the perspective of African Americans, this was not about wellness as much as it was about survival. This same can be true for any marginalized group.

✓ Reflection Moment 5.1

1. When you think about the different areas of wellness (physical, emotional, social, spiritual, vocational, cognitive, intellectual, and environmental) are there any additional areas/categories you would add.
2. What do you think about how Myers & Sweeney grouped areas of wellness in their *Indivisible Self* theory?

3. What are your thoughts on the cultural aspects mentioned in this chapter? Are there any additional considerations you can think of?

These reflection questions are also available as a PDF download: [Elements of Self-Care](#)

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CHAPTER OVERVIEW

6: Overcoming Resistance to Practicing Self-Care

6.1: Barriers to Self-Care

6.2: Promoting Self-Care in Childhood and Adolescence

6.3: Models of Change

6.4: Assessing Self-Care

6.5: Developing a Self-Care Treatment Plan

This chapter examines a variety of reasons that people may not engage in self-care, and how we may assist them in overcoming these barriers. Different models of self-care are explored as well as the potential benefits of introducing self-care to children and adolescents. Finally, assessing wellness and self-care, and developing effective treatment plans is covered.

Learning Objectives

- Examination of the various barriers to practicing self-care.
- Exploration of how to help individuals overcome barriers to the practice of self-care.
- Examining how and why self-care practices can be beneficial to children and adolescents.
- Understanding the various Models of Change and how each can assist in helping individuals incorporate self-care routines into their lives.
- Identifying specific assessments to determine what changes might be incorporated into a self-care treatment plan.
- Examining the components of an effective treatment plan from a wellness perspective to assist a client in making positive changes with regards to self-care.

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6.1: Barriers to Self-Care

Overcoming Resistance to Practicing Self-Care

Eating a vegetarian diet, walking (exercising) every day, and meditating is considered radical. Allowing someone to slice your chest open and graft your leg veins in our heart is considered normal and conservative. – Dean Ornish (Cardiologist)

I found that quote by Dean Ornish to be both striking and alarming. Striking in the brashness of it, and alarming in the truth. It is true though because of the human's natural inclination to avoid and fear change. Several factors come into play including the psychological needs of self-esteem, confidence, control. We may wonder "will I be successful?" and "is it something I can manage?", or neurological needs such as certainty, routine, and needing time to think about it, with thoughts such as "I don't know what to expect" or "I've always done things this way." Even social needs of wondering what others will think, and physical needs regarding what the change will mean for their security and comfort can come into play. It will be imperative to help your client process any fears or concerns they might have that could potentially interfere with the choice to incorporate self-care intervention into their current routine.

The following are some common barriers to self-care and reasons that cause resistance to client's participating in a self-care plan, and ways to help the client think differently about them.

- Not setting or maintaining realistic expectations
- Being ashamed to ask for help or thinking they don't deserve to be pampered.
- Misunderstood religious beliefs.
- Not recognizing the importance of self-care.
- Not putting themselves on the list of important daily tasks.
- Helping Clients Practice Self-Care When They Feel They Don't Have Time

Not setting or maintaining realistic expectations

Helping individuals in this area involves educating them about what wellness is and helping them understand where they stand in the different areas of wellness through assessment. This offers the opportunity for them to create a specific and realistic self-care plan designed to meet their individual needs. It is also helpful to assess the individual's readiness to change which is covered later in this chapter.



Figure 6.1.1: Love yourself. (Photo by Lisa from Pexels from Pexels.)

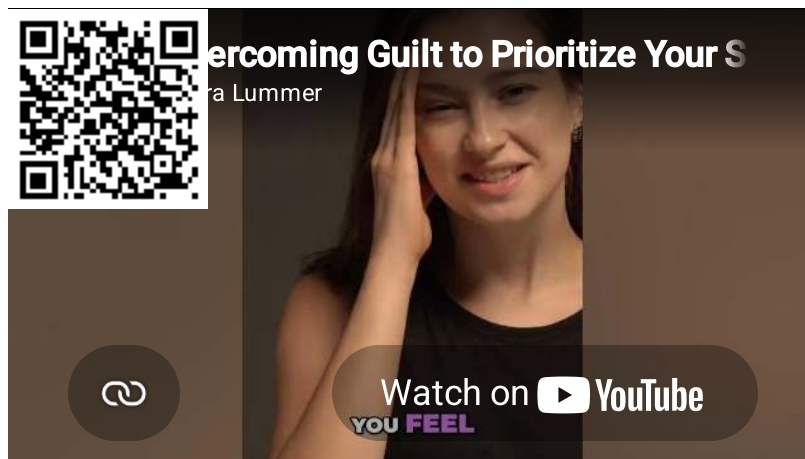
Encouraging self-compassion when facing challenges such as recognizing their feelings, practicing self-kindness, and challenging negative self-talk will also help with keeping and maintaining realistic expectations. Coupled with this is flexibility which involves anticipating set-backs, being open to change, prioritizing self-care, and not giving up.

Being ashamed to ask for help or thinking they don't deserve to be pampered.



Figure 6.1.2: Self care isn't selfish; it is vital that you care for yourself. (Photo by Madison Inouye from Pexels.)

One of my favorite ways to challenge this negative thought pattern is to ask what the person asserting this would say to their best friend if they said they didn't deserve to provide self-care to themselves. Most people would never deny a friend or anyone they care about the same things they easily deny themselves. This opens the door for a frank conversation about the source of this belief which can lead to deconstructing it.



Video 6.1.1: Burnout and guilt don't serve you or anyone else. Taking care of yourself isn't selfish—it's necessary. ("Overcoming Guilt to Prioritize Your Self-Care" by Laura Lummer on YouTube.)

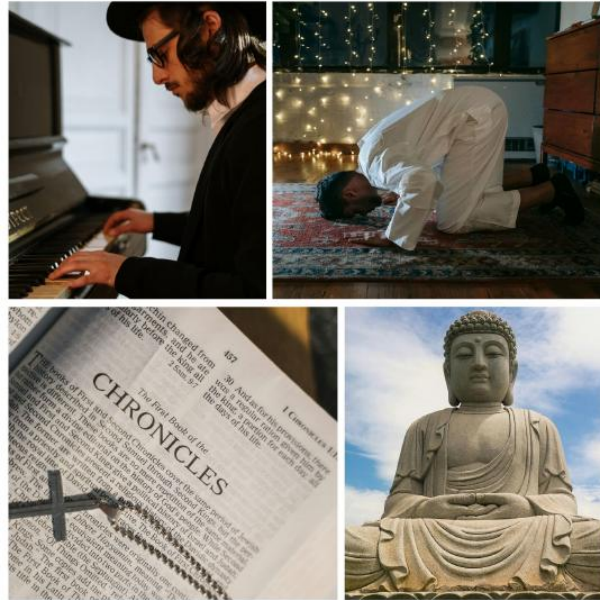


Figure 6.1.3: Religious traditions from around the world have informed practices now used in self-care. (Photos clockwise from top right by [cottonbro studio from Pexels](#), [Michael Burrows from Pexels](#), [Daniela Ruiz from Pexels](#), [Tima Miroshnichenko from Pexels](#).)

This belief is most often seen in relation to Eastern self-care practices such as meditation, yoga, and Tai Chi to name a few. Many people associate these with Buddhist or other Eastern religious practices. There is a great deal of recent Western research that supports how these practices, when used as non-religious self-care practices, have shown tremendous positive and beneficial results. Some of the best large-scale studies come from Jon Kabat-Zinn, PhD. He is a Professor of Medicine emeritus at the University of Massachusetts Medical School, where he founded its world-renown Mindfulness-Based Stress Reduction (MBSR) Clinic in 1979, and the Center for Mindfulness in Medicine, Health Care, and Society (CFM), in 1995.

Dr. Kabat-Zinn began utilizing mindfulness based stress reduction interventions with patients recovering from cardiac surgery and the results were so promising, he has since done research in many other areas including prisons, with pain relief, with inner city populations, and with dermatology. More information can be found [here](#).

Not recognizing the importance of self-care.



Figure 6.1.4: You matter. (Photo by Leeloo The First from Pexels.)

Explaining the physical, emotional, mental, spiritual, social, and other benefits of self-care in a direct and thorough way is usually enough to convince most people that self-care is important. If there is still resistance, it may be necessary to explore if the reason is related to something other than not recognizing the importance of self-care.

Not putting themselves on the list of important daily tasks.

This can happen for a variety of reasons including the belief that self-care is selfish. This is a common misconception and should be processed with the client. I have found it easiest to discuss other self-care practices such as bathing and brushing my teeth with clients and asking if doing those things are considered selfish. My clients never equate those activities with selfishness, which opens the door to a discussion about creating time for practices that foster good health. Self-care practices foster good health in the areas of physical, mental, social, emotional, environmental, cognitive, spiritual, and occupational wellbeing. I ask them why this type of self-care would be any different from any other type of self-care.

Another reason may be because the individual is too focused on providing for others, either through rescuing or not setting appropriate boundaries. This is another area that we can help them through exploration into what changes may be necessary to create more focus on their needs rather than the needs of others. Consequently, a person who expects others to take care of them may not invest in their own self-care. This could be closely related to the person who takes care of others and feels resentment that this level of care is not reciprocated.

A final reason a person doesn't put themselves on the list of important things is that they don't feel that they are worthy. This is generally related to issues in early relationships and possible attachment styles and may require work on helping the client discover where this belief is stemming from in order work through the feelings associated with it and ultimately alter it.

Helping Clients Practice Self-Care When They Feel They Don't Have Time

Lack of time, financial constraints, and lack of motivation, energy or interest are among the three main reasons given by graduate students in a study by El-Ghoroury et al. (2012) for not practicing self-care. These reasons may sound eerily familiar to many of us. In my own work with graduate students, I ask in classes throughout the program how many students practice self-care and the number of students with a regular practice is generally small. This is especially surprising when considering the stressfulness of a graduate program, coupled with work, and home life. This would seem like the perfect and most necessary time to implement a self-care regime'.



Figure 6.1.5: Time may be seen as a barrier to self-care, but seeing it as a priority can shift how we make space for it. (Photo by Jordan Benton from Pexels.)

The problem, of course, is that self-care feels indulgent *and* takes time out of a schedule that is already stretched to the max. The way I like to think about it is to view it as a priority. If we start to view self-care as a priority or something that is important rather than as a luxury or as an indulgence, this casts its necessity in a different light. This puts self-care on par with brushing my teeth or washing my face. I would not leave the house without doing both anymore than I would complete my day without practicing my self-care.

In a study by Roxas (2023) participants discussed self-care as something they “give” to themselves which implies that this person felt she had a relationship with herself and saw self-care as a gift. This idea goes counter to the popular notion that self-care is selfish, but that providing care for the self is seen as important as providing care for others. Participants in this study also discussed caring for themselves as not taking anything away from others as much as focusing on creating a healthy relationship with self.



Video 6.1.2: Find the courage to build a life around what matters most to you. ("Three minutes that could change everything" by Simon Alexander Ong on YouTube.)

? Reflection Moment 6.1.1

Think about your self-care routine (or lack thereof). Are there any barriers to your practice? If so, what are they and how do you think you might overcome them?

This reflection question is also available as a PDF download: [Barriers to self-care](#)

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6.2: Promoting Self-Care in Childhood and Adolescence

Promoting Self-Care in Childhood and Adolescence

There is burgeoning research that teaching children self-care practices provides preventative tools as they develop into adults leading to greater resilience as they encounter the stressors of life (Bond et al., 2007). According to Benard (2004) individuals with high resilience experience more social competence, greater problem-solving skills, a greater sense of autonomy or self-efficacy, and a greater sense of purpose.

Encouraging children to engage in physical activities has always been acknowledged as beneficial for good health and wellness. Recently, adding a focus on other components of self-care has shown benefits in children's and adolescent's mental health and resilience as well.



Figure 6.2.1: Encouraging children to develop a habit of both physical activity and meditation is essential for promoting overall health and wellness. (Photo by Kampus Production from Pexels)

Helping kids engage in emotional expression through talking about how they feel, journaling, and utilizing creativity through drawing, painting, music, or other creative expressions can help children manage stress and develop coping skills to help with emotional regulation as they grow.

Managing stress and anxiety by learning how to do deep breathing and meditation to help young people feel calm and confident as they move through their day. These practices are especially beneficial if they are incorporated into a daily routine.

Meditation, as well as reading, and doing hobbies are also excellent ways to encourage and improve concentration skills which are imperative for school children. These activities promote problem-solving skills and focus, making them better students.



Figure 6.2.2: Meditation can help children build the focus and problem-solving skills needed for school. (Photo by Yan Krukou from Pexels)

These practices help young people develop self-reliance and a greater sense of independence. This leads to greater resilience and autonomy which helps them understand how important they are and what they bring to the world.

? Reflection Moment 6.2.1

Have you worked with a child or adolescent and helped them learn self-care techniques? What were they? Do you feel it helped? Why or why not?

This reflection question is also available as a PDF download: [Promoting self-care in childhood and adolescents](#)

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6.3: Models of Change

Models of Change



Figure 6.3.1: The purpose of counseling is to facilitate change. (Photo by Alexas Fotos from Pexels.)

There are many models of change to choose from when working toward a goal. Achieving change is the purpose of seeking counseling. Change theory is different from the theories of counseling in that clients may not improve as a result of any particular theoretical orientation as much as due to a specific process of change. In this section we will explore a few of the models of change to inform the underlying change process that might impact how your client responds to your interventions.

Models of change arise from the question “How do people change?” This of course, is very complicated, depending on the past experiences and future expectations of the individual. They are also influenced by their environment and the people in them (Granello, 2013). Understanding a few models of change will assist you in helping your client navigate this complex and often frustrating process.

The Behavioral Learning Model

The **Behavioral Learning Model (BLM)** can help people learn new positive behaviors or unlearn maladaptive behaviors. BLM utilizes a behavioral chain and/or a behavioral contract. A behavioral chain is a sequence of events that either enhance or detract from the performance of a behavior. It consists of identifying the *maladaptive* antecedent or stimulus that leads to a certain unwanted behavior and consequence. A second *modified* behavior chain is then created identifying a modified antecedent or stimulus, behavior and consequence. The behavior chain should answer the questions who was involved in what happened, when did it take place and did that play a part in why it didn’t work out, what was happening that might have interfered with you having success, and where were you when it failed, and finally why do you think your efforts failed. You may have to explore your thoughts, emotions, and behaviors to answer the why question. Consider all of these questions when constructing the behavior chain.



Figure 6.3.2: The Behavioral Learning Model (BLM) utilizes a sequence of events that affect the performance of a behavior, defined as a behavioral chain. (Photo by Joey Kyber from Pexels.)

Behavioral Contracts can also be useful in setting and maintaining goals. They consist of an *If...then...* format. They should be written so they can be reviewed and tweaked if necessary. An example would be “If I take a 30-minute walk at least four days a week...” “...then I will feel wonderful and proud of myself and reward myself with a new pair of shoes.” (Granello, 2013).

The Health Belief Model

The **Health Belief Model (HBM)** arose in the 1950’s by the United States government over concerns regarding why people would not get screened for tuberculosis even after treatments had been developed. Here are the resulting five principles found essential to understanding why people would or would not make behavioral changes (Granello, 2013).

1. **Perceived severity:** Individuals are not aware or have knowledge about the condition and why it matters that they address it.
2. **Perceived threat:** Individuals believe they will not personally be affected by the health problem
3. **Perceived benefit:** Individuals do not believe that changing their behavior will reduce the threat. They don’t believe the intervention will benefit them.
4. **Perceived barriers:** Individuals must believe there are no insurmountable barriers preventing them from accessing the intervention.
5. **Self-efficacy:** If an individual believes they can control their own behavior, they are more likely to make a change.

Transtheoretical Model

The **Transtheoretical Model (TM)** is probably familiar to you and is also known as the *Stages of Change* model. It is primarily related to the “readiness” of a person to make a change.

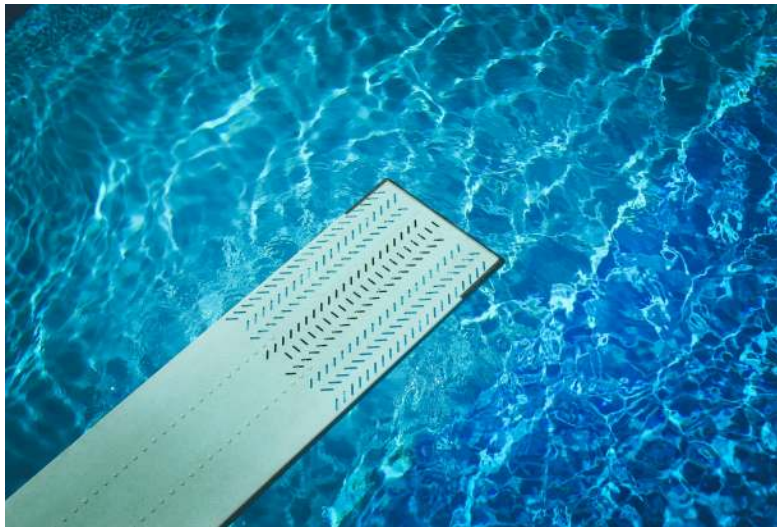


Figure 6.3.3: In the Transtheoretical Model (TM), action is only on step in the process of change. Taking a dive involves contemplation, preparation, and intention. (Photo by Markus Spiske from Pexels.)

- **Precontemplation:** The stage where the person is not aware of the need for change or has no intention of making a behavioral change.
- **Contemplation:** The person is seriously considering options to change but has not yet committed to action.
- **Preparation:** The person may make small attempts at changing behavior.
- **Action:** The person engages in specific behavior to produce a desired outcome.
- **Maintenance:** The person makes efforts to avoid relapses (Granello, 2013).



Figure 6.3.4: Social Cognitive Theory emphasizes the environment's role in shaping beliefs and behaviors. (Chu Chup Hinh from Pexels.)

Social Cognitive Theory explains the relationship between the individual and the environment, specifically how actions and conditions reinforce or discourage behavior. It is explained through constructs of the change process including:

- **Reinforcement:** Either positive or negative consequences of behavior.
- **Behavior capability:** Knowing what is required in order to perform the change and how to do it.
- **Expectancies:** The value the person places on the expected result.
- **Self-efficacy:** The belief in one's ability to change one's own behavior.
- **Reciprocal determinism:** The dynamic actions the person may take to change their environment, and the influence of the environment on the actions of the person.

As a counselor, we can work with clients on their self-efficacy, or their belief and confidence in their ability to consistently and effectively provide self-care for themselves. Often a person will have the information they need to reach their goals, but do not really believe they are capable of carrying out the necessary steps to succeed. An effective way to help someone with this is to help them complete a series of small, manageable steps that build confidence slowly over time. Offering positive reinforcement for completion of small goals also builds confidence and belief. The client will evaluate their successes and begin to grow more and more confident in their ability to achieve any goal they set for themselves (Granello, 2013).



Figure 6.3.5: Behavioral change begins with a clear target. (Photo by ClickerHappy from Pexels.)

The **Counseling Model for Positive Behavioral Change (CM-PBC)** involves:

- Determining client readiness, which involves assessing the client's level of desire and motivation to change, their knowledge and skills they will need to make the change, and to examine the potential barriers and resources they will need to be successful.
- Developing goals which will involve exploring a variety of approaches and potential solutions for change, keeping the goals simple, achievable, positive, measurable, and future oriented.
- Monitoring initial performance by having the client self-monitor targeted goals by available resources, barriers, what affects successes and failures, behaviors, and consequences.
- Refining goals and commitment through goal modification to reflect the information gathered during the monitoring phase and commitment to the goal.
- Performance includes creating circumstances that are likely to create a positive outcome for goals, practicing new behaviors, and soliciting and utilizing help from others.
- Persistence which includes ongoing self-monitoring, acknowledging success, continuing to collect data and comparing progress to baseline, adjusting goals as necessary, and developing a maintenance plan (Granello, 2013).

? Reflection Moment 6.3.1

1. What model of change do you align most closely with? Why?
2. What model of change have you used when working with clients? Was it effective? Why or why not?

These reflection questions are also available as a PDF download: [Models of Change](#)

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6.4: Assessing Self-Care



Figure 6.4.1: Assessment is an important part of wellness. (Photo by Kindel Media from Pexels.)

It isn't self-care that is assessed as much as overall wellness. By determining wellness in the various areas of life it can be determined what self-care interventions might be most effective in improving wellness in any given area.

Assessing wellness is accomplished by considering the level of functioning in each area. It would be unrealistic to have an expectation that any one individual would be functioning optimally in every area of their lives at all times, but periodically taking a look at functioning in the various areas of wellness gives us an opportunity to consider which areas might need our attention and informs us in determining the type and frequency of self-care that might be beneficial to improve our performance in our lives.

Bart et al. (2018) conducted a meta-analysis on existing literature to determine reliability and validity of instruments being used to measure wellness, an accurate definition of wellness, and the efficacy of the utilization of wellness assessments in clinical practice. Their findings suggest "the World Health Organization's (WHO's) 2004 definition conceptualizes wellness best as the optimal state of health for individuals and groups, not merely the absence of disease or infirmity, with two focal concerns: 1) the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically, and 2) the fulfillment of each individual's role expectations in the family, community, place of worship, workplace, and other settings."

They also found the *Wellness Evaluation of Lifestyle (WEL)*, *Five-factor WEL (5F-Wel)*, *Perceived Wellness Survey (PWS)*, *The Optimal Living Profile (OLP)*, and *The Body-Mind-Spirit Wellness Behavior and Characteristic Inventory (BMS-WBCI)* all showed strong reliability; however, they may not give a complete picture of the client's needs requiring additional assessment and subjective evaluation (Bart et al., 2018).

[WEL](#) – very abbreviated pdf version for free

[PWS Scoring](#)

✓ Reflection Moment 6.4.1

1. Have you assessed **a client** for self-care? How accurate was the assessment? Was it helpful for the client to see where they are with regards to self-care? In what way?
2. Have you assessed **yourself** for self-care? How accurate was the assessment? Was it helpful for you to see where you are with regards to self-care? In what way?

These reflection questions are also available as a PDF download: [Assessing Self-care](#)

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6.5: Developing a Self-Care Treatment Plan

As with any client, once you have assessed them and determined their wellness needs you will want to create a treatment plan. Because you are dealing with wellness, the client may have little knowledge or expertise in this area, so consider the use of psychoeducation to inform the client of what wellness is, why it is important, and how self-care interventions can help them meet their wellness goals.

Directly discussing their feelings about changing behavior including what their experience with change has been in the past can be useful. Using one of the change models to understand how the client responds to change might increase their chances of being successful at meeting their goals.

Working from a wellness perspective, develop a set of goals that are comprised of small, measurable, and achievable steps and process progress with the client during meetings. Clients may want to set larger, unrealistic goals. This should be discouraged to avoid disappointment and setting themselves up for failure (Granello, 2013).

Work on one or two areas at a time while helping the client see how the areas affect and interconnect with each other. A client experiencing better eating habits and gradual weight loss might feel like exercising more and might feel more optimistic and confident (Granello, 2013).

Change of any kind can be difficult, but self-care goals are often more difficult because they feel indulgent and selfish. Implementing a treatment plan that consists of four components consisting of *plan*, *act*, *assess*, and *adjust* can be simple and effective.



Figure 6.5.1: It is important to create a plan for self-care. (Photo by Nataliya Vaitkevich from Pexels.)

Creating a self-care practice does require some **planning**. The first part of planning is to create time and space for self-care. This might involve setting boundaries between work and personal time. Having distinct, scheduled time for a self-care activity, such as “Meditation at 7:00 pm” on your calendar is much more likely to lead to success than just having it as a thought. Deciding what the self-care activity will be is also an important part of the planning stage. This will relate to what you or your client needs, and it could change from day to day. Some people have found success with setting aside a specific time for self-care and then filling in the activity the day-of.

When the plan has been established, it is time for **action**. Following through on the plan is critical to its success. This requires motivation, determination, and dedication to the importance and rewards of self-care. The planner has to believe there is something to be gained by the practice or they will not possess the motivation, determination, or dedication necessary to follow through on their plan. In counseling there is much you can do with your client to explore reasons they might be hesitant to commit to a self-care plan. Reasons can extend from believing they don’t deserve to feel well, to beliefs that self-care is selfish, to being unwilling to make the time commitment to a self-care practice. These beliefs must be worked through in session if they prohibit the client from moving forward with their plan.

Once an individual has committed to action, **assessing** how things are going is the next step. Consider these questions: How did it go? Did I do the activities I planned to do? Did I enjoy doing the activities I planned? Did I experience any benefit from what I did? Was the time allotted long and/or short enough? Do I want to replace or alter any of the activities I did? Do I want to change the time of day I planned to do the activities? All of these questions can help fine-tune a self-care plan that is much more likely to be implemented over time.

From here on it becomes a process of reassessing and **adjusting** the routine to fit into the individual's life. Most people find after realizing the tremendous benefits of practicing self-care that it is worth the effort to plan and implement a routine.

? Reflection Moment 6.5.1

Using the following scenarios, develop a treatment plan for each client:

1. Thomas, a 35-year-old African American male, has come to see you complaining of feeling burnt-out at work. He has a conflictual relationship with his boss and doesn't really like the job, but it pays the bills. He also states he doesn't have anyone he feels he can talk to about how he feels. Do you see any opportunities for self-care interventions that might help Thomas reduce his stress and feelings of burn-out?
2. Samantha, a 65-year-old Caucasian female, has recently retired from her job of 35 years. She reports she has lost her purpose in life and loneliness as she no longer sees the people she socialized and worked with daily. This creates feelings of sadness and anxiety that she is struggling with managing. Do you see opportunities for self-care interventions that might help Samantha?

These reflection questions are also available as a PDF download: [Developing a treatment plan](#)

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7: The Creative Self

Learning Objectives

- Identifying the components of the Creative domain (as outlined by Myers and Sweeney) which includes the areas of emotion, humor, work/occupation, thinking, and control.
- Exploration of each component of the Creative domain, how the client may be struggling, and techniques to assist the client achieve greater balance with recognizing and honoring their creative self.

The creative self is composed of a variety of factors including emotion, humor, work, thinking, and control. Can we animate these words? In this chapter we will explore each from a counseling perspective with an eye toward optimal functioning and empowering ourselves and our clients.

Emotional Wellness



Figure 7.1: Emotions show up in many forms. Learning to name them and express is essential to building emotional wellness and well-being. (Photo by Pavel Danilyuk from Pexels.)

The first aspect within the creative self is **emotional well-being**, which refers to how well an individual understands and articulates emotional states as well as their ability to engage in emotional management. Emotions are a neurobiological activity that serves the purpose of communicating our concerns to others. In a baby, this can include hunger, in an adult this can be related to values and goals in life. For detailed information about emotions, access [this article by Izard \(2009\)](#).

The ability to understand and articulate emotional states can be related to development in that individuals are the result of their environment. Access to adults with knowledge of emotional states and the willingness to discuss them can lead to greater competency in this area. Many families hold beliefs that emotions should not be expressed openly or shared outside the family unit. Other families encourage the sharing of feelings. Much of this is determined by cultural values, social norms, and the goals of the caregivers. The individual temperament of the child can also play a part in the development of emotional expression.

Begin the facilitation of emotional expression by first assessing the level of emotional/feeling vocabulary available to the individual. This is usually fairly obvious during the intake interview process and first few sessions. The client will have a tendency to use the same and/or limited words to express feelings. Click [here \[no link in Word document - need the link\]](#) for a list of resources including lists and worksheets that can help your client expand their vocabulary and understanding of the variety of feelings they are experiencing. This can be beneficial in helping them express exactly what they are concerned about and what they need to move forward.

The second aspect of emotional well-being is somewhat more complex. It is **emotional management**. This is seen in the person who struggles to maintain control of their emotions, especially when they have been triggered by something or someone in their

environment. In the therapeutic world this is called emotional escalation and most clients who come in for treatment are unaware of both the triggers and the escalation. Individuals who experience emotional escalation usually feel that their response is valid and realistic in relation to the reaction they are experiencing to the trigger.

In working with clients experiencing emotional escalation learning first how to self-regulate their nervous systems is paramount. Using psychoeducation to teach them the difference between the parasympathetic and sympathetic nervous systems. The sympathetic nervous system perceives a threat – the trigger – and responds to protect the individual. The parasympathetic nervous system returns the individual to a state of calm. While this process is an automatic one comprised of neurotransmitters and unconscious reactions to stress, there is much that the individual can do to counter the automatic stress response that catapults the body into a sympathetic response. Meditation, breathing exercises, yoga, walking in nature (or anywhere), prayer, and music are all examples of actions that can help return the body to a parasympathetic state.



Figure 7.2: Regulating the nervous system begins with recognizing stress responses and practicing intentional self-soothing techniques. (Photos by [Oluremi Adebayo from Pexels](#) (top), [Ivan Samkov from Pexels](#) (bottom).)

The client must understand that this process is happening, and they are responsible for reversing it. They must also understand that when this happens, they may say and/or do things that can be viewed by others in ways they may not desire. In other words, they may act irrationally or differently than how they would act if they were calm. This can cause disruptions in their relationships in any area of their lives, including home, work, and school. Most clients are very aware that this is occurring and welcome assistance with learning to change this pattern to increase their wellness in this area.

Work with clients who are experiencing emotional escalation can continue with identifying triggers and examining past trauma and invalidation that might have led to the emotional escalation. Dialectical Behavior Therapy is especially useful in working with emotional escalation. See below for resources on how to do additional work in these areas.

✓ Emotional Self-Care Interventions 7.1

[Setting Boundaries](#)

[Journaling 101](#)

[Gratitude](#)

[Identifying and Managing Emotions](#)

[Affirmations](#)

[Meditation/Mindfulness](#)

Humor

"A person without a sense of humor is like a wagon without springs. It's jolted by every pebble on the road." Henry Ward Beecher

"I knew racial discrimination at its worst in the 1930's. I lived with the humility of it, but never lost my sense of humor. Humor is the escape valve from the deadly reality of adversity." Nipsey Russell

"A sense of humor is good for you. Have you ever heard of a laughing hyena with heart burn?" Bob Hope

"What's another word for Thesaurus?" Steven Wright



Figure 7.3: Laughter, humor, and optimism are essential to well-being. (Photo by Tim Mossholder from Pexels.)

We've heard the axioms "Laughter is the best medicine" and although most would assert that humor, laughter and generally optimism are all related to a general state of well-being, there has been surprisingly little research done on the topic until recently to substantiate these beliefs. Most of the conjecture is based on the idea that humor serves as a distraction from one's problems and offers the opportunity to distance oneself from the intensity of stressful situations making them seem less dire and detrimental to functioning and wellness (Bast & Berry, 2014; Martin et al., 1993). Kuiper and colleagues (1993) identified that individuals with a more developed sense of humor were able to perceive difficult situations more positively and put more emotional distance between the problem and themselves. Research has shown a positive correlation between high levels of trait humor, which is having a sense of humor or a readiness to find or create humor in different situations, and self-esteem, self-concept, and evaluation of self-worth. Similarly, individuals with higher sense of humor levels made cognitive appraisals of stressful situations in terms of how they could be solved and coped with, where individuals with lower sense of humor tended toward a focus on the problem (Martin et al., 1993).

There are notable differences in humor among gender and type of humor that can affect outcomes. Men are more likely to utilize biting or hostile humor as part of their repertoire, where women may engage in self-deprecating types of humor. This research does support the idea that humor helps with physical and emotional well-being. It is certainly useful in strengthening social relationships and appears to be linked to greater enjoyment of positive experiences.



Figure 7.4: Humor helps to support social relationships. (Photo by Elle Hughes from Pexels.)

✓ Humor Self-Care Interventions 7.2

[How to Use Humor in Clinical Settings](#)

[Funny Comic Books for Adults](#)

[Funny Movie List](#)

Work/Occupation

Work is a general term that can apply to a job, occupation, vocation, or any kind of work task that is performed whether paid or not and is an important area of wellness. A job is typically seen as an entry-level position that usually provides the worker with a lower salary. An occupation is most closely associated with work an individual performs for a longer period of time that has involved either some training or education and brings in a higher level of pay. A vocation is considered a “calling” or work an individual does that has deep personal meaning. The financial rewards may or may not be substantial, but most individuals who work at a vocation will say that the satisfaction is part of what they earn.



Figure 7.5: Work can be a job, occupation, or calling. Finding purpose and satisfaction in work is important to wellness. (Photo by Yan Krukau from Pexels.)

With regards to work, what matters most is the client’s *satisfaction* with the work they are or are not currently doing. An individual may be content to be unemployed if they have the financial resources to survive. Another individual may be miserable making a considerable amount of money at an occupation that they dislike. Work with a client in this area will usually involve helping them find solutions to find more satisfaction with their work situation. It appears that what might be restorative about an individual’s occupation is the engagement in what they are doing and the level the person feels they are connecting to the past and contributing to a hopeful future (Hammell, 2009).

Utilizing vocational assessments from O-Net, a governmental vocational website, can be useful in helping clients narrow down interests, abilities, and values and explore occupational opportunities and ideas. If you have had your career counseling course you are aware that most career assessments look for a combination of abilities, values, skills, and interests. You will also want to know what kind of work the client is interested in doing and why. The Myers Briggs Type Indicator (MBTI) type indicator is a valuable and fun tool to discover personality characteristics.

Of course, sometimes when people come in to talk about vocation, the issues are not related to vocational problems and are psychological in nature. As usual, use your exploration skills and work to uncover what is going on with the client to interfere with their satisfaction in this area.

✓ Work/Occupational Self-Care Interventions 7.3

[O-Net](#) – contains Interest Profiler Assessment

[MBTI](#) – Personality Type

[Holland Code Career Assessment](#) – This is one of the best career assessments for ability and interests

[The Big 5 Personality Assessment](#) – Dispositions/Personality Traits

[Princeton Review Career Quiz](#) – To identify potential career paths

Cognitive/Intellectual Wellness

This area involves both realistic thinking (cognitive wellness) and intellectual engagement (intellectual wellness). While both are related to cognitive functioning and brain health, they are distinctly different processes. Cognitive wellness refers to what the individual is thinking and how those thoughts impact functioning, while intellectual wellness refers to utilizing the brain to maintain cognitive health, growth, and cognitive skills, in other words - use it, or lose it.

Intellectual Wellness

Intellectual wellness refers to ongoing mental growth and creativity over the lifetime. Assessing an individual in this area involves observing the ways in which they are engaged in cognitive activities and keeping their mind active. This is related to neural plasticity, which defines the brain's ability to adapt and reorganize its structure in relation to intrinsic and extrinsic stimuli. In other words, the brain continues to grow and develop throughout the lifespan as long as it is stimulated (Cramer et al., 2011).



Figure 7.6: Cognitive engagement builds focus, positivity, and problem-solving—keys to lifelong intellectual wellness. (Photo by Tara Winstead from Pexels.)

This process is probably most dramatically illustrated in circumstances of brain injury such as a stroke or accident where recovery of brain functioning is often experienced through the process of healing (Cramer et al., 2011). For purposes of wellness, activities such as reading, engaging in creative endeavors, playing games or doing puzzles, learning, and keeping abreast of current events.

The benefits of engaging in these activities for intellectual wellness are many including better brain functioning in areas of memory, recall, and concentration, improved problem-solving skills, increased curiosity, and possibly most important is increased critical thinking skills.



Figure 7.7: Just as in chess, critical thinking and thoughtful strategy requires us to challenge our assumptions. (Photo by Yan Krukau.)

Critical thinking is the intellectual process of recognizing that it is in our nature to think, but left unchecked, can often be biased, uninformed, and distorted. This realization includes awareness that everything we generate comes from what we think. Critical thinking involves taking thinking a few steps further following four steps that include 1) being *self-directed* which means raising questions and problems and articulating them clearly, 2) being *self-disciplined* which means gathering and assessing relevant information gathered from communication, experience, and existing evidence and using it to arrive at effective conclusions and solutions, testing them against relevant criteria and standards, 3) being *self-monitored* which is thinking open-mindedly within alternative systems of thought, with willingness to consider other assumptions, beliefs, and implications, and 4) being *self-correcting* which is the ability to communicate with others to effectively contemplate solutions to complex problems (Paul & Elder, 2019). The skill of critical thinking enhances life in a variety of important ways.

The average person makes over 35,000 conscious decisions per day, and thinking critically can make the difference between success and failure in just about any area of life. As humans, we are prone to cognitive biases, distortions, irrationality, and prejudice which can skew any or all of these important choices. Thinking critically frees us from these mistakes in thinking and offers the opportunity to assess strengths and weaknesses, understand yourself and others more thoroughly, express yourself more succinctly, and utilize creativity in thought processes. Critical thinkers are also more likely to consider others' points of view, see problems as challenges, use evidence to make decisions, and engage in active listening (Murawski, 2014).

Critical thinking can be seen as the opposite of “auto-pilot” thinking, such as when you are driving a car where much of the action and thoughts are automatic and require little active thought. Learning to think in a more intentional manner leads to critical thinking and all the benefits therein. Engaging in activities that go beyond automatic or passive types such as watching television exclusively, such as reading, engaging in conversation, and other intentional activities that involve problem-solving stimulate critical thinking and overall intellectual wellness (Murawski, 2014).

✓ Intellectual Self-Care Interventions 7.4

7 Ways to Increase Your Intellectual Wellness

Top 10 Ways to Keep Your Mind Healthy and Active

Cognitive Wellness

Cognitive wellness refers to patterns of thinking or *how* an individual thinks. These patterns are generally driven by the person's core beliefs and supported by their intermediate beliefs and cognitive distortions. Core beliefs are usually developed in childhood based on information and impressions from caregivers. They tend to be rigid, global, and over-generalized. They are the general beliefs a person holds about themselves, others, and the world, whether they are true or not. Positive core beliefs can lead to an optimistic mindset and the development of resilience and the ability to adapt to change. Negative ones can hinder development and interfere with healthy functioning (Otani et al., 2020; Yesilyaprak et al., 2019).



Video 7.1: Negative thoughts affect you in many ways. ("How negative thoughts affect you..." by Johnny Martinez on YouTube.)

Intermediate beliefs are attitudes, assumptions, and “rules” that support or feed the core belief. They are often unarticulated. For instance, if someone believes they are not good enough, they could have rules surrounding what they deserve or don’t deserve in life. As you can imagine, this can cause problems in functioning. Cognitive distortions tend to be automatic, negative, and irrational ways of thinking. They tend to diminish motivation, reduce self-esteem, and contribute to mental health problems like anxiety and depression (Otani et al., 2020; Yesilyaprak et al., 2019).

Working to identify these beliefs and cognitive distortions can lead to understanding the source that keeps many people stuck in a negative loop of “stinkin’ thinkin’.” This is a powerful wellness intervention that can lead to healthier thinking and ultimately, better functioning (Otani et al., 2020; Yesilyaprak et al., 2019).

✓ Cognitive Self-Care Interventions 7.5

[Dealing with Automatic Negative Thoughts from Positive Psychology.com](#)

[5 Tips to Train Yourself to Think Positively](#)

Control

When thinking about control from a counseling perspective, consider the individual's *locus of control*, or how a person determines where and how the power that controls their life comes from. Someone with an external locus of control will likely have a tendency to blame fate or luck and other external sources as the cause of their successes or failures. Conversely, those with an internal locus of control are likely to assume responsibility for successes and failures and will actively look for resources to help them maintain as much control as possible over these circumstances (Winarsunu et al., 2023).

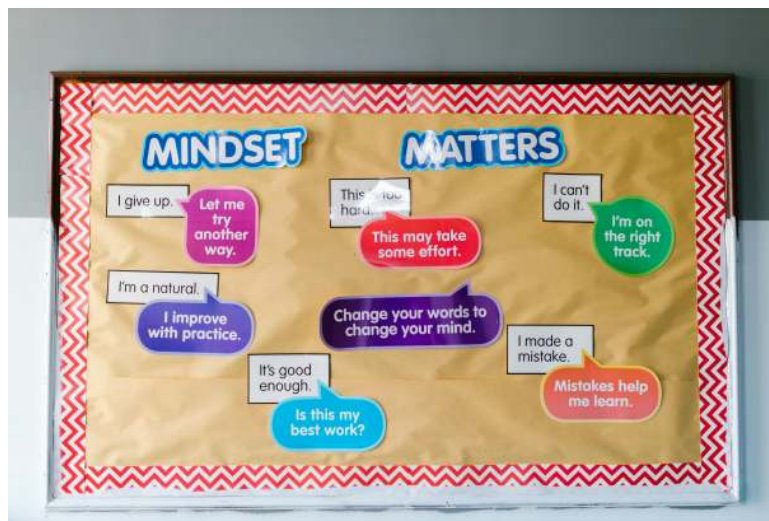


Figure 7.8: Mindset matters - believing in your ability to grow builds an internal sense of control. (Photo by RDNE Stock project from Pexels.)

Locus of control is on a continuum, so most people experience both aspects at some level (Carton et al., 2021). Problems often occur when a person attempts to blame problems on others or outside circumstances and loses sight of what they can do and how they may be contributing to the issue. Because individuals with a more external focus feel less control over their fate, this can lead to higher levels of depression and anxiety (Hovenkamp-Hermelink et al., 2019).

One of the best and most extreme examples of this that I share with clients and students is that of Victor Frankl, a Holocaust survivor. In his book *Man's Search for Meaning*, he related how he watched his fellow captives suffer around him and give in to the brutality, suffering, and horror of the experience. He wrote about how they adopted what we now call a "victim's stance." A victim's stance is when an individual has the perception that they are powerless to circumstances or the actions of another which can lead to feelings of helplessness and blaming others for their problems. One of Frankl's most famous quotes is "The one thing you can't take away from me is the way I choose to respond to what you do to me. The last of one's freedoms is to choose one's attitude in any given circumstance" (Frankl, 1992, p. 66).

Less extreme examples could include having someone say something unkind to you or even receiving a terminal medical diagnosis. Self-care involves that you, in that moment, have the opportunity to choose to either give control to the source and become hurt, upset, and anxious, or choose an internal approach and understand that there is a space between a stimulus (whatever happened that upset you) and your response. In that space you have the power to choose your response. You could choose in the first example to believe in yourself and wonder what would cause the other person to say such a thing, and in the second example you could choose to see each remaining day as an opportunity to live as richly and fully as possible or to see each day as a countdown. In each response lies despair and fear or the opportunity for growth and freedom.



Figure 7.9: Calm your mind. Your response is in your control. (Photo by Vie Studio from Pexels.)

✓ Control Self-Care Interventions 7.6

Internal Locus of Control – How to Build and Make the Most of It

Letting Go of Control: How to Learn the Art of Surrender

? Reflection Moment 7.1

1. As you read about assessing and assisting clients with their emotional wellness, you can see that this is an area we frequently work with clients already. Do you think framing it as self-care would be useful? Why or why not?
2. Did it surprise you that Myers & Sweeney included Humor as a sub-category of wellness? Why or why not?
3. When considering Work/Occupation, what is your level of comfort with career counseling and helping the client see it as an important part of self-care?
4. Had you ever considered the differences between intellectual and cognitive wellness? What thoughts do you have regarding this difference?
5. How comfortable do you think you are in discussing Locus of Control with clients?

These reflection questions are also available as a PDF download: [The Creative Self](#)

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8: The Coping Self

Learning Objectives

- Identifying the components of the Coping domain (as outlined by Myers and Sweeney) which includes leisure, stress-management, self-worth, and realistic beliefs.
- Exploration of each component of the Coping domain, how the client may be struggling, and techniques to assist the client achieve greater balance with recognizing and managing their ability to cope in the various areas.

The Coping Self

The Coping Self encompasses the areas of leisure, stress-management, self-worth, and realistic beliefs. Each individual develops a unique collection of personal characteristics that assist them in social interactions. All of these areas are related to our ability to transcend the trials and tribulations encountered in everyday life and experience a happier and healthier existence (Myers & Sweeney, 2004).

Leisure

Leisure is the purposeful engagement in activity that will enhance satisfaction in life, reinvigorate the individual, provide rest, offer the pursuit of pleasure, and relieve the stress that can accumulate from work. Leisure offers the opportunity to find balance between the stressors of work and life and mental and physical health and well-being (Cha, 2024).

Leisure can include anything from watching TV, to exercise, being in nature, and beyond. The dictionary defines leisure as “freedom provided by the cessation of activities; *especially*: time free from work or duties” (Merriam-Webster, n.d.).



Figure 8.1: Leisure activities helps improve your physical health and well-being. (Photo by Max Andrey from Pexels.)

The concept of environmental wellness also falls under this domain. Environmental wellness encompasses two areas. The first is the individual's relationship with the natural world which includes the level of safety and comfort in nature, as well as the level of stewardship and respect for the resources and species we share the earth with. The second area involves enhancing wellness through occupying pleasant and stimulating personal environments at home and work.

✓ Leisure Self-Care Interventions 8.1

[How to Have More Leisure in Your Life – Article and Podcast link](#)

[120 Leisure Activities List](#)

Stress-Management

Stress-management has become almost a buzz word. Stress management is synonymous with self-care as we essentially cannot have one without the other. Stress management is exactly as it sounds, managing the level of stress in your life, however, is easier said than done.



Figure 8.2: Managing stress in your life is essential to well-being. (Photos by [Antoni Shkraba Studio from Pexels](#) (left), [Vlada Karpovich from Pexels](#) (right).)

The World Health Organization defines stress as a state of mental tension or worry caused by a difficult situation. How we respond to stress makes all the difference in functioning. Stress impacts humans both mentally and physically. A small amount of stress can be helpful and serve as motivation to accomplish things. Too much stress can quickly become detrimental to functioning, causing mental and emotional problems affecting effective functioning (World Health Organization, 2023).



Video 8.1: Chronic stress can affect brain size, its structure, and how it functions. ("[How stress affects your brain - Madhumita Murgia](#)" by TED-Ed on YouTube.)

Signs of stress include anxiety and irritability making it hard for the individual to relax. Symptoms can include problems concentrating, stomachache, headache, other body pains, appetite losses or gains, and trouble sleeping. Many people will attempt to cope with these symptoms with ineffective coping strategies such as smoking, drinking, or other drugs. Stress can cause or exacerbate existing mental health problems. This can ultimately affect functioning in social and work situations (World Health Organization, 2023).

✓ Stress-Management Self-Care Interventions 8.2

[8 Ways to Better Manage Your Stress](#)

[9 Effects of Stress on Your Body](#)

Self-Worth

Self-worth encompasses the areas of having a sense of personal value, personal identity, and imposter syndrome. As counselors, we see our clients deal with these kinds of issues frequently. Consequently, we see how having a poor sense of self-worth can affect an individual negatively.

The concepts of personal value and identity are most likely to stem from early childhood interactions with caregivers. When caregivers are emotionally available and form strong attachment bonds with an infant, the infant is likely to form a positive sense of personal value stemming from being deemed worthy by the caregiver. Object relations theory posits that a positive interaction with the caregiver will also likely engender a positive personal identity in the infant (Fonagy et al., 2007).

When caregivers, for a variety of reasons, do not effectively form strong attachment bonds or communicate the value of the child to them, problems with self-worth may occur. Low self-worth causes a variety of problems in functioning stemming from self-doubt and criticism, patterns of negative thinking, and feelings of shame, guilt, sadness, anxiety, and anger. These problems in thinking and feeling can lead to problems with motivation, relationships, and physical and mental health.

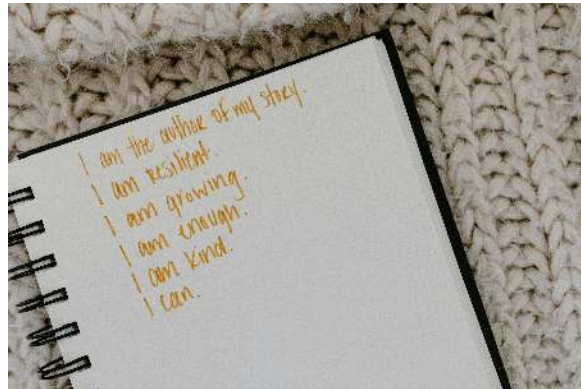


Figure 8.3: Affirmations can help rebuild self-worth from the inside out. (Photo by Tara Winstead from Pexels.)

Oftentimes, individuals with doubts such as these have a tendency toward perfectionistic personalities and perform as overachievers. Because they generally believe they are undeserving of their accomplishments they may exhibit what is known as imposter's syndrome. They worry that their perceived lack of competence will be unveiled, and they will be outed as frauds.

Issues with low self-worth, lack of personal value, lack of personal identity, and imposter syndrome and the problems with functioning that they cause can be alleviated and improved with self-care practices.

✓ Self-Worth Self-Care Interventions 8.3

Discovering and Celebrating Your Self-Esteem and Self-Worth worksheet [\[is there a link?\]](#)

[What is Self-Worth and How Do We Build It?](#) – Article and worksheets

Realistic Beliefs

The final area of the coping self is realistic beliefs. People derive both pleasure and pain from their beliefs. Realistic beliefs are different than the core beliefs we looked at in the cognition section in chapter three. In this context realistic beliefs refer to expecting the best and creating self-fulfilling prophesies. Realistic beliefs are neither optimistic or pessimistic, which are at opposite ends of the extreme. Being overly optimistic can lead to disappointment when things don't work out as anticipated, consequently being overly pessimistic is a sure bet which never leads to disappointment. The concept of loss aversion posits that we feel twice as much pain from loss as from gain. For example, getting a raise of \$5,000 may seem like a loss if you were expecting \$10,000. Being unrealistically optimistic can set you up for major disappointment. When you think more realistically, or in the middle, you are much more likely to rationalize and think critically which leads to the expectation of more reasonable outcomes (de Meza & Dawson, 2020).

✓ Realistic Beliefs Self-Care Intervention 8.4

[Don't Confuse Realistic Thinking with Negative Thinking](#) – Blog article

✓ Reflection Moment 8.1

Of the areas of the Coping section in chapter seven (leisure, stress-management, self-worth, and realistic beliefs) how often have you seen clients struggle in these areas? What is your comfort level in helping clients with each of these areas?

These reflection questions are also available as a PDF download: [The Coping Self](#)

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9: The Physical Self

Learning Objectives

- Identifying the components of the Physical domain (as outlined by Myers and Sweeney) which includes exercise, nutrition, sleep, and body image.
- Exploration of each component of the Physical domain, how the client may be struggling, and techniques to assist the client achieve greater balance with recognizing and managing their decisions in the various areas.

The Physical Self

Exercise

Much research supports the contention that physical exercise supports wellness and good health and should be incorporated into a balanced self-care program. Physical benefits include weight management, reductions in life threatening illnesses such as cardiovascular disease, diabetes, and high-blood pressure, mental health benefits such as stress management and lower incidents of depression and anxiety (Bhochhibhoya et al., 2014). The World Health Organization (2010) stresses that inactivity is the fourth leading cause of death in the world, and if this trend continues, rising rates of diseases will follow. Lack of time and the inability to access equipment and facilities were cited as the most common barriers to regular exercise (Stork et al., 2024).

Some studies have found physical activity to be as effective as medication for mild to moderate depression and anxiety. For more severe mental health problems such as schizophrenia, physical activity has been found to be an effective complimentary intervention (Beaulac et al., 2011).



Figure 9.1: Joyful movement supports self-care, reduces stress, and boosts overall well-being. (Photo by Jadson Thomas on Pexels.)

This leaves the question of how much physical activity is the right level. For most individuals in their sixties or seventies, working out at the same level as someone in their twenties or thirties is not realistic. Any physical activity is better than none, and it is likely easier to motivate people to become and stay engaged in a physical activity program if it is not so strenuous that it is unsustainable (Gallaway & Hongu, 2016). A visit to the doctor is paramount not only to determine that the individual is healthy enough to participate in a physical activity program and at what level, but also to determine what type of underlying health issues might benefit from a carefully planned strategy to help the individual manage and even improve the problem.

An important consideration when planning an exercise routine is determining what kind of movement the person enjoys. One individual might love walking while another might like to work with weights, and then another might want to swim. Determining the type of activity increases the likelihood they will continue to participate. Another important factor is self-efficacy as it relates to exercise. Does the person feel competent doing the exercise? Is the routine something they can master? Are they doing the exercise in an environment where they feel comfortable? These are all things to consider when helping someone develop an exercise plan.

✓ Exercise Interventions 9.1

[Exercise for Wellness](#) – article

[5 of the Best Exercises You Can Ever Do](#) - article

Nutrition

The role of nutrition is vitally important from conception to end of life in human beings. Food provides the energy and materials (nutrients) that are necessary for the body's cells and tissues to develop in healthy ways. Nutrition is linked to health and wellness in a complex dance that determines ultimate functioning throughout the lifespan (Ohuruogu et al., 2019).



Figure 9.2: Balanced nutrition support energy, mood, and lifelong health. (Photo by solod_sha from Pexels.)

Malnutrition is linked to interferences with growth, susceptibility to infections, slow recovery from illness, and reduction in productivity. Poor eating habits can include overeating or not eating enough of the healthy food types needed every day and eating too much of the unhealthy food types that do not contribute to good health. Unhealthy food types tend to be high fats, salt, and sugar, or low in fiber. Healthy food types contain carbohydrates, proteins, fats & oils, mineral salts, and vitamins that are vital for good health and optimal functioning (Ohuruogu et al., 2019).

How the Food You Eat Affects Your Brain

Carbohydrates provide energy, contain glucose in different forms, and can be obtained in whole grains, cereals, breads, oats, potatoes, etc. Proteins build and repair tissue in the body, help with the structure of red blood cells, and regulate enzymes, hormones and other body chemicals that keep you functioning. Proteins can be found in meat, beans, and nuts. Fats and oils, mineral salts, and vitamins are found in healthy carbohydrates, proteins, and vegetables. Fluids and water are also important and can round out nutritional needs as well (Ohuruogu et al., 2019).

Eating a well-balanced diet is one of the best kinds of physical self-care you can do for yourself or advocate for others. The benefits include disease prevention, weight control, mood stability, and boosts in energy (Ohuruogu et al., 2019).

✓ Nutrition Interventions 9.2

Talk to a doctor or dietitian for specific advice on improving nutritional fitness.

Keep a log or journal of what you eat just to get a base-line idea of what is going on. No shame.

[CDC Tips on Nutrition](#)

[10 Small Ways to Improve Your Nutrition](#)

Sleep

Getting a good night's sleep and waking up feeling refreshed and full of energy is one of life's little treasures. Many things, however, can interfere with that process. It can be tempting to stay awake longer to get something more done, or stream that whole series. It could be that you wake up and end up with monkey mind, the unrelenting assault of thoughts that makes it almost impossible to fall back asleep. Some people have trouble falling asleep and some have trouble staying asleep (Allan et al., 2023).



Figure 9.3: The contrast between restful sleep and exhaustion highlights how vital consistent, quality rest is for wellness. (Photos by [KATRIN BOLOVTSOVA from Pexels](#) (left), [cottonbro studio from Pexels](#) (right).)

Lack of sleep is linked to many of the same conditions as lack of exercise; poor mental and physical health. Getting good sleep is as important as getting enough exercise and good nutrition. Part of the problem is that some people view sleep as a luxury instead of a necessity when in fact, the consequences of not getting enough sleep can impact productivity, performance, and even longevity (Allan et al., 2023).

A healthy adult generally needs between 7.5 to 8.5 hours of sleep per night. If you feel sleepy during the day you are likely not getting enough sleep during the night. Paying attention to your body's signs can be a great way to monitor whether you are getting enough sleep or not. If you are not feeling well physically or mentally, or are sleepy, you might want to consider whether it is related to your sleep habits. There are also many tools now such as watches and rings that can track not only the length you sleep, but also the quality of the sleep you are getting.

To increase sleep if you need to, begin with making sleep a priority and find ways to protect your sleep time. If you find you are doing all you can to promote sleep but are still having trouble getting or staying asleep, consider consulting a sleep specialist. They are experts in underlying problems such as sleep apnea or other sleep disorders that you may not be aware of and may be able to help you with treatment.

Other interventions include considering your sleep environment. Is the place you sleep comfortable and inviting? Is the temperature comfortable? Is the lighting appropriate? How are the noise levels? These are all things you may be able to alter to make your environment more conducive for sleep. Here are some other things to consider:

- Maintaining a regular sleep-wake schedule.
- Avoid caffeine, alcohol, nicotine, and other chemicals that might interfere with sleep right before bedtime. These substances can make it hard for the body to settle down and relax for sleep.
- Consider creating a bed-time routine such as reading, listening to music, or brushing your teeth. Having habits like these signal your mind and body that it is time to wind down for sleep.
- Don't exercise too close to bedtime. Your body becomes too revved up and makes sleep harder.
- Eat and drink enough so you're not hungry or thirsty which can keep you awake, but not too close to bedtime, which can wake you up.
- Don't watch the clock, especially if you wake up. It becomes a focus making it hard to relax.
- Do practice meditation or prayer right before going to sleep to relax your mind and body.

✓ Sleep Interventions 9.3

Meditation Apps – Insight Timer (Free and paid versions) or Calm. Both have tons of relaxing meditations and music that can be helpful with relaxation and sleep.

[CDC and Sleep](#)

Body Image

It is safe to say that body dissatisfaction is prevalent with numbers surging upwards of 70% among mid-life and older females (Kilpela et al., 2023) and slightly less for males (Fallon et al., 2013). Female adolescents ranged between 24-46% and male adolescents between 12-26% (Quick et al., 2013). Body dissatisfaction related to unhappiness with weight, body shape, role models in the media, and other factors can affect self-worth, self-esteem, and ultimately mental health. Depression, disordered eating, anxiety, and negative self-talk are all common problems related to body dissatisfaction (Quick et al., 2013).

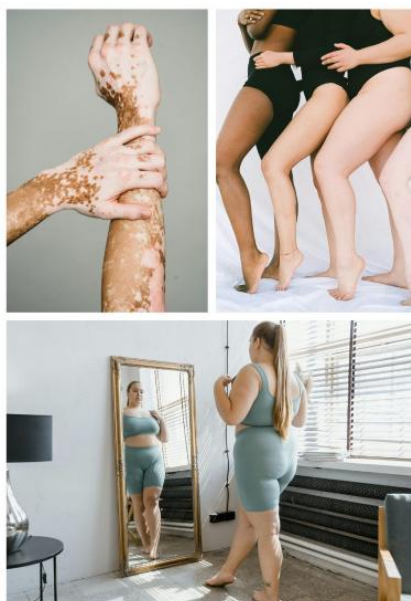


Figure 9.3: Body diversity and self-acceptance are critical for protecting mental health and challenging harmful appearance ideals. (Photos by [Armin Rimoldi from Pexels](#) (top left), [Anna Shvetz from Pexels](#) (top right), [MART PRODUCTION from Pexels](#) (bottom).)

Wellness, as a term, has been used to promote the diet culture that promotes whatever the latest ideal body image (Fitterman-Harris et al., 2023). Body image problems appear to exist on a continuum with affected individuals' falling within a range from mild to severe. Most land in the moderate range where mild to moderate distress including depression and anxiety, dissatisfaction, and concern are experienced with body image. The severe range involves disturbances associated with eating disorders, and impaired social and/or occupational functioning (Peng & Xie, 2021; Thompson et al., 1999).

In the study by Peng and Xie (2021) they found that a broad range of treatment that included psychotherapy, especially theories with a focus on cognitive bias, mindfulness training, acceptance and commitment therapy, and biofeedback therapies, physical interventions such as fitness training, yoga, tai chi, and dance, and nutritional therapies which included supplements, specific diet plans, and nutritional counseling proved to be effective in helping participants develop a more positive body image. Helping the client learn self-compassion, acceptance, and realistic thinking can all be helpful interventions toward helping them find a more balanced body image.

✓ Body Image Interventions 9.4

[Battling Our Bodies: Understanding and Overcoming Negative Body Image](#) – article

? Reflection Moment 9.1

The areas outlined in chapter eight are perhaps what most people think of when they consider wellness. Body image and sleep are common areas we discuss with clients. What are your thoughts on speaking to a client about their nutritional and exercise habits?

These reflection questions are also available as a PDF download: [The Physical Self](#)

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10: The Social Self

Learning Objectives

- Identifying the components of the Social domain (as outlined by Myers and Sweeney) which includes an explanation of the importance of social interaction in the individuals life, the area of friendship, and the area of love.
- Exploration of each component of the Social domain, how the client may be struggling, and techniques to assist the client achieve greater balance with recognizing and managing their social lives.

The Social Self



Figure 10.1: Companionship supports mental and emotional wellness. (Photo by cottonbro studio from Pexels.)

Socialization, simplified, is the way humans develop their personality within a specific environment. Language, social skills, rules, morals, norms, values and customs to participate and integrate with the group are learned (Höppner, 2017). Socialization with others is critical for well-being and developing satisfying interpersonal relationships is an intrinsic motivation humans possess to satisfy a basic human need. We crave connection and closeness with others which promotes healthy psychological functioning (Arpin et al., 2015).

The alternatives, loneliness and social isolation, are rampant in the United States and have both long and short-term negative effects on individuals' mental and physical health. These effects can include impaired attention and memory, as well as mortality and morbidity (Gerhardt et al., 2023). This was especially apparent during the 2020 COVID pandemic when social isolation led to a jump in mental health issues and psychological distress (Mohamed et al., 2024).

In this section, friendship and love are discussed. Friendship, which can and often does include love, is looked at more for the social and connection aspects that are associated with it. Love is looked at through the lens of how it satisfies our social wellness needs. Both friendship and love are necessary components and important elements of self-care that can and should be practiced to promote overall wellness.

Friendship

According to Scholten (2022) friendship hinges on three dimensions including mutual care, intimacy, and shared interests. Mutual care implies not only caring about your friend but caring about what your friend cares about *for your friend's sake*. Intimacy implies not only the ability to be vulnerable with each other such as sharing and keeping secrets, interests, and values, but also to influence each other with regards to values and interests. Having shared interests means wanting to be together and do things together where sharing is part of the fun and enhances the experiences beyond what it would be if done alone.



Figure 10.2: Friendship thrives through mutual care, shared stories, and a sense of belonging. (Photo by Helena Lopes from Pexels.)

Friendships are different from family relationships in that they have to be created. There are also different kinds of friendships such as close friendships, acquaintance friendships, work friendships, etc. All friendships have different levels of the three dimensions and obligations and rules depending on the type of friendship (Scholten, 2022).

The old adage *birds of a feather flock together* actually rings true in the research. Individuals of the same gender, age, ethnicity, and other categories are more likely to form friendships with each other. This concept is consistent across geographic locations and diverse contexts as well. However, sharing similar values, interests, and opinions is a strong determinant in predicting friendship as we are likely to be drawn toward those that will validate our own interests, values, and opinions and the way we see the world (Parkinson et al., 2018).

When we're kids and even young adults, we're placed in environments such as school and college where we spend huge amounts of time with a variety of peers that can make forming friendship fairly easy. Making new friends can feel difficult as we become adults. Our time becomes much more limited due to the demands of family, work, and life in general, making us more unwilling to devote the time and energy necessary to make and maintain new friendships. We may have unresolved emotional baggage from childhood that leaves us with fears of rejection and an unwillingness to be vulnerable enough to form strong friendships. Fear of being judged can cause shyness and anxiety. Social anxiety can also be a factor interfering with the individual's ability to make friends.



Figure 10.3: True friendship blends vulnerability, joy, and shared interests over everyday conversations. (Photo by Edmond Dantès from Pexels.)

If someone is struggling to make friends, barring social anxiety, there can be many reasons that are interfering with their efforts. Being very shy or uncomfortable around others can make them uncomfortable as well, or feelings of insecurity that interfere with their belief that others will like them can interfere with their ability to connect with others. If they are an introvert, they may prefer to be alone to the degree that they avoid the company of others, or if they are an extreme extrovert, they may seek the company of so many other people that they fail to make deeper connections with anyone. They may lack social skills or live in a rural area, or

move frequently, where there isn't an opportunity to connect easily with others. Having a disability can make it difficult to make friends due to stigma. Certain personality characteristics such as being too needy, pushy, controlling, or talkative can be off-putting to other people. They may have difficulty making time for friendship due to the demands and responsibilities in their life making it hard to carve out time for friendships. They may have unrealistic expectations of what a friendship should look like and what to expect from a friend and what their friend should expect from them. Oftentimes the individual is unaware of these reasons and using unconditional positive regard, gentleness, and empathy in therapy can go a long way in helping them understand and work on the issues.

✓ Friendship Interventions 10.1

[How to find a counselor](#)

[How to make friends article](#)

Love

Loving others is a basic human need and central to individuals' overall subjective well-being (Galinha et al., 2013). Love, a universal phenomenon, that transcends cultural and geographic boundaries, is complex and plays an important role in human relationships. Romantic love has been described as a combination of three elements: intimacy, attachment, and affection. Attachment in particular is related to how well or poorly the infant bonds with the caregiver in early childhood, with those with more secure bonds having the ability to bond more easily and successfully with others as an adult (Fernandes et al., 2023). Loving and being loved by another has even been shown to boost immunity (D'Acquisto, 2019).

Several Greek terms have been used to define different types of love such as Eros, which is thought to be passionate, sexual, or romantic love and is associated with the survival and reproductive instinct. *Agape* is a form of universal love such as for strangers, nature, and God. Agape can be thought of as charity or altruism toward your fellow man. *Storge* is familial love or the love you have for your parents and siblings and other close family and is more likely to be unconditional, and *Pragma* is a kind of practical love founded on reason or duty and involves compatibility and shared goals.

Just being in a relationship is not a predictor of better functioning. In a study by Hudson et al. (2019), they found that investing in the relationship by spending time with the partner and having positive interactions to create a quality relationship reported greater feelings of well-being. Those that did not have quality relationships reported well-being at or worse than their single counterparts. What really matters is investing in the relationship. Having a quality relationship begins with having a clear sense of self (Becht et al., 2017). Responsiveness of each participant in the relationship that includes validation, caring, and understanding the other, as well as helping the other feel listened to and valued with sensitivity and warmth is also key to creating quality (Canevello & Crocker, 2010) and much more likely to lead to a loving and long-lasting relationship, whether it be with family, friends, or romantic partners.

Men in particular may be hesitant to engage in emotional vulnerability, or sharing feelings not associated with pleasure due to stigma and judgement of being less masculine if they share feelings rather than content related to achievement or everyday life (Khrystenko, 2022). Anyone, however, may struggle with being vulnerable in relationships which can hamper efforts to deepen and grow both friendship and love.

✓ Love Interventions 10.2

[The need for human connection and why it starts with ourselves](#) – (Hint: It involves Vulnerability)

[5 Ways to Increase the Love in Your Life](#)

? Reflection Moment 10.1

As counselors we know the importance of social connections for our clients. How competent do you feel talking about friendship and/or love with clients? How do you broach these subjects with clients?

These reflection questions are also available as a PDF download: [The Social Self](#)

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11: The Essential Self

Learning Objectives

- Identifying the components of the Essential domain (as outlined by Myers and Sweeney) which includes the areas of spirituality, gender identity, cultural identity, and self-care.
- Exploration of each component of the Essential domain, how the client may be struggling, and techniques to assist the client achieve greater balance with recognizing and embracing the various areas of essential identity.

The Essential Self

The essential self consists of four primary areas including spirituality, gender identity, cultural identity, and self-care. Having a personal and internal understanding and sense of who you are in these areas is a necessity in establishing a healthy self-concept. We will cover all these areas except self-care as the entirety of the text cover self-care in depth.

Spirituality

Spirituality can be broadly defined as a search for the 'sacred', as well as the thoughts, experiences, behaviors, and feelings associated with these endeavors (Chida et al., 2009). Religion is often associated and even confused with spirituality but is different from organized religion by being inclusive, non-denominational, and focused on universal human emotions, rather than following the protocols, rules, and beliefs of the specific religious tradition. People can consider themselves either spiritual or religious or both.

Spirituality is sometimes associated with having a sense of purpose in life. Exposure to concepts associated with spirituality such as compassion, values, faith in a power beyond oneself, connection, and becoming, can lead to the development of intentions that contribute to high moral character, an objective to contribute toward the wellbeing of others, and the evolution of personal goals with substantial value and meaning to the individual (Liang & Ketcham, 2017).

Whether a person identifies as spiritual, religious, or other, the characteristics of gratitude, kindness, and love are shared by most as part of being human. These qualities are a good place to start when becoming grounded and/or strengthening your wellness in the spiritual domain. There are endless resources about each of these concepts. Below are three short videos to stimulate your interest and provide ideas to share with clients to motivate them to strengthen their spiritual wellness.

✓ Spirituality Self-Care Interventions 11.1

[The Science of Gratitude](#)

[The Power of Kindness](#)

[Why is Love Most Important in Life?](#)

Gender Identity

Discussing and understanding gender involves a great deal of terminology which will be offered here to facilitate clarity. *Gender* used as a noun represents the feelings, attitudes, and behavior associated with a person's sex, which typically represent cultural concepts of masculinity and femininity. In many cultures, a third option is also recognized. Gender can be a key part of someone's identity (termed gender identity), and can be expressed outwardly through one's physical appearance, behavior, mannerisms, or interests. All these concepts (gender, gender identity, and gender expression) may correspond or they may diverge greatly within a person.

Sex used as a noun is the classification of a person as male or female or intersex, typically assigned at birth based on a cursory examination by a medical or birthing professional. *Affectional Identity* represents the direction in which one is predisposed to bond emotionally, physically, sexually, psychologically, and spiritually with others. This alternative term is meant to replace *sexual orientation*, which can overemphasize sexuality in the bonding and relationship process. *Sexuality* is a term used to broadly describe the feelings, thoughts, experiences, and expressions surrounding sex, attraction, sensuality, and preferred activities of pleasure and bonding in physical, emotional, psychological, romantic, and/or spiritual connection.

Sexual orientation and gender identity are common sources of discrimination and offer us as counselors an opportunity to support the greatest variety of clients possible by increasing our understanding of not only our own beliefs in these areas, but also those who are similar to *and* different from us. Following is some of the terminology related to sexual orientation, more commonly group together in the acronym LGBTQ₂IA. *Lesbian* refers to a woman who is emotionally, romantically, and/or physically attracted to other women. *Gay* refers to a person who is emotionally, romantically, and/or physically attracted to people of the same gender. Note: Some women prefer gay to lesbian, but men do not identify as lesbian. *Bisexual* refers to a person who has the capacity for attraction – emotionally, romantically, and/or physically – to people of more than one gender.

Gender identity is the way an individual identifies themselves as a male, female or a combination of both. The nature and development of gender identity is debated with social researchers believing social influences contribute prominently to gender identity. Essentialists contend that biological and other fixed genetic factors determine gender. The following are common terms identifying gender identification beyond male and female. *Transgender*, which is often shortened to Trans., refers to a person whose gender identity differs from conventional expectations based on their assigned sex at birth. *Transsexual* is a term that is less frequently used and commonly misunderstood, with some finding it offensive or outdated, and others believing it uniquely applies to them, that refers to a person who uses medical interventions, such as hormone therapy or surgeries, as part of the process of expressing their gender. Many don't like it because it can be associated with sexuality rather than gender identity. *Cisgender* refers to a person whose gender identity matches the sex they were assigned at birth. *Nonbinary* often falls under the transgender umbrella and refers to individuals who identify as neither man nor woman, as both man and woman, or as a combination of both.

Queer is a term used by some LGBTQ+ people to describe themselves and/or their community. *Questioning* refers to a person who is in the process of discovery and exploration about their sexual orientation, gender identity, gender expression, or a combination thereof. *Intersex* refers to a person who is biologically between the medical definitions of male and female, which can be through variations in hormones, chromosomes, internal or external genitalia, or any primary and/or secondary sex characteristics. Medical professionals often assign a gender to an intersex individual at birth and perform surgeries to “assign” their physical appearance with typical male or female sex characteristics to conform to societal and binary expectations (rather than to alleviate an actual health issue), a practice that is opposed by PFLAG, the Intersex Society of North America, and others who advocate for the well-being of intersex people, intersex replaces the outdated, and now offensive, term hermaphrodite. *Asexual* refers to a person who does not experience sexual attraction.

Gender identity becomes an issue with overall wellness primarily through misunderstanding through stigma imposed on individuals experiencing gender identification in any way outside of gender assigned at birth. Gender equity is recognized as the growing acknowledgment that no gender wants to be considered inferior. The assertion that some individuals seek to promote themselves and their gender as superior is often interpreted as an offensive expression against the legitimate value and worth of someone of another gender and can become the source of day-to-day unhealthy interactions.

A common example of this is called sexism. Sexism is prejudice, stereotypes, or discrimination based on a person's gender. Historically, sexism has been mostly, but not exclusively, experienced by women. It can be experienced as intentional and unintentional perceptions or practices that are discriminatory in nature or impact. Common examples include, getting passed over for promotions at work without sufficient explanation, having similar behavior by both sexes being perceived differently (leader vs. bitch), experiencing microaggressions involving sexual abuse where the victim encounters insinuations that they provoked the abuser (What were you wearing?), being a male in female dominated professions (flight attendant, nurse, hair stylist), or stay at home fathers or men requesting paternity leave.

Our duty as counselors is to cultivate value for people of any gender and to learn how to identify these misunderstandings and help repair damaged relationships. Some common errors counselors can make are:

- Believing it's a phase or a choice. Saying this to clients can be as invalidating as saying it to a person who is heterosexual or cisgender.
- Telling a client “That's not my specialty”: Having specialized knowledge can be beneficial but is not necessary to be impactful. Most people need a culturally competent professional who is curious and willing to continually learn about themselves and others and who can empathize with and accept others' needs. You don't have to change your faith beliefs to help these clients. You only need to respond with respect and acceptance for people regardless of potential differences in your beliefs.
- Understanding the client's legal rights. Many who fight against legalization of same sex marriage believe the LGBTQ+ community are trying to redefine heterosexual marriage, when what they are fighting for is to have the same legitimate rights as

heterosexual couples. Much of the debate over sexuality and gender issues is based on faith beliefs and other values.

Some important ways people can provide self-care with regards to gender identity is to find their support system through friends and groups who understand and validate who they are. Everyone needs to feel safe, loved, and respected to be well. Another important way to provide self-care is to advocate safely for the rights and privileges one believes are fair and necessary. Consider following groups that resonate on social media and be willing to disconnect when necessary as well. Consider therapy if additional support is needed. Having a professional to talk to can be instrumental in assisting with any concerns or trauma that might be present. An affirming way to validate and embrace one's identity is to style oneself in a way that feels natural to them. Be sure as well, to practice self-compassion. Be kind to self and engage in activities that bring joy and comfort.

✓ Gender Identity Interventions 11.2

SAIGE – Society of Sexual, Affectional, Intersex, and Gender Expansive Identities

Journaling, Counseling, Hobbies, Mindfulness, Internal Locus of Control

Cultural Identity

Cultural identity has been described as a multidimensional construct that is psychological in nature involving an individual's beliefs and attitudes related to ethnic and national group membership and the processes these develop over time (Meca et al., 2017). This is affected by many factors including personal identity development, psychosocial development, and experiences with racism which is also multidimensional and can include interpersonal, collective, cultural-symbolic, and sociopolitical contexts that can add stress (Harrell, 2000).

Harrell (2000) defines racism as:

"A system of dominance, power, and privilege based on racial and group designations rooted in historical oppression of a group defined or perceived by the dominant group members as inferior or undesirable and occurring in circumstances where members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values, and behavior that have the intent of leaving the non-dominant group members relatively excluded from power, esteem, status, and/or equal access to societal resources."



Video 11.1: When we put people in boxes, we lose sight of who they really are. ("Don't put people in boxes" by NewHope Church on YouTube.)

The dictionary defines race as "any one of the groups that humans are often divided into based on physical traits regarded as common among people of shared ancestry" (Merriam-Webster, n.d.). The dictionary's definition of race is incomplete and misses the complexity of impact on lived experiences. It is important to acknowledge that race is a social fabrication, created to classify people on the arbitrary basis of skin color and other physical features. Although race has no genetic or scientific basis, the concept of race is important and consequential. Societies use race to establish and justify systems of power, privilege, disenfranchisement, and oppression. Ethnicity is different from both culture and race in that it represents the social and cultural heritage that is passed to group members from generation to generation (Slavin et al, 1991).

Considering cultural identity involves understanding the differences between culture, race, and ethnicity. Cultural identity can go beyond race and ethnicity to include religion, social class, generation, gender, locality, and sexual orientation. Having a cultural identity in any area involves a sense of belonging to a specific group or community, shared characteristics such as language, values, traditions, etc., specific social interactions, and the fact that cultural identity is dynamic and constantly evolving. Cultural identity also affects wellness and mental health in that a stronger sense of cultural identity fosters resiliency and feelings of well-being, and a poorer sense of cultural identity contributes to depression, anxiety, reduction in well-being, and substance abuse disorders (Buckingham et al., 2023; Lee & Ahn, 2013).

✓ Cultural Identity Interventions 11.3

[How Embracing Your Cultural Identity Can Help Your Mental Health](#)

Cultural Identity Playlist [link?](#)

? Reflection Moment 11.1

1. How comfortable are you in discussing spirituality with clients?
2. Are you comfortable speaking with clients who are struggling with gender identity issues? Why or why not?
3. What is your confidence level in dealing directly with cultural issues?

These reflection questions are also available as a PDF download: [The Essential Self](#)

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12: Conclusion

Hopefully after exploring this text, you have a thorough understanding of what self-care is and why it is vitally important for not only your clients, but also for yourself as a clinician. Understanding the different areas of self-care should help you in formulating a treatment plan and increase your comfort level in speaking to clients about the benefits of self-care in their overall wellness.

As you have seen, there is a plethora of research supporting the addition of a self-care routine to each person's life. Self-care affects every area of an individual's life and gaining knowledge about the meaning, concepts, and interventions can be life-changing for you and your clients.

The focus on how self-care is related to overall wellness is also important as we, as counselors, view clients from a wellness perspective. This is an important part of our identity as counselors and can serve as a powerful tool in helping our clients achieve their goals.

Hopefully this text will encourage you to continue educating yourself about the various areas of self-care. Doing so will help you become an efficient self-care advocate in both your and your client's lives.

"If you don't make time for your wellness, you will be forced to make time for your illness." Unknown

Be Well.

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SECTION OVERVIEW

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Dr. Debra Majewski, LCPC, NCC

Dr. Deb Majewski earned a master's degree in Counseling and a doctoral degree in Counselor Education and Supervision, both from Governors State University. She is a Licensed Clinical Professional Counselor in Illinois. She currently works as the department chair and core faculty member at Trinity Christian College in the Clinical Mental Health Counseling program. She is also the owner of Balance Counseling and Wellness, PLLC with locations in Homewood and in Palos Heights, IL where she lives with her husband of 43 years.



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