Wholistic Self-Care for the Social Worker: A qualitative study positioning "The physical" in an Indigenous model of care practices *for* social workers.

by

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Dedication

This study is dedicated to: anyone who has ever felt as though they were struggling with their own wholistic health; anyone who has ever been uncertain about their stability within their own mental, emotional, spiritual and physical health; anyone who has wondered if they were going a good job in life as a Mother, Father, Partner, Friend, Sibling, Neighbour, etc.; anyone who has wondered if they are good enough as professionals; anyone who has been curious if others have made the same mistakes they have, or if others were thinking the same thoughts they were. I want to tell you that you are good enough, you are loved, others do think the same way, you are not alone, and you matter. I want to tell you it's okay not to be okay. I encourage you to explore your wholistic health and find ways that work for you to uplift and fill each and every realm of your health daily. As my son once told me, "practice makes permanent, not perfect…. No one is perfect". Be kind to yourself; take good care of yourself in all ways.

Abstract

My research explored the wholistic health and self-care (wellness) practices of ethnically diverse female social workers in Manitoba, Canada. This qualitative research study specifically explored how positioning the physical realm of health within Indigenous spirituality practices can benefit and promote the development of wholistic health and self-care practices for social workers. This research study used a Medicine Wheel model to create a physical well-being intervention program combined with Indigenous spirituality to address balance and wholistic self-care practices for social workers.

This study encouraged 13 women-identified participants to explore their personal stories of wholistic self-care. Participants completed pre-interviews prior to the physical intervention start date to assess their current knowledge of wholistic self-care, if and how they were currently practicing self-care, and to identify the challenges and barriers to self-care. The physical wellness intervention included ten sessions, took place one day per week, and included the following wellness activities: yoga, fitness classes, Ojibwe Full Moon Ceremony, Indigenous Sweat Lodge, beading and kickboxing. Each wellness activity began with a "check-in circle" and smudging ceremony and closed with a "check-out circle". Each wellness activity was facilitated by the appropriate leader (further described below). A guided program and space was created for women in the social work profession to allow them to acknowledge their personal and professional stressors and to increase wholistic self-care practices to cope with and prevent burn out, compassion fatigue and vicarious trauma. To close the study, post-interviews were completed by all participants to capture each of their individual stories and intervention experiences. The interviews gave space for the women to capture the benefits and lessons that they learned, or to acknowledge challenges with participation and with self-care. The pre- and

post-interviews were used to tell the stories of the participants and their journey of wholistic self-care and wellness. This research supported the participants to continue doing their "heart" work (social work) of helping children, youth, adults and families while providing a consistent, safe space to explore their personal and professional balance as helpers and practice their own wholistic self-care practices.

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Mary Kate, although our journey together has only been a couple years in length you have created a lasting impression on my journey of life, and I hope for a lifelong connection. Your knowledge, patience, guidance, support and motivation has carried me through this last leg of the academic journey. I appreciate you. I am grateful for you.

Finally, a very special thank you to the many individuals and participants within this study for being part of this crazy ride over the years, you know who you are! Each and every one of you have supported me, loved me, helped me out of dark moments, guiding me to see the light. You were there for me in your own special ways. I am forever grateful. Thank you for sharing your time, energy, stories and support for this project. I hope and pray for health and happiness for you all.

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Chapter I

Introduction

For the last 23 years, researchers have been exploring and writing about burnout, compassion fatigue and vicarious trauma, but what is changing? Social workers continue to have the highest rate of burnout, compassion fatigue and vicarious trauma among any profession (Miller, Lianekhammy, Pope, Lee, & Grise-Owens, 2017). There is a need for further research and organizational policies and practices to incorporate wholistic interventions for social workers to address, heal and manage the heavy client loads and transference of trauma. In addition, the social work profession needs to move towards implementing ideas and models that are would exist as *formal policy* and would create physical spaces for social workers to practice wholistic self-care techniques and methods both while at work and on days off. The research herein was designed to address this gap in the literature through a qualitative study with social workers in Canada.

Wholistic health practice involves understanding connection and balance in a person's physical, emotional, mental and spiritual health. This qualitative research study explored how positioning the physical health with Indigenous ceremony and spirituality practices can benefit and promote the development of wholistic health and self-care practices for social workers in Manitoba. I used a Medicine Wheel model in this research study to create a physical intervention combined with Indigenous ceremony and spirituality to address balance and wholistic self-care practices for social workers. This research used Kathy Absolon's understanding and definition of "holism": "My use of the spelling wholism indicates 'whole' as in wholistic, complete, balanced and circular" (Absolon K. , 2010, p. 75).

Through a physical intervention that I specifically created incorporating the mental, emotional, physical and spiritual realms of health, I asked participants to explore and share their life stories of balance, well-being and wholistic self-care. I wanted to create space, both physically and theoretically within the social work profession, to acknowledge, potentially increase knowledge, and express current methods of self-care practices to cope with and prevent burn out, compassion fatigue and vicarious trauma. I chose the issues of burn out, compassion fatigue and vicarious trauma with intent because I, as the researcher, have experienced these issues within my own personal journey. It is also important to note that due to the nature of the work and exposure to trauma, social workers are at high risk to experience these issues throughout their careers. This will be discussed and explored later in this study.

In this research study, the participants completed a structured physical intervention, as well as individual interviews with me, the researcher, group talking circles, group physical movement activities while also including teachings, discussion and participation with Indigenous ceremony and spirituality. Ultimately, the research explored how the participants can continue doing their heart work of helping children, youth, adults and families while creating and maintaining personal and professional balance in their own wholistic self-care health practices.

Definitions and Terminology

It is essential to define the key terms and concepts that framed this research. The following are key terms that were used in this research:

Social work and social workers. Key terms and definitions used within this research are: “social work”, and professional titles “social workers” and “Child and Youth Care Workers”. First, the Canadian Association of Social Work (2018) defines social work as:

> Social work is a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems. Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment and domestic violence. (para.1)

Second, the title social worker is defined by the Manitoba College of Social Workers (2018) as follows: "In Manitoba, only those individuals who are registered as members of the College can refer to themselves as a "social worker", "registered social worker" or any variation of the designation". (para 2)

In Manitoba, these different titles can hold a variety of formal and informal definitions. For this research study the general term social worker will be used throughout to describe the participants. It is important to note that the participants themselves often referred to themselves as "Helpers", which for this study is also included in the definition of social worker' and child and youth care worker. The participants within this study held a variety of educational degrees, training and personal backgrounds and are actively doing direct client service work.

Additionally, other key terms used within this research study are: Indigenous determinants of health, Indigenous person, medicine wheel, health, wholistic health, spiritual health, self-care, burnout, compassion fatigue, and vicarious trauma. Below are brief definitions for these terms.

Indigenous determinants of health. The National Collaborating Centre for Aboriginal Health (2018) includes the following for defining social determinants of health:

> Poverty, employment, working conditions, education and literacy, social status, social support networks, housing, physical environments, geographic location, access to health services, food security, early child development, gender, culture, and language are some of the complex and inter-related social determinants of health. (para 1)

The National Collaborating Centre for Aboriginal Health (2018) further states:

> While our centre brings forth a strong focus on the social determinants of health, we aim to move beyond health as conceived as a matter of illness due to bio-medical cause and effect, or lifestyle choices. We take the approach that Aboriginal ways of knowing and being, including concepts of spirituality, connectedness and reciprocity to the land and all life, self-reliance, and self-determination advance health equality and outcomes. (para 2)

Indigenous person. Throughout this study the phrase Indigenous, and/or Indigenous people will refer to the First Nations people, the Metis people, the 'Status and Non-Status Indian' people, along with any person that self-identifies as an Indigenous person to this land we call Turtle Island.

Medicine wheel. Lavallée (2009) describes the medicine wheel as "both a symbol and a tool to understand phenomena. It is a circle divided into four quadrants, or segments, which are separate but interconnected" (p. 23). (Figure 1)

Figure 1. Medicine Wheel. This figure illustrates the four dimensions.

Health. "Health is the balance between the physical, emotional, mental and spiritual: the four quadrants of the medicine wheel. Health also involves balance with others (family, community), with the environment, and with Mother Earth (Lavallee, 2009, p. 24).

Wholistic health. Throughout this study the researcher will use the term 'wholistic health' when referring to the interconnectedness of the Medicine Wheel and Indigenous social determinants of health: all four realms of health and balance as described above definition 'Health'.

Spiritual health. In this research study the term Spiritual Health will be defined as follows:

> Spirituality is recognizing and celebrating that we are all inextricably connected to each other by a power greater than all of us, and that our connection to that power and to one another is grounded in love and compassion. Practicing spirituality brings s sense of perspective, meaning and purpose to our lives. (Brown, 2015, p. 10)

Self-care. "Self-care is an essential social work survival skill. Self-care refers to activities and practices that we can engage in on a regular basis to reduce stress and maintain and enhance our short- and longer-term health and well-being". (University at Buffalo School of Social Work, 2019, para 2)

Burnout. "Burnout is a syndrome with emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment" (Rohling, 2016., p. 6).

Compassion fatigue. "Compassion fatigue refers to the potentially harmful symptoms and effects that are experienced by helping professionals who participate in trauma work" (Bourassa 2009., p. 215).

Vicarious trauma. Compassion fatigue can also be referred to as vicarious trauma. Charles Figley wrote about the term "vicarious trauma", connecting this with compassion fatigue and burnout. (Dombo & Gray, 2013). As cited by Pearlman, Saakvitne, & Buchele, 1995 in Dombo & Gray, 2013, Vicarious trauma "refers to the taking in of the experiences, emotions, and reactions of trauma survivors by professionals working with them in the healing process" (p.90) At an early date, Figley (1995) stated:

> We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren't sick, but we aren't ourselves. (p. 13)

Positionality

Kovach (2009), states "Absolon and Willett (2005) tell us that location is important. They remind us that self-location anchors knowledge within experiences, and these experiences greatly influence interpretations. Sharing stories and finding commonalities assists in making sense of a phenomenon" (p. 111). For these reasons, as the researcher I write in first person, positioning myself within this research. "When we self-locate, we represent our own truths. We represent our own reality" (Kovach, 2009, p. 109).

My name is Heather Robin Reimer (maiden name), the researcher in this study. My married name is Woodward. I am a fourth-generation Mennonite settler from Russia/Germany. Upon arrival in Canada my family settled onto the southwest prairies of what is now called Manitoba in both the urban area and the farming communities. I am the granddaughter to Anne (Dyck) and Cornelius Reimer on my paternal side and Margaret (Hildebrandt) and Bernhard

Giesbrecht on my maternal side. I am the daughter of Katherine (Giesbrecht) and Cornelius William Reimer. I am a non-Indigenous woman raised in St. James, Winnipeg, Manitoba. Growing up, I did not identify or relate with the statements above. Rather, I simply considered myself to be a 'city slicker' with a large Mennonite family. Frankly, I had no awareness or knowledge of who I was, where I came from or the mere fact that I was a settler to this land. In hindsight, I can see that I was ignorant to my privilege and took for granted my existence on this earth. It was not until much later in my life where I began to learn who I am, where I came from and what I was missing within my life. This study was derived my transformative journey of searching and finding balance for my wholistic health.

Rationale

The rationale for this research study was derived from my own personal journey. I have been a helper since 1998, officially receiving my social work degree in 2012. In 2008, I had been a helper for close to ten years. I had experience as a social worker helping/working with children, youth and families with all sorts of social and emotional "problems", such as addictions, mental health, housing, relationships, parenting etc. However, in 2008 after my second son was born, I found myself in a slump. I was tired. I was feeling tired all the time, had pains in my stomach, was overly emotional, and was not eating or sleeping well. I went to several doctors searching for the medical problem as clearly something needed to be wrong because of all the symptoms I was having. The doctors indicated that I was "stressed out", or "burned out" from working full-time, working a high stress/trauma job, being a mother and being a social work student. I was shocked at this statement and of course denied it. My internal response was "I am a helper, a social worker; I don't have problems. I help others with their problems". It was in my state of shock and denial that I continued to seek other doctors and

attend more appointments, including specialists searching for the answer and the solution. The results revealed there was nothing medically wrong with me. I was diagnosed with Irritable Bowel Syndrome (IBS), which is mainly caused by stress, poor diet and no physical exercise. My options at this point were go on medication for depression and/or change my lifestyle. At this time, I refused medication because I still believed there was nothing wrong with me mentally and that this was a physical problem that could be fixed. It was in this moment of my life that things truly began to shift and change.

I made a choice to start eating regular healthy meals, increased my water intake, minimized my caffeine intake, and working out (participating in home fitness programs). I lost just over 55 pounds in total. I began to feel much better, healthier and not so sick all the time, but something was still missing. I still felt detached and overly emotional and numb at the same time.

Although I came from a Mennonite family, my family was not much for practicing religion or going to Church while I was growing up. Mennonite was our heritage but not something we practiced. When I started making the connections between mental, emotional and physical health, I realized what was missing. I discovered I had been neglecting to acknowledge, believe in, and practice spirituality. My connection to spirituality came around 2010 when I began to be invited to attend, participate and learn about Indigenous spirituality through my University courses, as well as community relationships, including the Indigenous people with whom I was working. By learning about spirituality and connection through these personal experiences of participating in a variety of Indigenous ceremonies over several years, I came to know and accept I was not balanced in my overall well-being. I had to admit to myself that I was experiencing burnout, compassion fatigue and vicarious trauma from the work I do. When I

acknowledged this and made the personal connection to the four realms of health, I began to see and feel wholistic care and balance. Slowly, in combination with working out/fitness, I began connecting my emotional, mental, physical health to my own spiritual health. I began to find, believe in and create wholistic health *within* myself. I became a stronger, healthier woman, mother and social worker who can do the heart work in a more positive, healthy manner. I learned to live my life in a good way and knew I wanted to support other social workers in finding, believing in and creating their own wholistic health and balance to live a good life.

> This approach is based upon Indigenous relational worldviews and philosophies, particularly the Medicine Wheel and the understanding of respectful individualism and communitism. It holds spirituality as a central pillar and has several key concepts: wholeness, balance, relationships, harmony, growth, healing and *mino-pimatisiwn* [the good-life] (Hart, 2009, p. 35).

As I continued on my journey of wholistic self-care I came across the problem of trying to locate self-care practices that combined a wholistic health perspective with a hands-on tangible approach. As a social worker I learned a lot about the theory of self-care practices from articles during my academic classes and even heard about self-care from people in the field. I became very skilled at being able to cite what self-care is, knew some great, easy, "do-it-yourself" self-care methods, and some affordable approaches to self-care. I was also be able to provide ideas and resources on how to create a healthy work-life balance for the client. I encouraged them as the "client" to give and allow themselves time for self-care, explaining all the reasons why. I felt knowledgeable about informing my clients that self-care is essential for healthy living and required to live a healthy, meaningful, well-balanced life. However, I was not practicing what I was preaching. The story I told myself was that I had no time to practice self-

care as I was too busy helping everyone else. I also told myself that I did not need help, I was okay, and it was others who needed help, support etc. As the connections were made personally it became obvious to me that I was struggling with balance and allowing time for myself to take care of my overall well-being. It was this realization that led me to question, "If I was struggling with this, how many other social workers are struggling, too? Are there others out there not recognizing their own signs and symptoms of burnout, compassion fatigue, or vicarious trauma? Are other social workers connecting these problems with themselves? Are workplaces providing training, support, supervision and space to practice self-care at work? Are social workers educated and encouraged to create and maintain home-work life balance?" My story and these questions were the driving force of this research.

This is a problem, a major problem. Without proper attention to self-care, social workers are at high risk for burnout, compassion fatigue, vicarious trauma and poor wholistic health in both their work lives and their home lives. Like many social workers I was educated within the Western, Eurocentric system of education and taught about the four realms of health: emotional, mental, physical and spiritual, but these realms of health are usually studied individually and/or in a linear model as in you accomplish one and then another. They also did not often include the importance of self-connection and awareness.

The following literature review is not exhaustive to all literature on self-care practices and social workers. This literature review will explore what self-care is, the importance of self-care, what type of self-care is available, the strengths and challenges of this, and what more is needed for wholistic health self-care practices. This literature review will examine several articles on the importance of self-care, social workers and wholistic health practices, using an Indigenous lens.

Chapter II

Literature Review

According to the 2006 Canada consensus there are 102,360 social service (social workers) and community workers (including child and youth care workers) in Canada (Labor Market Information, 2018). Manitoba currently has 2,005 registered social workers, not including community service workers or child and youth care workers that perform social service work. This is a significant number of social workers and other helping professionals supporting and working with people impacted by trauma.

Social workers have an extremely difficult job. They are working with people, often at the lowest and most stressful moments of their lives. Many social workers spend their work day listening to, reading about, visually experiencing and mentally and emotionally being exposed to trauma. Social workers work directly and indirectly with victims and offenders of trauma. Trauma such as abuse (physical, mental, emotional, and spiritual), violence, death, separation from family, natural disasters and much more (Bourassa, 2009). If is important to know that the clients may come from their own traumatic lived life experience(s) that either happened in the past and/or they are continuing to live with in present moment. Additionally, it is important to know that social workers may have also had their own traumatic lived experiences.

Self-Care

To manage and cope with trauma that both the clients and the social workers experience it is important to take care of themselves wholistically. Newell and MacNeil (2010) define self-care as:

> The Chronic day-to-day exposure to clients and the distress they experience may become emotionally taxing on social workers or other helping professionals, resulting in the

> experience of conditions known as secondary traumatic stress, vicarious trauma, compassion fatigue, or ultimately, professional burnout. (p. 58)

As stated above, self-care is caring for the self. Weekes (2014) draws from Dorothea Orem's self-care theory in developing a definition. Although the definition and theory originated from the health care setting, specifically from nursing, it is useful within this study to define and understand the basic meaning of self-care. Orem states that, "self-care involves activities solely initiated and performed by individuals for the maintenance of their well-being" (as cited in Weekes, 2014, p. 58). Self-care is often referred to as an activity people do when they are already exhausted. It was common for me to hear statements such as "I am overwhelmed, it's been a tough day. I need some self-care" over the course of my career. Most of these statements are followed by a small list of things they may do to achieve 'self-care' such as: having a bubble bath, having a glass of wine, taking a nap, or going shopping. Another common understanding of self-care would refer to exercise: "Self-care traditionally focused on participation in physical activities, such as going to the gym, running, yoga, and so forth" (Miller et al., 2017, p. 877).

It is imperative to recognize that self-care is so much more than a bubble bath or going for a run at a time of exhaustion or feeling overwhelmed. Wholistic health self-care practices correlates to the social worker recognizing the signs and symptoms of their burnout, compassion fatigue and vicarious trauma. It also requires the social worker to practice their personalized self-care plan by using their unique skills and techniques regularly to intervene and/or prevent burnout, compassion fatigue and vicarious trauma. Grise-Owens et al., 2016 and Kanter and Sherman (2017) support this concept: "self-care is how people take care of themselves before and during and after work- i.e., not work-life balance, but life balance" (as cited in Miller et al., 2017, p. 878). The National Association of Social Workers (NASW) (2016) also speaks to the

wholistic health and wellness for social workers as self-care. “Wellness exists on a continuum. Common aspects of social worker wellness involve: physical health, mental health, social connections, economic vitality, and emotional, spiritual and cultural relationships” (p. 5).

Self-care importance. The terms burnout, compassion fatigue, and vicarious trauma, as defined in the Definitions and Terminology section, deserve a more comprehensive explanation in order to fully appreciate the importance of self-care for social workers. Burnout is “a cumulative sense of exhaustion, being overwhelmed, frustrations, and reduced self-efficacy in response to stressful occupational factors” (Gregory, 2015, p. 373). Occupational factors would include work load, high caseloads and the overall job expectations within the social service profession. Burnout is that feeling of being overwhelmed with the job. Compassion fatigue is “the exhaustion and negative emotional, physiological, biological, and cognitive effects resulting from the cumulative effects of empathic engagement with, and secondary exposure to, trauma” (Gregory, 2015, p. 373). This refers to the social worker becoming exhausted from taking on the ‘trauma’ of the client mentally, emotionally, spiritually and physically consciously or unconsciously. Vicarious trauma is “a process of [cognitive] change resulting from [chronic] empathic engagement with trauma survivors” (Pearlman, 1999, p. 52) (as cited in Newell & MacNeil, 2010, p. 60). Newell and MacNeil (2010) further explain vicarious trauma as: “alterations in one’s sense of self: change in world views about key issues such as safety, trust and control” (p. 60).

Social work is heart work, meaning social workers not only have to make decisions and case plan from the policy and procedure manuals of the profession, but they are responsible for working with humans and their lives. This work should not be done without connecting to one’s heart. Wholistic health self-care practices are essential tools, skills and practices that must be

incorporated into the educational training and daily practices of every social worker. Social workers take years of training to learn ethical, appropriate and professional skills and techniques to care for clients, but there is not enough is emphasis on caring for themselves as the social worker. Without proper wholistic self-care practices, according to Dombo and Gray (2013), the following will occur:

> Professional changes were seen in decline in work product, poor morale, and lack of connection with colleagues. Interpersonal changes were seen with social isolation, difficulty in intimate relationships, and changes in parenting. Intrapersonal transformations included changes in emotions (feeling depressed or powerless), behaviour (being hyper-vigilant), cognitions (distortions about competence), and spirituality (anger at God, challenging prior religious beliefs). (p. 91)

The above information is further supported by the NASW (2016), which refers to social workers' work duties and roles, including working with children, youth and families impacted and effected by abuse, trauma, terminal illnesses, addictions, violence and overall difficult, stressful situations. Social workers exposed to this type of work continuously are more susceptible to "depression, anxiety, irritableness, and poor interpersonal & family relationships" (NASW, 2016, p. 2). They are also more likely to "engage in negative health behaviours (i.e. poor nutrition, reduced social ties and physical inactivity) that eventually affects their own quality of life and practice effectiveness" (NASW, 2016, p. 2).

This leads to the question, if social work clients require support, therapy, guidance and resources to manage their traumatic experiences would not social workers require similar supports or care? My research argues that the implementation of wholistic self-care practices helps make social workers better practitioners as well as more healthy and balanced people.

Types of self-care. Often, self-care for social workers is viewed as an either/or approach. Social workers either practice self-care for themselves as an individual in their personal lives, or they practice self-care as a worker/student in their professional lives. Current theories and suggestions that are available to social workers to cope with and/or intervene with burnout, compassion fatigue, and vicarious trauma seem to support this approach. The either/or approach also works well in collaboration with the Western, or Eurocentric perspective of examining or managing one problem at a time. The researcher understands this method as compartmentalizing, identifying each realm of health as an individual section or problem area (physical, mental, emotional, spiritual, and social health). As stated above in terms and definitions, to achieve wholistic health self-care practices the social worker needs to work form a wholistic health perspective.

In the physical realm of health, Newell and MacNeil (2010) suggest that physical health be addressed by "good nutrition, maintaining 'good physical health', efficient sleep each night, and even others form of self-care such as drawing, art, journaling cooking and being outdoors" (p. 62). They suggest that regular physical activity would improve the well-being of the person. Articles also state that physical activity reduces the onset of anxiety and depression (Newell & MacNeil, 2010), which are all symptoms and potential hazards of burnout, vicarious trauma and compassion fatigue. There is also research on how physical activity combined with mental health will improve the overall well-being of the person.

Further research suggests that managing and addressing mental/emotional realm of health through self-care practices will also improve the well-being of the person. Suggestions for ways to manage mental and emotional health in the workplace are "setting realistic goals with regards to workload and client care, utilizing coffee and lunch breaks, getting adequate rest and

relaxation, and maintaining positive connections with close friends and family" (Maslach, 2003a., as cited in Newell & MacNeil, 2010, p. 62). Mindfulness is one way to practice relaxation, rest and breaks. According to minful.org, mindfulness is a mental training practice that uses a combination of breathing and grounding techniques to the person practicing to focus in the present moment. The website, further adds to the definition by stating: "Mindfulness is a quality that every human being already possesses, it's not something you have to conjure up, you just have to learn how to access it." (para 4) Mindfulness is often used to manage stress and find balance within a person's emotional and mental health.

Dombo and Gray (2013) address the spiritual health realm for social workers directly in their article. They state that spiritual practice can include "spiritual reading, attending religious services, meditation, prayer, or anything that helps the social worker to find meaning beyond self, meaning in relationships, and meaning in clinical practice" (p. 95). They also connect the spiritual health realm with the physical health realm, stating: "In the same way that physical exercise can reduce stress, regular spiritual practice of prayer, chanting, meditations, drumming or any practice that supports the meaning of life can reduce stress" (Koening, McCullough, & Larson, 2001, as cited in Dombo & Gray, 2013, p. 96).

This article also included practical, tangible hands-on spiritual practice techniques that could be incorporated at all levels (macro, mezzo and micro). At the macro level, assessments of the current policies for each agency, procedure and program can occur and improvements can be made post-assessment: "To further foster spiritual self-care, organizations can create sacred spaces for social workers to meditate, pray, and reflect on their work. They can allow workers to schedule breaks to use this space or engage in other spiritual practices" (Dombo & Gray, 2013, p. 93). At a mezzo-level, mentorship can be incorporated to allow the older social workers to

mentor and share their self-care practices with the new social workers. Dombo and Gray (2013) also suggested that communication can occur between the supervisor and the employee regularly. At a micro level, social workers can practice self-care themselves and build on their efforts and technique to include self-care and spirituality in their practices (Dombo & Gray, 2013).

To remain congruent with the wholistic health definitions and practices, the social worker would need to be actively practicing self-care in both the individual (personal life) and work/educational (professional life). They would also need to simultaneously ensure that they are addressing all four realms of health to achieve wholistic health self-care. As shown above there are several ways in which to address self-care and practice traditional self-care techniques individually and/or in a combination of one or two realms. What is missing is that there seems to be few if any documented ways to practice wholistic self-care for the social worker. So far, the question remains, why is wholistic health self-care so difficult to achieve?

Difficulties in Accomplishing Wholistic Health Self-care Practices

Accomplishing wholistic self-care can be difficult. One reason is, "Little is known about social worker wellness" (NASW, 2016, p. 3). What also seems to be evident is that there are suggestions, ideas and basic guidelines for what self-care is, but there is no physical space that offers wholistic health self-care practices for social workers. Furthermore, it seems evident that most of the self-care practice methods are also designed and written for the client, rather than for the social worker. Further, there seem to be minimal if any social service systems, agencies and workplaces that offer a practical, hands-on model from which to work. The social worker can do a self-assessment and become aware of their burnout or stressors or risks. They can learn about how going for a run, a yoga class or mindfulness also can be beneficial. They can even

spend time with their supervisor creating a plan on how to better balance their work load. However, if there is no physical space to accomplish these tasks or practice the learned skills and techniques along with an environment that promotes and encourages wholistic health self-care, how can the social worker accomplish wholistic health self-care?

Miller et al. (2017) advocate for the need for the workplace not only to promote self-care, but to provide space within the workplace to practice self-care: "Self-care is not an 'extra'; it is an 'essential'" (p. 879). Working from a linear model and framework is a Western ideology, which I argue is what makes wholistic self-care practices difficult to accomplish (Hodge, Limb, & Cross, 2009). The above information and ideas come from this Western worldview of resolving, exploring and addressing one problem and/or stressor at a time. This ideology is not and has not worked wholistically as it often leaves the other aspects of well-being unaddressed. Social workers continue to work from the same models and suggestions as mentioned above. More awareness and training about the same thing, compartmentalized self-care tips and suggestions is not the answer. However, using an alternate framework will address self-care more comprehensively.

Trying harder at something may achieve results in the end, but what about trying differently, too? Working from an Indigenous perspective such as the circular model described by Hodge et al. (2009) and using the medicine wheel framework as described by Lavallée (2008) has resulted in great success and allows individuals to strive towards awareness and balance. Hodge et al. (2009) state that "health and well-being are the results of the complex interplay among our spirituality, physical status, cognitive and emotional processes, and environments. When all four areas are in balance, we are said to be healthy" (p.215). Lavallée's (2009) use of the medicine wheel, as shown above in Figure 1, displays the circular model that Hodge et al.

(2009) speak about. Lavallée (2009) uses the medicine wheel to display the realms of health. These models emphasize the necessity of balance and that a social worker cannot truly address one problem area without addressing the others, hence the interconnectedness of the circle and to all realms of health.

Accomplishing Wholistic Self-Care Health Practices

Wholistic health self-care practices can be achieved by changing the available knowledge, models, and Western preconceived understanding for social workers. Practicing an Indigenous perspective and/or model by listening to the Elders and the Knowledge Holders and learning other ways to create and build upon wholistic self-care for the social worker is a solution. Voss, Douville, Little Soldier, and Twiss (1999) describe this perspective from a Lakota perspective: "Mental and physical health are viewed as inseparable from spiritual and moral health. The good balance of one's life in harmony with the *wo'ope*, or natural law of creation, brings about *wicozoni*, which is both individual and communal" (p. 234). This is one perspective only, and it is essential to know and understand that there are many Indigenous ways, teachings and perspectives. No one tribe or nation represents the majority or all for Indigenous people. Voss et al., (1999) further write,

> Rather than viewing the individual as a mind-body, good-evil, healthy-sick duality, as Western psychiatric thinking has done, traditional Lakota philosophy views the individual person as unexplainable creation with four constituent dimensions of self that reflect the Lakota view of reality. When all these dimensions of the self are aligned or in balance, one experiences *wicozani*. When any one of these dimensions of self is out of alignment, one experiences imbalance (*towaci'cow'pta*), or having "one's head on its

> side" (Amiotte, 1992). Ceremonial and spiritual practices help the individual find balance, harmony and good health. (p. 234)

Miller et al. (2017) state that "the profession should more proactively promote the value of self-care. Though research suggests that social workers increasingly see the value of self-care, data from the current study suggests this value has not yet been actualized" (pp. 878-879).

Studying wholistic health self-care in the Western/Eurocentric traditional sense, from going for a run or taking a yoga class, is not always helpful to all people. A one-size-fits-all model does not work for wholistic health self-care practices. Wholistic health self-care practices must be unique to each individual and must meet needs of all four realms of health. There also must be space to practice these techniques and environments that begin to learn and accept the language of wholistic health self-care. This includes personal spaces and professional spaces.

Lavallée (2008), speaks well to wholistic health throughout her research and practice. In her research, she examined a pre-existing martial arts program through the Native Canadian Centre of Toronto to enhance understanding of a physical health practice that promotes connectedness to all four realms of health, which is wholistic health. She addresses the Indigenous social determinants of health thoroughly. "This program is not just a physical recreation activity, it is also a social cultural and spiritual program" (p. 65). This research demonstrates the possibility of including every aspect of well-being and balance when working on self-care. Lavallée's (2008) research includes sharing circles; self-expression through art, which tends to the emotional; mental realms; physical activity; and spirituality. In order to include the spiritual realm within her research, Lavallée (2008) ensured there was direct access to an Indigenous Knowledge Holder during her program and research. A Knowledge Holder

was accessible every step of the way for the participants and they were given space and time to reflect upon their experiences as a group in their sharing circles.

The NASW (2016) also speaks to wholistic health, addressing the idea of connection and all areas of balance. "Wellness exists on a continuum. Common aspects of social worker wellness involve physical health, mental health, social connections, economic vitality, and emotional, spiritual and cultural relationships" (p. 5). It further highlights the essential need to include physical activity into our daily practices: "An uptake in physical activity creates positive physiological and mental health changes" (p. 5).

Additional articles written using an Indigenous perspective highlight wholistic health to achieve balance in one's life. Hodge et al. (2009) address the wholistic health self-care in their article but focus on the client and not the social worker. This perspective can easily be adapted to work with the social worker as well. As stated earlier, the hazards to doing social work are burnout, compassion fatigue and vicarious trauma, which are all the same struggles as the clients. Social workers helping clients recover from trauma should practice what they teach.

More and continuous education, opportunities for awareness, and places to practice self-care need to be available. Workplaces need to acknowledge the trauma their social workers are absorbing daily and provide more hands-on tangible support. There need to be mental health days, daily reminders of self-care, weekly and (ideally) daily opportunities to practice on-site workplace self-care. This could entail mindfulness activities, breaks, guided exercises over lunch hour, and de-briefing all critical incidents both individually and as whole (team/office). There need be realistic, obtainable wholistic health self-care plans created with the social worker upon their hiring with regular reviews and individual check-ins with their supervisors.

There is a clear need to seek out, listen, and learn about the many ways of knowing, helping and healing, including Indigenous ways, to support the self-care of social workers. There is a clear need to update and increase research in the areas of wholistic health self-care practices for social workers. This literature review reveals that there is minimal current information from a Western perspective that offers or suggests more beneficial, defined or structured wholistic health self-care practices. There is a need to conduct further research in this area using a wholistic perceptive; such as an Indigenous perspective, using the social determinants of health. The lack of research involving interconnectedness between all four realms of health including mental, spiritual, emotional, and physical is problematic.

Research Question

My main research question for this study is a result of my own positionality and rationale being combined with the gaps in knowledge about self-care. The question that guided this research was: How does the use of physical activity combined with spirituality contribute to the exploration, understanding, expression, and telling of a social worker's journey in seeking/maintaining balance in wholistic self-care practices? The following sections will describe the research design and intervention that was conducted.

Chapter III

Methodology

Research Design

The goal of the research was to create a space for the participants to gather and to participate in individual interviews pre-and post-study, in collective talking circles pre-and post-physical intervention, in circle check in/outs (start and end of each intervention date), and the physical intervention offered weekly for ten weeks. In total the study was 15 weeks in length. This study works within both the collective and individual perspectives. Collectively, the study aimed to allow the participants to build a stronger relationship with me as the researcher, but also to nurture relationships with each other as group members and fellow social workers while exploring their position of physical wellness in their wholistic self-care. Simultaneously, this study provided physical space for the expression of the individual participants self and their story. This research also had the inclusion of Indigenous ceremony and spirituality which should affect all aspects of their wholistic health: physical, mental, emotional, and spiritual health.

Relationality

As the researcher, I wanted to ensure I was conducting my research from a decolonizing lens. In order for me to honor this I knew that building relationship and connections were vital within this research, not only with the participants but in the *whole* of the research. I specifically chose to conduct the research over a 15-week period to ensure that both the participants and I were given ample time to build our collective and individual relationships with each other and the study. Connecting relationships and spirituality was vital to this research. Relationships or relationality was one of the foundations of this study; it was part of the framework. Without relationship, the necessary connections could not have been made to gather the information from

the participants. Indigenous scholars (Kovach, 2009; Wilson, 2008; Chilisia, 2012) all refer to the importance of relationships, not only with the participants, but the community, the land, the spirits, and oneself while conducting research. Wilson (2008) states;

> the research must accurately reflect and build upon the relationships between the ideas and participants. The analysis must be true to the voices of all the participants and reflect an understanding of the topic that is shared by researcher and participants alike. In other words, it must hold relational accountability. (pp. 101-102)

Within this study familiar relationships for participants was used. I drew from the writings of Kovach (2009), who in turn referred to the writing of others such as Cora Weber-Pillwax and Michael Hart when highlighting the importance of relationships. Weber-Pillwax accessed relationships with people she had known for a long time, "not in terms of knowing their personalities, but their connections" (in Kovach, 2009, p. 126). In addition, Hart states "research participants are those with whom he has some form of pre-existing relationship" (in Kovach, 2009, p.126). Having the connection and/or previous relationship was integral to the trust amongst the participants and me. I wanted to honour those relationships and recruited the participants via email and through personal contact. The participants were known to me from the social work profession within Manitoba. As part of my teachings from within the Indigenous culture and with guidance from the Knowledge Holders involved in the study, I approached each potential participant with respect by offering each of them a tobacco tie when asking for their consideration of participation in the research.

Story Sharing

This research captured the stories of each social worker as they participated in this study. From the beginning interviews, to the talking circles and physical interventions, the social

workers shared, discovered, and expressed *their* story of wholistic health. Kovach (2009) describes two common forms of stories. She states:

> There are stories that hold mythical elements, such as creation and teaching stories, and there are personal narratives of place, happenings, and experiences as the kokoms and mosoms (Aunties and uncles) experienced them and passed them along to the next generations through oral tradition. Both teach of consequences, good and bad, of living in a certain way. (p. 95)

She also states that "Oral stories are born of connections within the world and are thus recounted relationally. They tie us with our past and provide a basis for continuity with future generations" (p. 94). Working on the wholistic health of the social worker should include sharing their story in a way in which feels right and safe for the participant. Sharing their stories with each other was how the group would be learned and how their strengths and balances would be discovered. I built on the trust, connection and relationship through story to create a culturally safe environment for the participants to share their experiences. For this study, I used personal narratives from the participants to learn from each of them personally.

Indigenous Knowledge Holders

There were two Indigenous Knowledge Holders supporting this research for the duration of the study. The first knowledge holder was Ed Azure, a Cree Elder from The Pas, Manitoba. The second knowledge holder is Sherry Copenace, an Ojibway Elder from Ojibways of Onigaming in Ontario on Treaty 3 territory. The role of the Knowledge Holders was to guide the study, and to provide support to me as this study moved forward, ensuring it was done in a *good way*. The Knowledge Holders were also available to offer support to each of the participants through the study by offering emotional, mental and spiritual support, along with teachings

involving the medicines used with smudges and other spiritual ceremonies. The spiritual ceremonies that were offered were a Women's Full Moon ceremony and Sweat Lodge. Knowledge Holders were encouraged and welcomed to participate in the physical intervention if they chose, but it was not be a requirement of the study.

Recruitment

The participants were recruited through personal communication by email and/or one-to-one conversation (See Appendix A). The participants were known to me through personal and professional networks and recruited because they felt they may benefit from practicing wholistic self-care. The participants were required to meet the following criteria:

a) Identify as women
b) Educational background in social services and/or is currently working towards a degree in the social services field. An accepted status was also that the participant had a combination of formal education experience and working within the social service profession.
c) Race and ethnicity identity disclosure was voluntary
d) Physically able to participate in the physical intervention portion of the study to the best of their ability.
e) Willing to explore and participate in the Indigenous ceremonies and teachings to the best of their individual comfort level

Participation came in the form of full participation in the activities as well as sitting and listening politely at each teaching and/or ceremony. The participant's attendance was strongly encouraged so that they could attain the potential full benefits of the study.

Of the 15 participants that were recruited, two participants needed to withdraw after the start of the study due to personal reasons. Of the 13 who participated in the study and completed all of the activities, the participants came from a variety of social work backgrounds. They held jobs in the following: Justice/Probation Services, community-based counselling, office-based therapy, medical model environment (doctor's office), school settings, addiction treatment centre, and child welfare. The women in the project were given the option of how they wanted to identify in terms of who they are and where they come from. The responses varied: some of the women self-identified as First Nations, Indigenous, Metis, Non-Indigenous, Mennonite, Cree and/or Ojibwe people. Others identified themselves by their birth name and residence only.

Physical Intervention

The physical movement portion of the study was included at each gathering, held once per week at an alternating location for ten weeks. Each week offered a different and/or varied physical movement activity facilitated by a personal trainer or certified trainer from within the specific activity. The physical intervention occurred over ten weeks, with ten individual sessions. Each session was approximately two hours in length. The first 30 minutes was used for checking in and smudging, the next hour was the physical movement activity, and then approximately 30 minutes for checking out as a group, with the exception of the Full Moon Ceremony and the Sweat Lodge Ceremony.

It is also important to note that I chose each activity specifically and with intention. The physical activities that were chosen were personal for me and truly helped me on my own journey. Some of the activities are traditional or typical activities society might associate with fitness or physical exercise, such as fitness activities lead by a fitness instructor, kickboxing, and yoga. I feel it is important to acknowledge, as the researcher, that activities such as kickboxing

(Maui Tai) and yoga have been critiqued for their cultural appropriation practices. The intention of using these activities within this research was to share physical movement and breathing technique with the participants, exposing them to a variety of forms and styles of physical movement. I will also note that each participant was aware of the activities each week and their participation was voluntarily throughout.

Furthermore, although the activity of bracelet making may not be typically considered physical, I wanted to bring awareness to alternative activities and other forms of being physical. Making bracelets involved being consciously minded, choosing the chakras that were meaningful to each participant, but also using your hand/eye connection to participant in the activity.

Lastly, I wanted to mention that both the Full Moon Ceremony and the Sweat Lodge Ceremony encompass the physical health realm but not in a typical sense of fitness. Both ceremonies teach about and give space to letting go and healing. In the Indigenous ways of knowing and doing these ceremonies promote this type of physical health. In the Full Moon Ceremony this is done through prayer and verbal (internal and external) expression of words (whatever we as women need to let go of) and in the Sweat Lodge Ceremony it is through physically sweating and cleansing ourselves from the heat and medicines for the lodge.

These ceremonies were opened and closed with the Knowledge Holder's lead. The 10 sessions included the following:

- **Session 1**: The women met outdoors in a park with Fitness Instructor Tanya Lee. She led the group through some basic stretching and breathing exercises.
- **Session 2**: The women met at an alternate park to harvest medicine (Sage) while walking through the marked paths.

- **Session 3:** The women gathered to participate in a Full Moon Ceremony facilitated by Knowledge Holder Sherry Copenace.
- **Session 4:** The women participated in a yoga practice based in breathing and mindfulness led by certified Instructor Jetandra.
- **Session 5:** The women met again with Tanya Lee for further fitness classes, this time using a variety of personal weighted exercises and other fitness equipment.
- **Session 6:** The women gathered indoors (due to weather) and met Knowledge Holder Vern Dano. The women were set to learn about Indigenous games but due to the space and weather Vern spent the time teaching about traditional foods, eating healthy, and self-care.
- **Session 7:** The women gathered to work on bracelets led by facilitator Amanda Smith. The women learned about their personal energies and placing together chakras and other stones on their bracelets.
- **Session 8:** The women gathered at a local kickboxing gym and learned basic kickboxing movement with Trisha Sammons and Tanya Lee.
- **Session 9:** The women were supposed to gather for their 2nd yoga session, but the instructor was unavailable. Instead the group searched for fun, do-it-yourself YouTube fitness sites and we practiced some basic movements and stretching together.
- **Session 10:** The women gathered for their final group and participated in a Sweat Lodge facilitated by Knowledge Holder, Ed Azure.

The participants were given a detailed schedule on June 30, 2018 with the intervention dates and times prior to the July 26, 2018 start date (Appendix I). The participants were asked and encouraged to attend at least six of the ten intervention dates to fully receive the benefits of the study. Again, this was not mandatory, but was strongly encouraged.

Tanya Lee Viner, a certified personal trainer, was the main instructor for the guided physical movement portion of the study. Tanya Lee has a social services career and knows first-hand what it is like to work within the social work profession and the importance of self-care. Tanya Lee has spent the last two years working on her own wholistic health and received her certification as a personal trainer in January 2018. Further, the study intervention had a certified yoga instructor, Jetandra (refers to self-first name only), for one intervention date. Another facilitator, Vern Dano, is a Knowledge Keeper and cultural elder in Winnipeg and areas surrounding. His people are from Winnipeg Treaty 2 plains Ojibwe and Treaty 4 plains Cree. Vern Dano taught and led one intervention date as well. He focused on Indigenous games, social worker well-being and healthy life style.

Data Collection

Data collection occurred through pre- and post-audio recorded and transcribed interviews. Prior to the commencing of the study, I offered tobacco to Cree Knowledge Holder, Ed Azure, to honour the study and to honour Indigenous ways of knowing that guided this research. I also offered the Knowledge Holder Sherry Copenace tobacco as I asked for her guidance and support with facilitating the Full Moon Ceremony for the participants. I also held a small feast, smudge and prayer privately asking for and giving gratitude for guidance received to that point and the guidance I would receive throughout this research. Data was collected from one-on-one interviews with each participant both prior to the study intervention start date and post-intervention. The purpose for the interviews was to allow myself to build a better relationship with the participant and to allow me to gain an understanding of the participant's wholistic health. The information gathered from the interviews was used for the final study data analysis. All interviews were approximately 60 to 90 minutes in length and were audio recorded

and professionally transcribed. Each participant was given the opportunity to read and review their interview transcripts for editing. They were also provided a copy of their interviews at the end of the study. The interviews were guided by a list of pre-set questions (Appendices D & E). I kept the interviews to the guided questions, but also allowed and encouraged the participants to have "the greater control over what they wish to share with respect to the research question" (Kovach, 2009, p. 29).

I also used talking circles as a form of informal data collection and relationship builder. A method used to gather and share knowledge and experiences from groups of people within the Indigenous worldview is often known as a Sharing Circle. Kovach (2009) describes a Sharing Circle as:

> In each of these occasions, a person is given a chance to speak uninterrupted. The talking circle symbolizes and encourages sharing ideas, respect of each other's ideas, togetherness, and a continuous and unending compassion and love for one another. The circle also symbolizes equality of members in the circle. (p. 213)

Lynn Lavallée (2009) further states; "Sharing circles use a healing method in which all participants (including facilitator) are viewed as equal and information, spirituality, and emotionally are shared" (p. 29). Lavallée (2009) notes that "Circles are acts of sharing all aspects of the individual- heart, mind, body and spirit" (p. 29)

Within this study, I used the talking circle format, instead of the sharing circles. I have come to understand from traditional Indigenous teachings provided throughout my life that 'sharing circles' are sacred, and stories shared within them cannot be recorded nor taken outside the circle. Rather, a talking circle was held prior to the invention and another talking circle was held post-intervention. The talking circles were not audio recorded but were used for

participants to begin their journey within the project and to provide closure at the end of the project. Although they were formed in a similar manner as a sharing circle, the stories and knowledge from the talking circle were used for the purpose of beginning and closure. The talking circles will be guided by me and supported by the participants. The talking circles were guided and led with questions (Appendix F). The talking circles maintained an open structure for participants to share from their heart. Talking circles were used in the study to include and incorporate the participants' wholistic health. These circles also provided the opportunity to promote relationship building within the group, participants' individual healing, and an opportunity for the participants to learn from one another. These circles included smudging with traditional medicine (Sage) that I was gifted with from other people and/or community members over the course of the year and was given permission to use.

Data Analysis

I used a general inductive approach combined with thematic analysis (Braun & Clark, 2009) to analyze the data collected from the study and intervention. All data was professionally transcribed and re-read by me to ensure accuracy. Following thematic analysis procedures, the data was coded using computer software program Dedoose and organized into themes. Memos were written to clarify the meaning of each theme and each transcript was reviewed to ensure that the themes were representative of the participants' experiences. I used these data to write the final report for the study, in this case, a thesis. A summary of the findings were shared with each participant.

Validation

To obtain validation for the study and intervention I included the collected data, the participants and the advisory council. I provided the participants with a copy of their transcripts

from the interviews and invited feedback. I also made any amendments needed to ensure the comfort of each participant and incorporated their feedback. At the last talking circle for the study, I provided a small feast for all the participants, inviting participants to further share feedback and experiences of the study. I also conducted final one-on-one interviews with each participant, again inviting the opportunity for them to share the experiences of participating in the study. Finally, I honoured the participants with cards of appreciation.

Ethical Consideration

As the researcher, I acknowledge that I am a non-Indigenous person that created this research and intervention study under supervision from an Advisory Council associated with the Master of Social Work Program based in Indigenous Knowledges from the University of Manitoba. This Advisory Council included two Indigenous Knowledge Holders, an Indigenous academic professor from the Faculty of Social Work with the University of Manitoba and a Director for Indigenous Engagement from the Faculty of Kinesiology. The study used my personal memoir, experiences and journey to build relationship, respect, responsibility and reciprocity with each participant (Indigenous or non-Indigenous). This research study was not funded by the university, an agency or organization.

This study is not and was not intended to work solely or specifically with Indigenous people or communities, but rather, to involve social workers who have worked with Indigenous and non-Indigenous peoples in a helping capacity. This research study was intended to work from an inclusive, decolonizing, Indigenous perspective, including and working with social workers from any/all types of backgrounds, ethnicities and cultures. I understand that when conducting any sort of research for this study it would involve working with all people and the

spirits of all beings. It is important to remember to do the work in a 'good way'. Kovach (2009) describes the relationship between values and ethics:

> In Cree, the word *miyo* means 'good, well, beautiful, valuable.' The word 'ethics' is not differentiated (Wolvengrey, 2001a: 109). Values and ethics are interconnected and are about *miyo*, about goodness. In thinking about Indigenous research ethics, the overarching theme is to conduct oneself in a way that reflects *miyo*. (p. 147)

Further adding to my understanding of working from a decolonizing lens is importance and requirements for connection and relationship stated in the methodology section of this chapter. For this study, two points of ethical consideration that surfaced were informed consent and risk. I spent time with each participant, including the Advisory Council, communicating with them to ensure they fully and completely understood the study's intention, the design, and the process. I provided everyone involved with full explanations, both written and verbal, including informed consent written in a language that was acceptable and understandable to each participant.

Risks and Discomfort

This study was approved by the University of Manitoba Research Ethics Board. I also stayed in continuous consultation with my advisor and advisory council, throughout the study. No ethical concerns arose during the duration of this study. I acknowledged that with this study risk and discomforts could occur. The first risk/discomfort that I acknowledged was the social work profession is very personal and small in Winnipeg, Manitoba, and there was a risk of other participants knowing or having been associated with each of the other participants in the group. I ensured these risks were disclosed and an informed consent was signed prior to the start of the research project. Creating a safe and confidential environment as the group formed, in addition to creating group guidelines was essential at the beginning. Further, this research intervention was

focused on self and physical fitness/movement, and not on agencies, so the conversations were guided in a self-respecting manner.

Secondly, there was a risk of knowledge appropriation for me as the researcher. Self-disclosure from myself being a non-Indigenous person and using my wellness journey to share knowledge was made throughout the study. I also ensured that there was a Knowledge Holder conducting and leading the Full Moon and Sweat Lodge ceremonies. Furthermore, I ensured I consulted my academic advisor continuously throughout the study.

Finally, personal physical injury was possible during the physical activity of project. Due to the fact that each participant was asked to participate in a physical fitness intervention, the researcher ensured each participant was informed of each activity prior to the intervention start date, informed consent form was completed and/or medical note was obtained if needed. For the purpose of this study, medical notes were not needed. Each participant agreed and signed the consent form prior to the start date.

Chapter IV

Findings

This is the story of how my own journey of unbalance, burnout, vicarious trauma and compassion fatigue in the social work profession led to my discovery of wholistic self-care and the interconnectedness of the four realms of health (mental, emotional, physical and spiritual). This thesis intertwines my personal story with the stories of thirteen amazing women on our journey through a wholistic self-care study bringing forth further self-awareness, pivotal moments of looking inward and continued personal growth. The quotes were edited to remove words such as "um," "you know," and "like" for readability.

Participants' Journey to the Social Service Field

All journeys begin somewhere. For these participants the journey into the social work field varied. They were able to provide clear, detailed descriptions in response to "How did you become involved in the social work profession?" Two very clear themes were found that lead the participants to social work: personal life experiences and the notion of being a "natural helper," These themes matched my journey as well.

Personal experiences. It is common for people to follow a path of what they know or what they have experienced in their own lives. For example, folks who come from a long line of police officers may gravitate towards a similar, familiar path of becoming a police officer themselves. Further, some folks may have been helped or support by a police officer in their life experience and this lead them to journey towards the field of rescuing or law enforcement. One participant remembered the way in which she was treated and supported from a social worker in a positive manner that helped shape who she wanted to be in her adult years. She shared:

> Well, I lost my mother when I was fourteen years old, I had two really profound experiences when I went through that loss, that made me attracted to the social work field. The first experience I had was I was in a kids coping group… when I was a teenager and I met a really cool social worker who was facilitating the group and I really, just... really liked her and the work that she did, and... that she helped people and I thought that I - I really wanted to do that when I was older. So that made me wanna get into, social services. And then the other experience I had was when I was a grade twelve student in high school. I participated in a volunteer activity called special friends, where the school social worker …connected grade twelve students to grade five students at an elementary school, and I got to be a special friend and like mentor an elementary year student. (P6)

For some it was their own personal struggles combined with life experiences that influenced them to become the social worker they are today. Their journey provided them with a sense of understanding for others and desire to walk with others on their journey to health and healing. Participant 10 shares part of her story:

> …I think just cuz when I was a youth I struggled with a lot of the things that our youth struggle with today, so you know, the sense of belonging, and maybe... parents not being around as much as they could have, so we're running around town getting into trouble. And then... you know, just... I guess being able to relate to some of the stuff that our families and youth go through... whether it be, like I said - like the drugs, the gangs, the, you know, the relationships... trauma, you know, like racism, things like that. And I remember being in that space, and I remember looking around me, and seeing these things go on, and thinking like, this is terrible, you know. And being able to get out of it...

> and knowing that I could help other people, just because I was in that space too... so I like helping people, who struggle with addictions. Cuz, I see how the impacts are just terrifying, really. And then being able to, to help... give them some, hope, you know. Our youth struggle with a lot of that, that's where they try to find their sense of, you know, happiness and stuff, so... so that's some of the why I do the work I do. (P10)

Other participants were also drawn to the social work profession because of their life experiences. One of the participants remembers being treated unjustly, unfairly and disrespected within a system that mandates it to support and protect the child. It was this experience that lead her to become a social worker. She shared that she became a mom at young age and was involved with a partner who was involved with addiction. She thought she could 'fix' him, make it better. She later found out this man's family abused her child. When she reached out for help, support and protection for her child from the judicial system, she received no support, and she was told she cannot withhold visits to the family, from the man who was abusing the child. She stated:

> And so... for me, applying for social work was... I wanted to be a voice for people, I wanted people to be heard. I wanted people to be... listened to. I wanted people to be supported, like I... I had no help, no nothing. …I said well, what am I supposed to do? And she's (child welfare social worker) like, I don't know. And they just sort of left it at that... and that was my first experience… I just thought, well I'm gonna do the best I can do with each mom, each dad, each kid, and that's my change - I'll do it, doesn't matter if I can't change the system. (P13)

For other participants, it was a combination of life experience and chance that brought them into the social work profession.

> ... I experienced abuse in my family and, and a lot of bullying in different things in school. And so I ended up moving when I was fifteen out of my parent's house…I really always felt like I needed to take care of everything, because I wasn't getting things taken care of. …I lived next door to a bunch of guys…they were really good friends of mine and one of them worked …with adults with disabilities. And I was like... woah! Like this is... I didn't even know this was a thing that I could do, I was eighteen, and I immediately researched every organization in Winnipeg and applied, I had no experience, but I got hired…I started finding the holes in the world of supporting adults with disabilities and social services there's so many things that aren't there, here. And I guess I just...you know, continued to sort of learn and try and gain a better understanding and about what needed to be done... to fix the bigger - the bigger things as well as like being a support to people in the like... personal capacity, so. (P3)

Similarly, others were inspired by social workers they met in the familial or social networks. Sometimes a chance opportunity arose that initiated them into the profession. As another participant shares, chance and the unexpected were also influences to the path of becoming a social worker.

> I became involved in social work - a friend's dad was the group home manager for a level 5 girl's facility…I was working at Rona at the time, and he couldn't get a summer student, and it was just making more money so I was yeah, sure, I'm in. And then I got way more than I bargained for - I thought it was gonna be super easy, just like braiding hair and painting nails, and it was throwing chairs and smashed windshields...I was seventeen…And then I was like, this is really fucked up, and I needed to get a better

> sense of what the system was about, and like just how CFS was perpetuating these super negative outcomes. So I applied for my BSW. And then I got in. (P9)

The motivations for becoming a social worker were inspired by personal experiences with death of a parent, difficulties at school and home, one's own story of addition and recovery, or by knowing a social worker and being given the opportunity to work in the field as an intern. Others in the study were identified as natural helpers, which created a clear path to social work as a helping profession.

Natural Helper

The natural ability and passion for helping others was also apparent, even if at the time or at their young ages they may not have known themselves. One participant found herself at young age being "kinda the "go-to" person when anybody needed help - friends, family, whatever" (P1). Others also describe being the helper, the fixer, and the one who received other stories; this was also a common theme found amongst the participants. Another uses humor to explain her natural helping nature. She stated:

> I In my grade 12 year book it says, you know when they have most likely to? … mine said "most likely to counsel drunks forever"… So, it is interesting that I end up … but I have to know where I came from. I was attending AA meetings since I was five with my mom. So, to me listening to people's stories was normal. Going places, socials that had no alcohol. That was normal. I didn't know that people got drunk or high to do those things. I thought people just got together and ate chips and danced. So that's where for me I think the helping part started. (P11)

Similarly, another participant described filling a helping role for her friends who needed a supportive ear and advice which lead to,

> I think I've always been... a helper, even as a teenager, people would come to me with their shit. …I'd be one to be say "okay, I think maybe this is what you should do, but I'm no expert!" …But I notice from a very young age, people would tell me about their stuff, and it would be heavy stuff. (P5)

Another participant witnessed helping for her entire life from her family member and thought this is what people do, we help when someone needs it. She shared:

> I think I was just a natural helper or came from a family that for instance. When I was younger, my brother and I went to live with my grandparents for a bit. My mom was a single parent, my grandparents took care of us. And I grew up, you know, just the next street over on Pritchard Avenue, and my grandpa would help people, you know. People would come by and sell him whatever... pictures or, who knows what. And he would give them whatever cash he could. Even with family, if somebody needed, he would give them his last dollar to, to buy groceries or milk or whatever. So, I grew up seeing a lot of different people come through my grandparent's home, a lot of people with addictions. Unfortunately, when he did help people out in some ways, he was enabling them I guess, if they had addictions to alcohol, they would steal whatever and they would come and sell it to my grandfather… Yeah, so, I guess that learning that helping sort of when I was younger. Now that I'm thinking about it I'm like, oh that's probably not very good that he was enabling people, or was he taking advantage of people, or - you know? But, just seeing that no matter what he would try to help family and friends in any way he could (P2)

As an adult, she can see the ways in which helping people when they need it might have been enabling behavior but the lesson of providing support to others remained a strong life lesson.

Another participant had just always wanted to help, support and be a part of her community while at the same time keeping her family safe and protected. She shared:

> I sit on a lot of committees in the Spence Neighbourhood, I used to live on Balmoral street, so I was involved. I was working two jobs…I was also working at the school lunch program as a supervisor of the lunch program there... feeding 85 kids every lunch hour. And, I was... participating as a parent in the parent room and taking a lot of the parenting programs there, but that had a lot to do with... being fearful of my daughter going to school, because an incident that happened with her when she was in nursery school. So... I didn't want her to go to school, but I knew I had to, but... I - I would sit outside her classroom door, and just wait for her... the social worker asked me to come talk to them in the room, to... trying to resolve the issues, I guess. So... I went and talked with them, and... they said that, there was - in order to get me into the parent room, they - there was a door that opened up to the kindergarten class that was right there, and there was a window. So instead of watching on that window out there, I could... safely view her in the parent room. So... that was a compromise, so I spent a lot of time there, and... as I went through the parenting programs and stuff like that, I... I just grew, and... strengthen and knowledge and stuff, so they got me to facilitate programs there, and... just do, like sharing circles (P12)

As she shared her story, she talked about how her own experiences and the need to help were dominant in her life. Her official journey started into the social work profession based on her natural skills and need to protect her family.

As participant 8 shared her story of how she became involved in the social work profession, she was glowing and smiling from ear to ear as she spoke of her parents. She stated:

> my parents were with the Salvation Army, so we moved back and forth a lot, like between places... I come from an awesome family. I love my parents, they're amazing... they're big like... helper people in the world, which is - I know where I got my helping blood from. (P8)

It was this childhood experience that was her driving force to help others. What I realized very early in this process and throughout the interviews was that no matter the story or reason for these women coming into the social work profession, our commonality was and is to *help* others. The passion to create change by supporting and helping others became very clear from the start of the interviews and followed throughout the whole study. What also became very clear was the social work profession reaches far and beyond, touching all areas of people's lives. It comes with great roles, responsibilities and tasks that most of society may not be aware of. In the following section we will briefly review what social work means here in Manitoba and take a more in-depth look at the roles, responsibilities and tasks the participants complete on a daily basis as social workers.

What is social work in Manitoba?

Earlier the terms social worker and child and youth care worker terms were defined according to the Manitoba College of Social Workers and Interprofessional Health Education and Research definitions terms. In my own experiences when the words "social worker" are spoken, the first thought or understanding is child welfare. One participant confirms this experience. She stated:

> I think that's a big difference that I'm noticing too - and, well it's confirming it for me. Because here in Winnipeg, in Manitoba, people think social workers are child welfare workers. We have a hard time seeing something different, like, there are social workers

> who do probation positions and different things, but, when we hear people going to school for social work, we hear child welfare. And our community says a social worker's coming to help you, they think child welfare. They don't think something like what I do where I'm out and supporting and resource advocating, and... doing one to one counselling and therapy (P8)

In Manitoba, Canada the words child welfare and social worker continue to provoke memories, stories and experiences of forceful apprehension, or the removal of children from their homes, families, and communities by social workers. A small part of this research will shed light and a better, more detailed understanding and awareness of what social work is and what social workers and child and youth care workers do on a daily basis and what their responsibilities are. Although the role and/or duty of child apprehension is a part of the duty of a child welfare social worker and it is very stressful, traumatizing and includes risk to one's well-being, there are many other roles, responsibilities and daily duties involved within the social work profession.

Roles, Responsibilities, Daily Duties

It is imperative for the reader to understand that social work for the participants in this study does not mean apprehending children. In fact, within all 13 participants of the study apprehending children was not listed as main duty. Rather each woman described in detail what their day consists of along with the tasks, duties and people for which they are responsible. The themes that remained consistent were that every day is different, expected availability in person and via phone/email, every day, involved a variety of levels of high to very high stress, being responsible for the care of others, and being exposed to mental, emotional, physical, and spiritual trauma.

Different Every Day

Having each of their work days differ from each other and from moment to moment within the same day was a highlight for one of the participants. As she spoke about it, she felt it was helpful and supportive in her current life style. She stated:

> every day is different.
>
> There's no... day that's the same, right. And I love that, I love that about... my life right now, like I love that I don't get up every morning and go sit in a cubicle all day, which I have before. But yeah, I get up in the morning and I make my coffee, it's the very first thing I do, and I go sit outside and I have a smoke and I think my day through, right...
>
> some days I sleep in and I just fly by the seat of my pants
>
> I just... kinda call up my girls and... try to schedule them in for the week.
>
> …end of the month is more... like, last week of the month, I usually sit at home, and do all my emails, connect with all the social workers, do all my reports, hand 'em in, and then try to plan out the next month. What activities are we gonna do, look at the calendar, things like that. And then the first of the month, on, then we - I try to, everyday... balance out my time, with all my participants. (P10)

For others the inconsistency and unknown proved to contribute to high levels of stress, long hours and conflicting professional and personal schedules. Participant 1 shares how she is always on the go. She states “Depending on the schedule. So, I'll give you, say, a typical - if it's kinda like a back to back scheduling day” (P1). For Participant 7, who works in a more scheduled environment with no on- call responsibility, expresses the ever- changing nature of her schedule and daily responsibilities. She stated:

> All my days are different, because... my schedule changes along with my clients. I tend to have later work-days, because... whether it's school or work, people usually want to see a therapist, like - want appointments later in the day more-so than earlier in the day. And so, I try to schedule appointments from 10 till 6-ish? But I also try to have admin time in there, and... yeah. So, every day is different, so it's hard to say a typical day, but my ideal day is, you know, to get up and... have some coffee, maybe go for a walk... sit outside, you know... sort of prepare for my day slowly. It doesn't happen like, nearly as often as I'd like. (P7)

What seemed evident throughout the interviews was the complexity of each participant's roles and responsibilities while trying to manage and get through their work days. For many of the participants, they are on the move each day, rarely sitting in an office from 8:30am to 4:30pm. The constant movement and changing was well-defined and the need to multi-task with time management skills and priority was evident.

As the interviews went on the more evidence was produced on the constant expectations that are placed on the participants. Expectations such as: meeting monthly in person deadlines with their clients, reports, emails, scheduling and unexpected errand and/or duties to fulfill. As participant 13 voiced:

> I'll pick up a kid around 9:30, 10, spend an hour and a half, maybe two hours, with them, sometimes only an hour, depends on the kid. And I'll do that, then I'll see another kid at lunch, have lunch with them, talk, visit. And then I'll, usually see - try to see two more kids after that. Or if we have a task to do just one kid in the afternoon, or one kid in the morning, depends on how my day is. (P13)

As the stories emerged this researcher began to wonder if the participants themselves realized how much over all stress their ever flexibility and unpredictable schedules ultimately could have on their well-being. One participant stated:

> It's so complicated because - because my every day is so…some days I - no, some days I won't take breaks, some days I build my lunch into the youth that I'm working with that day. I'm like, "oh, we're going, alrighty you want McDonalds, ok, we're just having lunch now, so." It depends, yes, some days it's like back-to-back-to-back…I try and fit in nice things. Or things that I enjoy, but... to sort of like balance out the days where, it is like very back to back when I'm not doing those things. (P3)

The theme of complex needs, changing schedules, flexible work hours, and constant changes was expressed as a strength and as a highlight to their careers. As the participants continued to share and go more in depth about their daily duties and responsibilities it became clear that high levels of stress naturally come with this career.

Variety Levels of High to Very High Stress

As a social worker, finding time can be a balancing act and there will always be situations that take priority. Sometimes the time found is in the evening. Participant 7 portrays her attempts at balance. She states;

> I usually work for an hour, too, in the evening *laughs* doing admin stuff - it depends on the day I've had. Because if I've had some non-client time in the day, then I've had time during the day to do emails and things like that. But if I've had a really busy day, then... I... end up having to do that in the evening, otherwise it will just pile up and I'll feel stressed (P7)

When sharing about her day, Participant 1 could barely catch her breath while describing how her day begins. She stated:

> make myself a Tassimo coffee. Grab a banana and out the door I go. Whether it's a meeting or picking up a youth or whatever it is... do an activity, sometimes it's court... and then it's usually right on to the next one. And then right on to the next one. (P1)

She moves through her day from one client to the next, one duty to the next and how she described this there is often times no pause or moments in between. Another participant reflects on how she feels constantly needed by some of her clients layered on top of her job expectations. In this conversation she stated:

> P10: So... I have participants that call me every day, and they wanna hang out all the time. But then I have participants who don't call me at all, and they're always gone out...whatever they have - school and things... If one youth... if I can't get ahold of her, I'll move on to the next one.
>
> Researcher: And are you still answering your phone in-between those times, and still working from your emails and things?
>
> P10: Yeah. Or more text with your youth, so. I find sometimes, I just ignore them. And I feel terrible, but I'm like - I've talked to you for ten days straight. You can - you'll be fine! You know. And you just ignore some of them too. But there's that stress of... being... on-call, literally, from 7 to 12... you know, even missing their phone-calls at like 4 in the morning, you wake up and you see they phoned, and they're in trouble, and so... I think that the work that we do is more... not so much a 9 to 5, it's more like a... like we're, there 24 hours.

It felt as though there were these invisible expectations to “do everything” in a work day with no clear start or end to the day emerging from the interviews. When providing boundaries with the youth through texting, there were feelings of guilt for taking time not to respond. Another participant shares her constantly moving schedule and daily tasks:

> I always start at the office and I try to get a little bit of office, desk stuff done. But a typical day is pretty much out in the field. Today for example, in the office for an hour, then picked up someone, took 'em to EIA (Employment Insurance and Assistance), but then took him around. Like got him clothes, a clothing voucher, got him clothes, got him a health card, got him work boots, went... to get his MPI card... went... to... pick up some of his stuff…just did a bunch of stuff to get him settled in, so it was about four hours. And then dropped him off and went to pick up somebody else to do some job search work kind of stuff. But it's... like the, the things that I do with people obviously like, completely vary from day to day, which is why I like it. (P8)

The unconcerned mannerisms and expression grabbed my attention during these interviews. The participants spoke about these high stress roles, duties and expectations with a “no big deal” or “that’s what a social worker does” casual way of speaking. The idea of having little or no time to herself because she was constantly managing crises and trauma of their clients along with the ever-changing routine seemed to be just part of the job when conducting the pre-interviews for the study. The participants normalized the intense schedules and demands on their time. As the stories began to flow, I could feel my own experiences surfacing. I could relate; I too worked in very high stress situations, and I also learned to talk about these roles and duties as “no big deal”. I knew from my own experience that even though work as filled with busy, high stress moments and highly traumatic situations I still needed to return to my home at the end of

the day where there were other familial roles and duties to fill. If this is a typical work day for the participants, what other obligations do the participants have in the personal lives? What else are they responsible for layered in addition to their work lives?

Responsible to Care for Others

Not only are the participants working in the social service field as their career, but they are the main go-to person in their personal lives as well, holding responsibilities such as mother, partner, auntie, daughter and family/friend. They are also balancing their social work practice with their home responsibilities which usually involve caring for others. While they are trying to balance their home lives, work calls and texts are infused into their daily routines. As one participant shared:

> I get up. Get my daughter up usually, get in the shower... get her off to school… And then I try and get home for when she gets off the bus at 4:30... So I get home and basically its... make supper, hang out with her, and checking messages. Like my phone is always going off, always- messages, text messages, phone calls, whatever. Put her to bed, and... I don't really do anything. I lay in bed and mindlessly scroll through Facebook or watch Family Feud... (P1)

The mindless scrolling on social media and watching TV is one method used as a coping skill for dealing with stress and burnout, compassion fatigue or vicarious trauma. I began to wonder if this participant would agree or sense the same within her own awareness. It was like she had nothing left to give to the world or herself before the next day starts all over again. Another participant shares about her own children and their activities. The tasks and responsibilities seem to continue into her personal life as well. She has created a schedule where the children have evening activities and things to accomplish as well. She shared:

> because our work is so different... I always try to do like, home base around supper time, make sure the kids are fed... my little ones have programs, like my little ones in mixed martial arts, so she goes there every Tuesday, Thursday, so we have those routine things, too. (P10)

She fits her children's needs and schedule into her daily responsibilities as well. It's just part of the job. Further, the demands of parenting take up much of their downtime at home, where their own children and families' needs create a busy home life leaving the participants with little or no down time to recover from their workdays.

> But yeah, when I get home, it's like, straight to mommy-mode. Everybody is like, mommy this, mommy that. Have to cook supper, make sure everybody is situated while I'm cooking supper, and... trying to tend to all of their needs….and then usually we play outside for a bit, or they run around in the backyard and I'm watching them while they're doing that, or we try and go to the park. I've been trying to do more walking... and then, at about 7:30 - 8 o'clock it's bath time. So bathing my kids, getting them all ready for bedtime, then we go downstairs and we have their snack, and I try to have them in bed - it's been like summer holidays right, so it's been a little bit later, like 9 at the latest. And then I lay with my child, because I co-sleep. So I lay with… my youngest... And that usually takes about an hour to two hours, sometimes, given on whether she's had a nap at daycare or not. And so I lay there with her, and it's kind of like our nightly, like... like we cuddle, and we sing songs, and... and then she falls asleep, and sometimes I fall asleep. If I don't fall asleep, then I get up and I go check on my other ones, who are sleeping, and... if I do get up, I go downstairs, and then I try and clean up from the night. And sometimes will watch a show with my husband. (P5)

While their work days are varied and their home lives are vibrant and busy, the participants in the study find that they are often looking after others with little or no downtime for themselves. In addition to their busy days and evenings, the participants are working with a population that are constantly facing traumatic situations, in need of support and that there is no set hours or schedule when doing this type of work. It is important to note that although the above described the duties, roles and responsibilities of the social worker there was not clear mention of the direct exposure they endure mentally, emotionally, physically and spiritually from the interactions and stories of the clients.

Expected Availability in Person and by Phone

One of the interesting themes identified in this study was the necessity versus demand of the cell phone. The participants revealed the professional and/or self-made expectation of being available via phone and email and, at times in-person, 24 hours a day. We are living in a time where the landline phone is not used as much, and many social workers are working and living from the cell phone. Some folks have a work phone, others have a personal phone, and some have a work and personal phone or use their personal phone for both work and personal use. The boundaries became blurry quickly; which phone was for which use and when the work day starts or ends. Some of the participants had more than one job and more than one phone, depending upon their roles and duties at work.

It has become ingrained in the social workers to be constantly checking their phones for the next crisis, task, or mission to go on. Is this a job expectation? Who decided or how did this become part of the work and responsibilities? What are the limits and where are the boundaries? In her interview participant 13 described her phone use:

P13:…My phone is constantly going off…Emails, calls.

> Researcher: So when you first wake up in the morning, do you look at your phone?
>
> P13: Yeah, I look at my phone first.
>
> Researcher: And what are you looking for?
>
> P13: If anybody's tried to kill themselves in the middle of the night. Usually I'll get messages sayin', I wanna die, can you help me….Sometimes I'll call the foster parent, see if they're okay, if they're okay, then I go about my morning - if they're not, okay... then we rush, I rush my own family... just to go check on my other kids. Or... this morning, I had a kid that's in hospital, a young adult, he's aging out of care... next month? Or no, this month. And, he tried killing himself... two weeks ago, cuz he's scared of aging out of care. And so... he's blowing up my phone, just cuz he's bored I guess, and lonely, and he's in there. And so, if I don't answer he'll keep calling and he'll keep calling, and he'll keep calling, even though the night, day - before I said, "I'll pick you up at 9:30"…Lots of that, lots of emails... because our kids (clients/youth) don't always have phones I have them on [Facebook] Messenger. So I don't add them on Facebook, but I'll have them on Messenger, and they'll constantly be messaging me on there. And then foster parents messaging me, social workers messaging me, all day... into the night. Mostly my kids in the evening, yeah. (P13)

Where is the start or end to the day if there is constant lingering feeling of crisis and trauma which are able to connect with the social workers at any given time via cell phone (text, email, social media)? Others talked about how even on vacation or weekends their phone (work accessible) is always on. I asked a participant "And when you're gonna go away…I heard you're trying to go to the cabin, would you turn your phone off when you're at the cabin? The participant responded without a doubt "No…It's never off" (P9).

For many of the participants keeping their phones beside them even during their sleep has become normal as well. It seems as though this really blurs the lines for folks, especially the participants in the study. There seems to be a need, or desire to have their phones with them at all times whether that be for personal contact with friends and family or work-related expectations. What seems alarming, yet almost unnoticed by the participants, is the added contribution and exposure of stress and/or trauma are the statements such as:

> Um, I have a noisemaker, like a sound maker on my phone, and so usually and this just recently started within the last few months, I've found that I was having a hard time falling asleep, and I needed something to fall asleep to, and so I downloaded this sound app. And so I listen to either rain, or waves on my phone. But yes, it is beside my bed, and I will check the time, or if [her child] has fallen asleep, I usually go on Facebook to check things out. And then, yeah. In the morning, it's one of the first things I look at my phone (laughs) and I'm like, oh! So this time my alarm's gone off. Yeah, check those things. Yeah. (P5)

There seemed to be no shortages of for explanations and needs to have easy, quick and constant availability of their phones. One participant shared how connection to family is valued for her as to why she sleeps with her phone on her bedside but has how she also holds the responsibility of being accessible via phone for herself, but also her partner. She stated:

> I like to just be connected to like family members, and friends, and like - if you're - if I'm bored I can just pick up my phone and check my emails, go on social media. And yeah, I think the pressure of like needing to be available for work, but also available for friends and family to connect. And also my partner doesn't have a cell-phone, so if his family wants to get ahold of us, it's on my cell-phone, so that's kind of... like a burden? *laughs*

> They'll text and call to connect with him, like more often than my own family members, and like I have to pass a message on to him, and they like sometimes have had hurt feelings if he doesn't respond right away *laughs* so, yeah. I do sleep with my phone beside me - it's... with me at all times. (P6)

There was a time when I, the researcher, had three phones for the work I was doing in the community and all three of these phones had a place at my night stand. It was through my journey and self-reflection that I realized that I was literally taking trauma and crisis to bed with every night. It was continuous without a beginning or an end. I was tucking my children into sleep and lying beside my spouse each night with the trauma and crisis attached to me. All the days blurred together, and I never had a break, and in a way, I was sharing this stress with my family daily.

Daily Exposure to Trauma Mentally, Emotionally, Physically and Spiritually

The participants have described their daily routines, their phone use and their availability and now we turn to the specifics of the issues their clients are facing and the many ways in which they are working with them to navigate systems and to meet their needs. The participants may have their whole day planned out only to have a mental health crisis, suicide attempts, unexpected homelessness, sitting in the Emergency Room with a sexual assault victim or hearing another story of trauma from a child, youth or family. They rearrange their whole day to support, guide, and care for individuals going through these experiences.

> I have so much to do…I have to write all these notes… a lot of my day consists of meeting with patients, writing notes, consulting with doctors, nurses, OT's, PT... At other job… I get there at about 8:45... liaising with all the people that are there, and I've been doing the drop-in in the afternoon with women who come in. And just, making sure that

> their activities are going okay, that they're eating, getting what they need from us there in the afternoons. So that's really busy, and it's really good, I'm on my feet and visiting with women, and hearing their stories. And... I leave there at about 5, and then... I usually eat lunch there, or I go home. Just to... get some - a half an hour of just like, chill time. Both jobs are really intense. The amount of stuff that I hear on a given day, from patients or the things that I encounter... at jobs like - racism, judgement, sexism, classism, all the -isms. And trying to combat that is really, really tough. …Sometimes - and throughout the day, I'm checking my phone in-between that... texting with people, like - family, who may need my help through all that while I'm at work…Who come to me with their stuff... for me to kinda problem solve around things like that…So, I'm problem solving with family, and I'm also problem solving at work, and trying to facilitate everything. Which can be a lot. Yeah.…That's a typical day. (P5)

The typical day is that there is no typical day. They are juggling clients and their needs, triaging calls and responding to the most dire of situations. They find themselves working through meals and in constant motion, responding to calls and emails. Each call, email or text message requires them to make decisions, often critical decisions that impact others' lives. Yet it is still spoken about as though it is an expectation placed upon them. Another participant describes her day in her current position as being less stressful then child welfare, but there is still the sense of urgency, crisis or need management: self-sacrifice in the name of the job. She stated:

> I'll go to work, I'll maybe have my breakfast, like within the first hour, I'll check emails, I'll talk - I'm in a different school every day - so I'll talk to the administrator, or the teachers, or like learnings for teachers that I work with around any updates with regards

> to the kids that I work with. Then I'll work, I'll take my lunch, um... checking emails, like, voice mail messages all throughout the day, meeting with clients throughout the day …in child welfare, a typical day would look pretty similar, except I didn't always have time to eat breakfast…it was a lot more crises work. Having to be available for clients at all times…I would say it was more intense in terms of being the first responder to crises that were happening, not having as much time to eat breakfast or not having as much time to get organized for appointments (P6)

The theme and expression for the participants to work nonstop, no breaks, no time for oneself began to build as the interviews moved forward. Another participant describes her daily routine and her built- in coping skills to try to manage it all and complete it all opposed to setting limits and boundaries. She states:

> right away, as soon as they knew you're in the office. I was getting into the habit of trying to not answer the phone until 9:30, just let it go to machine, because I needed to prioritize my day. But before I didn't do that, I would take every call that came in when it came in as it came in. So now I've let it ring for an hour, not ring solid for an hour….
>
> ... then start taking calls...They come quite fast and furious, so I'm trying to resolve, and one phone call would bring me two or three crisis kind of things that you would need to help them resolve, but sometimes it was put to me to try and resolve… I would scurry around, trying to find the supervisor and then the finance manager, or to try and get that cheque, because oh my gosh, they're gonna have a disconnect or whatever. So once the calls came in, depending on where it was, there was always meetings planned. I would plan my meetings starting from 10 o'clock, by then I would leave around 9:30. So there doesn't really leave much time for phone calls, because you have to book about half an

> hour to go to wherever it is you're going… And then I would be back by 3 o'clock in the afternoon, with all meetings and stuff like that. (P12)

It could be heard in the tone of the interview that this is just how it is, almost as though there is no other way to do their jobs. The normalization of constant exposure to high levels of stress trauma is limitless for these participants. Furthermore, another participant reflects how common it is for her on any given day to be dealing with one crisis or situation only to be interrupted by another one. Prioritizing and meeting the needs of all people involved had played a significant impact on her over all well-being. She describes a common scenario:

> And in the midst of juggling these two guys, I have a girl today, she texted and she's like, I have no food, I have no nothing, like I need your help. So then it was like, had one person in my car, was late to get to the second person, have her on my phone, it's like - what, how do you balance it, and what do you do? …if I looked at my phone today it would probably show, forty to fifty phone-calls. That's like people in jail, or it's family members, or it's like you said, people in crisis or people that need something. So there's that. And then also a lot of my job now is... it's actually what I find one of the most frustrating things is going into custody to meet with people who are potentially gonna come out… what their story is of what they need when they come out. And so it's usually within those stories that. I think in one day, I went in, and I met with four people in a row, and it was like, trauma, trauma, trauma. I was raped when I was twenty, I was tortured on video, and the video is sent to my parents… it was just one thing after another. I was sexually abused by my step brother when I was seven, so you go, you know, one person, and you're supposed to be relatively quick. But this person's telling you their life story, and then you leave them and think, holy crap, how am I - how do I,

> me, as one little person, help this person who's had trauma for like... twenty years, right. So, and then you go to the next person, and then they've got some other crazy situation that's happened in their life, right, and then to the next. So then you kind of leave that, and usually you're just, you're... your head is like full of... oh my god. (P8)

These stories from the participants come quickly and easily. They roll from the mouths of participants naturally, as though it is the air that they breathe. It seems to have become their normal for many. When the interviews were in process, I could sense the levels of anxiety and stress for some of the participants as they shared. Some of the participants seemed to be at a more balanced place of awareness, setting boundaries and time for wholistic self-care. Interestingly, as they spoke of their typical day there was no direct mention of burnout, compassion fatigue, or vicarious trauma; instead they used words such as “tired”, “full”, “crisis”, “crazy situations”, “trauma”, and the idea of continuous movement and working. In the following section we will learn what burnout, compassion fatigue, and vicarious trauma mean in the words of the participants, hearing from them first-hand about how or if they have been impacted or experienced any of these themselves.

Burnout, Compassion Fatigue and Vicarious Trauma

It is important to explore and express the perspectives of the participants about what burnout, compassion fatigue and vicarious trauma means to them, using their words, their understanding and from their personal perspectives. It was stated earlier in this thesis that social work has a high rate of burnout, compassion fatigue and vicarious trauma. Anyone can easily find a common definition of these terms early in this thesis, online or in a dictionary. One of the goals of this study was to learn what these terms mean to the participants and/or how they were understood on a personal level. It was valuable for me to get a sense of what these terms mean

and how they relate to the participates prior to the start of the intervention. Having this knowledge prior to the intervention would help to capture whether or not participating in the study would impact, change, or add to their perspectives or knowledge. This curiosity was based on my own experiences of being able to cite the definition of burnout, compassion fatigue and vicarious trauma, including signs and symptoms, but I was not comfortable using these terms to describe myself when I was in it and displaying the signs and symptoms. I was not allowing myself to be considered; I was always focused on the client.

When the participants were asked to define what burnout, compassion fatigue, vicarious trauma meant in their own words, the answers varied. It became unmistakably clear to me that each participant has their own awareness and understanding of these terms. Other data that emerged from the research was that it seemed easier to describe these words in the context of the others, their clients, but when it came to themselves there was much more hesitation. They were not able to give clear, defined answers for each of the terms. Finally, there were participants who were able to describe these terms and connect each of them to themselves, personally. I began to see and understand how our language, definitions and finding common ground is so important. In this section the participants, pre-intervention, provide their definitions to the terms burnout, compassion fatigue and vicarious trauma in their own words.

Participants Defining Burnout

In the individual interviews prior to the start of the wholistic self-care intervention for this research study, participants defined burnout in their own words. They responded to the following questions: What does burnout mean to you? They described a range of symptoms and ways to recognize burnout. Each of the participants knew this term and defined it well. There was a sense of detachment to the participant and their personal selves. One participant stated,

“Yeah... it means that you... are, like depleted of energy. And... your capacity to... take the position of other people is... not disabled, but... hindered” (P9). Another participant defined burnout in the ‘other’, as she stated:

> I've had other coworkers explain to me that; nerves are shot kind of… Like if something, really upsetting or really emotional happens, not really having a delayed response to that, or just feeling an over-all sense of numbness. Yeah, but for me, just overwhelmed and tired all the time, and not getting joy out of things that you once found joy in, that was my understanding of burn-out. (P6)

For one participant burnout was simply, “Burnout to me is if you’ve lost joy. You’ve lost joy or passion of what you really want to do” (P11). Another stated when the word burnout was mentioned she released a sigh, paused in the interview reflecting for a moment before she defined burnout:

> Uhhh.... (sigh) I think I've been recognizing it more in myself, when you talk about burnout, do I feel burnt out? I hate labels, by the way. I'm not a big label fan. But recognizing my body and reaction to things, if I'm quick to anger or tired - waking up... waking up thinking that I've had lots of sleep... and I'm still really tired, I still feel really tired. …Just being tired and you know, I have a sore back, cuz I'm in my car all day, right. And - and - so I try and, as I'm sitting here all slumped in the chair - I do, I try and focus... oh, I'll try and sit up more in my car, or adjust my seat or as my massage therapist says, adjust your seat once in awhile so you're not in the same position, right. And yeah, I'm just noticing that I'm... I'm fatigued... I don't wanna do anything when I get home. But I... I force myself. …Burn-out to me... this is just for me - is that sense of feeling... tired, and not wanting to do anything. (P1)

Participant 1 was able to describe in great deal what burnout was for her but seemed reluctant to state she was experiencing was burn out instead stating that she does not like labels. It was like a sense of detachment to the words she was speaking. Similarly, another participant shared insight into how burnout contributes to not being able to see the experience of it by stating, "…And burnout is... is from work. Like it's just, not recognizing the signs, and taking... care, of yourself and your own needs, in all four quadrants of your health" (P12).

One of the participants was able to define and describe burnout for herself almost as if she ebbs and flows within it. The awareness of burnout was present and how she acknowledged was clear. She states:

> Like... burnout, for me... um... is just about paying attention to myself, like... I could have a day... of... talking really difficult stuff with people, or difficult stuff happening in my personal life, or like... you know, stuff intersecting between work and personal, and, and my own inner experience, and sail through it, and feel like I'm a superstar. And I'm going for a walk, I'm taking breaks, I'm taking a breathing break, I'm checking in with myself, like - and that's awesome, and it doesn't affect me. And then I could have a... a day that's not even as much as all that, and I just feel like I'm falling apart, I wanna tell everybody to fuck off, like I'm just done, you know? …I can get - I can feel burnt out at the end of a day, or a week… I'm very aware that my line of work... my level of stress, all of those things can lead to burn-out, …I think, more for me, the idea of burn-out... is more like - it's - I don't really think of it as burn-out, I just think of it as making peace with the fact that sometimes life feels heavier, and harder. And then, addressing that…so that's kind of how I think about burnout. (P7)

The awareness of the possibility of burnout in their jobs while trying to address all of their other responsibilities was evident to some of the participants. They were aware of how much of their efforts were devoted to caring for others. Another woman shared:

> It means to me that I'm unable to meet people's needs. And I'm very aware of it. I've just mentioned you know, I can't hear, one woman in particular - she... goes on and on and on about the same things, and I've tried to you know… take with her and listen to her and [offer her], "maybe try this…. But it's still the same thing over and over, every time, over and over, and she'll just go on and on, and I just can't hear it anymore. (P4)

As Participant 8 began to describe burnout she seems to realize mid-definition that she is defining her current self. As she speaks, however, it still seems as though she is detached from herself her feelings. She described:

> Burnout... I feel to me it's, when I... have completely... over-reached... my... capacity.
>
> …on a day like today, where I'm driving, and I can't do anymore, I can't handle it. I got here, and I could feel pains in my chest. And I know I only feel that when I'm above and beyond stressed, right. And when I can't think about anything else in my life that I wanna think about, besides work... to me, and I don't - I'm not really - I'm not necessarily defining it, I'm almost giving you an example of it.
>
> …But I feel burn-out when... my body is telling me, something is up... too much is too much kind of a thing, and whatever - like I said, whether that be pains, or I don't even know. Lately it's been, with sleep. My sleep is whacked, and I'm usually a pretty good sleeper, and I have not been sleeping very well at all. And then the next day I'm just yawning yawning like crazy, so there's, that. And also like I said, emotionally where...

> I'm just not myself. I'm super irritable and moody, and that's not normally me, so I can tell myself that I'm burnt-out when that is happening. (P8)

Participant 8 describes the feeling and thoughts of burnout without hesitation and actually uses herself and her current life situation to do this. It was the idea that she could not stop, and she needed to keep going, not recognizing what she was describing connecting was her life; her health at risk. What is missing from this statement, but what is known to me is that she is has been struggling with her physical health for some time and in this definition, she focused on the tiredness as a symptom of her stress.

Participants Defining Compassion Fatigue

Compassion fatigue, on the other hand, did not seem as easy to define or describe. For many it was not a term that many of they knew well or were familiar with. “I've never heard of compassion fatigue ever, that's not a term that I'm like... aware of” (P8). The participants took an attempt at defining the word as they heard it. One of the participants stated, “Compassion fatigue... that's new, I've never really heard much about that. But...I think, when you're tired... about feelings” (P10). Another participant describes her experiences to define the term:

> Compassion fatigue would mean like... sitting in a car for three hours listening to one of my youth cry... and then I go home and I'm wondering why I'm feeling like, off. I'm like - why do I feel like shit, or why do I feel emotional. To me, that's what I think that is. (P13)

Even though many of the participants were not fully aware of the term or definition, their explanations and descriptions for compassion fatigue were honest and true. Participant 11 describes her definition of compassion fatigue;

> Compassion fatigue is that you can't connect with the person or the circle, or the event that is actually happening. You can see it, you can watch it happening, but you're not actually participating in it soulfully in it. (P11)

In addition to passion fatigue, social workers often also experience vicarious trauma. Evident from their narratives, the social workers in this study are supporting clients who have experienced many different kinds of trauma.

Participants Defining Vicarious Trauma

While the participants may not have been familiar with the term compassion fatigue, they seemed able to describe vicarious trauma easily. It was through this study and the research where I learned that compassion fatigue has also been described as vicarious trauma, which supported the findings that the term vicarious trauma seemed much more known to the participants. The participants in this study witness trauma from their clients, their life situations and often assist them in healing. They carry the trauma they hear, see, and feel on a regular basis. It was palpable in the way they spoke that they all carried stories of trauma from the work they do every day. The stories and feelings were all too familiar. It was the way they spoke so matter of fact, as if it were normal, that caught my attention. One participant explained:

> Vicarious trauma is like... how... among …talk, it's like nothing out of the norm when a kid tries to hurt themselves, or... if a kid shot up with meth, we're like "Ohh they just shot up with meth today", ... not that I don't care, it's just really normal to all of us. (P13)

Suicide, self-harm and substance use/abuse are just a few of the everyday stories or experiences the participants are exposed to in their roles as social workers. The normalization of these experiences was confirmed with another participant as well. She shared:

> Ah, vicarious trauma. Okay... I think... listening to... a lot of the... the stuff that we listen to, and different forms of... carrying it, …. But then you think about it, hey, so mentally, you're - you feel a little tired, or... and just some of the stuff that we see, you know. …so those things start running through your mind and you can't shut them off, right, even though you try to think about something else, you can't. So, I find to me that's exhausting, when you lay there at night... and you're trying to think of different ways... and you try to take your mind off of it, but then it comes back, like - you don't even realize it's coming back sometimes, and you're thinking about it again. So I think that's vicarious trauma, right… just the stories we hear, we don't understand the - the impact on ourselves, like... if you're working with three or four kids in a day, …. a lot of my youth experience sexual abuse, sexual assault... addictions, you know, gangs, and violence, and so... that's a part of my life every day, you know, and... it's not fun, it's not - it's shitty. (P10)

It is in the continuous exposure to these stories where the danger of vicarious trauma lies. As participant 12 shares, "Well... vicarious trauma is taking on the... experience if your clients as though it were your own. And feeling... feeling their trauma, as yours..." (P12). These feelings are sometimes expressed as exhaustion as another social worker shared her experiences:

> Vicarious trauma to me is more... my thinking. My brain. Brain exhaustion…. Because (Husband) works in a factory, he comes home, he's tired - it's hot in the factory, he's physically tired. I come home, I'm mentally exhausted - some days are really, really hard. (P1)

Remarkably, some of these participants described moments of not being able to sleep, feeling tired, angry, frustrated, and full earlier, yet not linking the definitions described from themselves to personal experiences with burnout, compassion fatigue and vicarious trauma.

Likewise, the participants were able to describe moments of experiences of high stress, feeling tired, exhausted or even overwhelmed, but only a few used the words burnout, compassion fatigue, and/or vicarious trauma directly relating to themselves.

What seems most difficult with all burnout, compassion fatigue, vicarious trauma is that:

> …when you have compassion fatigue, or you're burnt-out, or vicarious trauma. I think... there's part of that cycle that you go through and each one of those things where, you're just in it, you know. You're not going into it, you're not coming out of it, you're just... in it(P2)

The personal experience of burnout and compassion fatigue is exemplified by the following story shared by one of the participants. One of the participants clearly described a moment when she was burnt out but rather then stating this, she used other terms. She stated:

> in 2012, I was going through a divorce and that whole time, I remember being a year of just raw and not here. I was on another plain and that time frame I would say I did everything that … well, I was aware enough to know that I couldn't go to alcohol or I would become an alcoholic. And yet, I still really wanted to go do that. Let's get drunk and forget everything. (P11)

For one participant who holds many responsibilities, fulfilling duties required of her many roles such as being a social worker, a parent, a spouse, and a foster parent can bring about the onset of burnout, compassion fatigue and/or vicarious trauma. Participant 2 shares an experience of how the stress and trauma of the helping she does not only impact her, but her personal life and family, too.

> I felt exhaustion, and *sighs* I feel like I always know what to do, I always know what my next step is gonna be in certain areas of my life. And... both, you know, before she

> left our home, like I just was at a point of not knowing what to do anymore, just kind of feeling... not helpless, just like... I don't know what we can do, you know. I don't know how this is gonna work, you know, just - and also, yeah, just exhausted and edgy, even, you know, like... her - our - my relationship with (foster child) was causing strain in my other relationships with my kids and my husband, and just trying to make it all work, you know. It was very difficult to balance everything, you know, because I was trying so hard with her - I didn't have enough energy for anybody else, let alone myself, you know. So, it was... that was - yeah. (P2)

The running theme of feeling tired, exhausted and not having enough energy to keep going continued to surface. What also continued to surface is the fact that many of the participants express how they *can't* keep going or feeling exhausted, but keep going, they do not stop. It is as though when they are actually in burnout, or are experiencing compassion fatigue and vicarious trauma, but they do not recognize it. This also contributes to the mindset of needing to keep going. One of the participants expresses her experience of being in the burnout, but not really being able to understand this or acknowledge feel this until after the fact. She stated:

> …. I was experiencing burn-out…throughout my last year there…It was just feeling really anxious and overwhelmed pretty much all the time. And then I had a youth who I was very close with pass away by death by suicide, and then it was just completely emotionally and physically derailed from that experience. And the... lack of support I felt during that experience, so I was like pretty overwhelmed and not wanting to work there any longer. So that has been my experience with burn-out, but even previous to that, just kinda disconnecting from like my co-workers, and not really wanting to participate in

> activities that I once really enjoyed doing, not wanting to socialize with certain co-workers that I once had a good relationship with... so that was kinda my experience with burn-out. (P6)

One of the stories that really emphasized and clearly defined burnout, compassion fatigue and vicarious trauma as a whole and that I connected with personally was a story shared by Participant 13. When asked about any of her own experiences with burnout, compassion fatigue or vicarious trauma she shared her story of experience pregnancy, personal family loss, loss/trauma of the clients and how she just kept going. She stated:

> It was a combination of work and her bein' gone (loss of close family member). It was hard, it was hard to focus on work, it was hard for me to listen…blah blah blah and I'm just like ohh fuck, look, that's so minimal compared to other stuff... so that's what I had a hard time with... I guess, with at first, was that, bitterness of... I felt bitter. (P13)

She continues to share her story and that she had experienced four deaths in a short time span. She continued:

> It was like, so much at once (death). And I was just feeling like, fuck, so much death, but I still had to keep it together. I work, and take care of my kids, and be a good partner, and be a good... counsellor. (P13)

She voiced her memories of feeling overwhelmed and tired and not able to go through much more, but still pushed forward, while continuing to be “helpful and supportive”. She described one of the deaths in the string of traumas she had to deal with:

> he (sister in-law’s partner) had overdosed from meth. She (sister in-law) called us at 2 in the morning... hysterical. I thought he (sister in-law’s partner) beat her up, to be honest, cuz he's done that before in the past. So, we rushed to the hospital... and.... But of course,

> me, over-compassionate... was asked to come in the room to support this individual… was like, fuck I don't even wanna go in the room and see a dead body. But I went. Cuz I didn't want her to go alone. And... fuck, it was awful, and then, I asked her to leave the hospital - all I did was throw up all fuckin' night, and cry. And I didn't even know this fucking guy. (P13)

But she kept going; she continued doing and not stopping. She described this experience with pain in her voice. As a self-employed social worker, she is responsible for making her own hours and schedule, all of which can sound enticing, but it also comes with the no direct supervision, support from an 'employer', no back up co-workers to cover your shift or share your work load, and also there are no built-in bereavement or compassionate days off. It is up to the individual to build in and utilize his or her own critical de-briefs, clinical supervision, and time off. This participant had an extremely high- stress, trauma- filled year from 2017 to 2018. She lost an immediate family member and a youth whom she knew well to death. She was pregnant during this year and gave birth to her child as well. Furthermore, she is the main support for her immediate and extended family. She is the go-to person and the main income provider for her family; time off was a difficult choice and at times it felt like it was not an option.

The experiences flowed through the interviews. There was no shortage of examples of times they felt burnout, compassion fatigue, or experienced vicarious trauma. These stories came when I asked directly, but again I feel it is worth repeating that it did not go unnoticed that the participants were not using the official terms/words (burnout, compassion fatigue and/or vicarious trauma). The language used was tired, normal, part of the job, edgy, anxious, overwhelmed, not present, over-compassionate, and wanting to use substances. Understanding the proper definitions to capture how participants described burnout, compassion fatigue and

vicarious trauma are central to this study. Another pillar in this study is how the risk and/or impacts of burnout, compassion fatigue and vicarious trauma through wholistic self-care can be minimized. What is more, just as their answers varied when the participants were asked to define burnout, compassion fatigue, vicarious trauma in their own words, so did their responses when they were asked to describe and define wholistic self-care.

Wholistic Self-Care

Participants Describe their Understanding of Wholistic Self-care

In building this physical intervention, it was essential to explore and learn how the participants understood wholistic self-care pre- intervention. At the beginning of the study, the participants were asked this question directly. When asked what wholistic self-care meant to the participants their descriptions not only confirmed my own experiences as social worker, but it became clear that there was no singular way to know or understand wholistic self-care. Some participants knew right away what wholistic self-care meant to them. One participant expresses confidently, and clearly about what self-care means to her and how she practices it. One participant even referenced the medicine wheel as her guide.

> To me, I look at self-care through the medicine wheel, so when I look at all four areas, I look at is there something I am lacking and generally, when there is something I'm lacking, it's either I'm not managing my thoughts in a good, I'm not managing my physical being in a good way. My spirituality, I haven't stayed connected. For me, I have a very small community of people. I've learned now when to reach out. Versus before, I would sit in silence and suffer through. I don't do that. So, that would be the areas that … like those four areas that I always look at. (P11)

For others there was actually hesitation as they tried to describe what it "should" or "could" be.

Participants were able to quickly and easily describe self-care was supposed to be, but when the question was focussed on themselves, they had more difficulty articulation their ideas. One participant came to a halt in the interview when asked what wholistic self-care was to her. She stated:

> P1: You have - you've stumped - you've stumped me. Umm...When you said "wholistic care" and that's what I think of, right, I think of mind, body, spirit, emotion, right, and…And what - what buckets are you filling today, right. My bucket does not runneth over, on any of those, on any given day. I can honestly say that, um... (sigh) there are times - I'll ask people: What feels good in their spirit, right? What are some things that make you smile? What are some things that make you feel good inside? What... just that, What makes you feel good? What makes you feel good? What fills that bucket, you know? What makes you happy? Um... but again... it's easier for me to ask somebody else that.
>
> Researcher: Yeah. It's hard for you to tell me right now what fills *your* buckets.
>
> P1: If you can see me on that - on this recording, I'm squirming! I am! I'm... I'm... I'm scrambling to get an answer for that. I think even just sitting in a bath tub of epsom salts is good for me, but I'm... I can't shut... my head off. Yeah.

The response of the Participant 1 was not uncommon. Thus far throughout this thesis the terms such as wholistic self-care and all four realms of health have been used. It would be a mistake to assume the general population knows and fully understands how we are using the term 'wholistic' and how it relates to the four realms of health. I can remember clearly when I was on my own journey of seeking balance in relation to wholistic health that the physical and spiritual were the very two pieces unknown and missing. The following section will briefly explore some

of the participants' definitions and explanations for each realm of health (mental, emotional, spiritual, physical) but also their relationship with the physical health realm.

Participants Describe their Understanding of the Four Realms of Health

Based on my own experiences, it was important to understand what wholistic self-care and health entails; what makes up the "whole", and what do these words/terms mean to the participants? For this study, the participants broke down the components of the medicine wheel and defined each realm of health. In this section, I briefly describe each realm of health from the perspectives of the participants.

Mental health. Mental health is a term used frequently in our society and embedded within the social work profession. It would remain consistent with my experience that as the social worker I would use the term mental health in reference to the client and not necessarily to myself. One participant shares her own story of coming to realize her own 'mental health'. She stated:

> Um... and mental health... like, in the mental health... I mean, I know, in the line of work with mental health, with like depression and things like that, and I know, like I have a family member that struggles… what should it look like for me?...Sooo... so, well, what it looks like for me, is not good! Let's just put it that way! It was so interesting, because, I never realize my own anxiety, until I had a kid and not even till I had a kid, but until my kid was like, crazy struggling with anxiety in school. And it was through that process that I was like, oh my god, like I didn't realize! And to the point where like, it, it definitely effects, like - there's things in my life that I won't really do, or don't wanna do, because of it, right, so then there's definitely times, like I said, where... with, yeah, with mental

> health... let's just say it should probably... look better, for me? And be a little bit more... in check. (P8)

Nonetheless it is the stigma of mental health that is still alive and well today. It is our responsibility as social workers and society members to know, understand and accept that we all have mental health. One participant shares her experience when she learned what mental health meant for her. She stated:

> I didn't... have any idea really, about what that even meant, like- mental health problem (in quotations), problems or whatever, were very stigmatized in all sorts of family circles and communities that I was a part of. So, the realm... when I started to actually learn about it, understand... how differently people experience life, and... and how my own anger - growing into my own understanding of my own mental health…figuring out the world, you know, when you realize, "oh my gosh, there's all these things that I can now learn about." …Understanding your brain, knowing how we're different, knowing what we need to get by... Not being afraid to acknowledge those feelings and those thoughts and yeah, the ways we're different. (P3)

As the participants shared their experiences the general consensus was that mental health was the thinking quadrant, our brains. The thoughts, ideas, knowledge learned, everything that we as humans process on a daily basis using our minds was mental health for the participants. The following participant provided more details. She stated:

> I think mental health, for me, how I would define it, is just being thinking - a thinking... creature, a thinking being. And... and I really like thinking. And I really like ideas, and I really like words, and I really like understanding, and I really like learning, and so for me - I think about the mental aspect of my... like, wellness, as like... being engaged in...

> learning, reading, updating, changing, taking in for information, re-shifting ideas that I've had, and being okay with that, like I think of that as like, more the mental thinking kind of part of me? (P7)

The participants also agreed there was a difference between mental health and emotional health. In the medicine wheel, both mental and emotional receive their own quadrant and require their own definition. The participants elaborated on emotional health in the following section.

Emotional health. Although each realm of health requires their own definition, it became clear that the participants saw the interconnectedness of the realms early in their interviews as they attempted to define them without including the others. One participant described them as co-existing, working together. She stated:

> There's definitely differences for mental and emotional, how they mean. I think... how do I, how do I separate the two... like I think you can be... mentally unwell but present emotionally that you are, right. So, you know, who - who the outside world sees every day isn't necessarily who we are inside. Or what we're going through, you know. Um... yeah. I think of that... there's a... a statue, and I don't know where it is, but you see a man and a woman... their backs against each other, and they're kind of sitting - and then you see these two children on the inside of them kind of reaching out for one another. I don't know if it was a Burning Man festival statue or what, but - you know, like I think... we kind of... can get trapped in like... trying to be mentally and emotionally well, but... not being? And then also presenting, you know putting on those masks every day, right, you know. Even - even at home, you know, so. (P2)

Another describes very concretely what emotional realm of health meant to her. She identified:

> my emotional health is... would probably be taking care of those feelings, like the tears, the - when I get angry, what's happening. What is making me angry, what is making me sad, what is making me... anxious, what is making me... you know, feel depressed, or, you know... all those emotions that come with every day... what makes me feel scared, what makes me feel happy. (P5)

Even in the interconnectedness the participants described the borders between mental health (thinking) and the emotional health (heart). As opposed to mental health, the thinking brain, they defined emotional health as the feelings. The following participant describes this connection. She stated:

> The emotional realm … to me is being able to actually identify your emotions because so many people don't know how, or they'll have confusion on what emotion is. Some people are very angry or very sad or very joyful, but they don't really know why they are those things or looking back at what were the things that happened in your life in your journey that taught you that? And that everyone has theirs and not one is better than the other but it's that you know when you are aware of … if this happens, I'm going to get angry, if this happens, I'm going to get sad. Ok, well that's ok, and how do you sit with that? (P11)

Another participant also defines the borders and boundaries between the mental and emotional health. She shares her experiences of how she learned about them and how she has come to know and understand each. She stated:

> it's interesting, I remember in family therapy school learning about the idea of what comes first, our feelings or our behaviours, our thoughts. And a lot of the family systems theory says emotions are first, emotions are sort of in the driver's seat of our lives. And I

> do believe that, I do really really believe that about humans. But I think it only matters because we've been so influenced by you know, the Industrial Revolution, by scientific theory, that... we have been sort shaped by this idea that emotions are less significant? … anger's okay, sadness is okay, grief is okay, joy is okay. All of them are okay and I feel most of them every day... many of them all at the same time. And like, it's all okay. I don't need to judge it, I don't need to fix it, I don't need to change it, I just... need to accept it. And learn from it and listen to it. So that's what I think emotional well-being is, is like. (P7)

For another participant, working from the medicine wheel model comes naturally to her. Even though the model is there to work from, it does not make it easy to practice on a daily basis. She further describes the interconnectedness of the medicine wheel and how each realm of health works together. She stated:

> I mean - obviously it's a circle, all these things are connected and tied to each other, but... yeah, emotional health... I mean, like - I feel like it's the head and the heart, they're connected, both of your emotional health is like your heart and your feelings and... making sure that... you're able to - to be emotionally healthy, and... to acknowledge the kind - like the feelings good and bad, the difficult things and again, for - yeah, so for me, like. That was letting down that guard to like be more open with myself and my heart, and... and sit with painful feelings, and... process painful feelings. And acknowledge them. And... that's a big, a big thing to learn, but yeah, so I think that's - it's a bit different than mental health, although, of course they're all inter-related because, you know, you're, you know - my mental health issues are impacted, and work... whatever, all inter-relate

> with the things I'm experiencing emotionally, so. Yes, you're working through all the things at the same time. Yes. (P3)

In the following section the participants continue adding to their definitions for wholistic health and begin to describe what spiritual health means to them.

Spiritual health. Before awakening to my own journey, I believe my understanding of spirituality was "religion". The idea was that in order to be spiritual I would need to believe in, know, and practice a specific religion. I believe it was this very understanding or lack of understanding about religion in connection with my personal experiences that was the reason I stayed away from the spiritual health realm. In hindsight, my ignorance blocked me from exploring spirituality. I believe that getting to know the participants' understanding of spiritual health was vital to the study because if they felt similar to how I have in the past. I realized it may act as an obstacle on their towards journey of wholistic self-care within the study. There seemed to be overall consensus on the definition of spiritual health. The overall response was one of ever searching, changing, and believing in a power greater than ourselves. Some of the women referred to this higher power as 'God', others as 'Creator' and some participants were at a point on their journey of exploring this realm of health in more depth.

One participant went into great depth to describe and define spiritual health, offering an insightful perspective on spiritual health. She expressed herself in a straightforward, gentle manner about what spiritual health is, but also what can happen if we do not have or access this realm of health. She stated:

> I would say spiritual health is feeling a sense of connection with... something that's bigger than yourself, and also, everything around you. And by saying that, I don't mean that everybody has to have a believe in God or a higher power, but I think I actually kinda do

> think that. I do kinda, if I'm really honest, if I'm trying to be politically correct, I'm like, no you don't have to believe that. But I do think that we need to have an understanding, I think it's healthy for us - this is me talking - and I don't impose this on anyone. But I think it's healthy for us to think that there's more than us. You know, that we came from something that's real, and alive, and giving, and caring, and involved. And I don't necessarily think that there's certain ways to construct that, and, you know, that - but I do think that, there's a sadness or an emptiness, when we think we're all there is. Or the pinnacle of what is, that connectedness to, you know, mystery and complexity, and like, what people call faith. I feel like that's my definition of spirituality... I'm very conditioned by the Christian... experience... and, I'm very aware of that... I'm very aware of how - of that being the, sort of like the filter that I've been given for most of my life. But I think, the older I've gotten, the more I've, transposed that and sort of, tried to... have a more mystical... less defined, but no less real, understanding of spirit... and spirituality... so that's how I define it. And certainly purpose, and feeling I'm here for something, - it matters that I'm here, it matters that it's me. I sort of hold that all in with spirituality. (P7)

Several other participants described confidently their understanding with linking themes of Creator, prayer and belief in something greater than us. One participant stated:

> Spiritual health to me is that knowledge of knowing that we come from source, and that whatever the external world is, is that it doesn’t matter, is that we are the true goodness of source and that nobody can harm us in that place. (P11)

Another participant defines spiritual health as:

> How do I define spiritual health?... I don't know... I think, for me personally, it's - it's having that, that connection with Creator, and not forgetting to pray and not forgetting to

> feel like, you know, wow, I'm blessed, you know, for everything that I have in my life and all the people that I have in my life. (P2)

Several of the participants shared that they are actually at a place in their journey where they are searching for more. They want and need more clarity, understanding, or knowledge in this realm. One participant gets honest with herself in this process, explaining:

> Well... spiritual, I'm gonna say... I don't really know at this point. I'm sort of searching for that. I was brought up super religiously... teaching the Bible, I was teaching Sunday school, I was going to Church - but it was almost, not in a horrible way, but a lot of it was just forced upon me. So, I've almost been distancing myself…So for me, I know what it would look like, believing in something. Like having a belief that there is... a greater being, power, something in the universe... having a sense of inner peace because of that spirituality…I feel if at some point in my life I could come to a point of that, I feel I would have a little bit more peace with things. So yeah, so I definitely feel like I know what it should look like, I just don't know what it looks like for me. (P8)

As the interviews moved forward and the participants shared their knowledge, understandings of each realm of health came to life. Some of the participants are still sifting and searching for their complete understanding of spiritually. They are working through their childhood beliefs and connecting them to their present lives for these answers. One participant shared:

> Spiritual health - that's an interesting one, and I always say, you know, I grew up in a Catholic home, and we went to... church and catechism and all that stuff, and... *sigh* um... to me, I hate to say this, but it was all just like blah, blah blah … jibberish and I had to go sit in the confessional and, I'm, "I'm five years old, what do I need to confess?" I put gum in my brother's hair, please forgive me father, whatever. Umm... spiritual health,

> I think I started to connect when I got sober... they used the word "God" all the time, but... once I started going to university and learn more about - I'm a Metis woman, I wasn't allowed to say I was Metis growing up, so when I started learning about, um... Aboriginal culture and the traditions and ceremonies and all of that... there was a shift. There was a shift inside of me, it felt - it felt good to be around the drum. It felt good to - to smell the medicines, as soon as you lit that today *inhales* like I felt my shoulders just relax, ahhhhhh, you know. (P1)

Similar to when the participants defined mental and emotional health, each participant had their own understanding of and feelings toward their definition of spiritual health. There seemed to be a variety of responses such as, “I know what it meant growing up” and “I know what it is for me now”. I could still sense an uncertainty about the specific words that are the right words to use when referencing spirituality, whether it should be ‘God’ or Creator, and/or both, but overall the participants were able to work out their definition of the spiritual realm of health during the interviews. In the next section physical health is defined and it is within this section where there seems to be a sense of uncertainty. There is what society states physical health is and there are also the personal perspectives of the individual participants.

Physical health. Taking the medicine wheel model and each realm of health and breaking them down to provide participants with understanding and definitions was essential to the study. While designing the study, the intention was initially to bring focus to and centre the physical health realm based on my own journey. In my personal journey I found joy, pleasure, and connection with the standard modes of physical health, such as the gym, working out, and fitness- type activities. Entering into this study from my own personal experiences, I needed to be aware and acknowledge that physical health can be known and understood with a wide range

of ideas, thoughts, beliefs and assumptions. One participant began with defining physical health when I asked to her describe all four realms of health. She stated:

> So, I'm gonna go right to physical health because that's - that's always been... again, that ties into, for me, emotional health... mental health... and spiritual health. It all ties together for me, um... if those aren't in tune, like I get - I feel super, super off, and I know that. So last year when I was going to the gym, workin' out hardcore, felt great about myself, and um... way different than the way I feel now, right. I lost... whatever, 23 lbs, I gained 25 back, right. And that's kinda been my whole life, so in terms of physical health, yeah - I notice, um... my hips are sore again, my knees bother me, my back bothers me... I'm not sleeping as well. Like - I'm noticing all the negative effects of not taking care of my physical health. (P1)

Unfortunately, in our society physical health seems to have a strong force with the immediate thought of fitness and body image. This approach focuses on the outside body, rather than the structure that carries and holds our whole beings up, but this outside body being healthy is what defines physical health for many people. One participant bluntly stated, “physical, uhh... health is just, um... sweating, working your body, staying active” (P9). Another participant adds to this definition with “Physical health, I would say like eating right, sleeping good... exercising, like - putting things in your body that are like... filling and... full of nutrients” (P6). Another participant agrees with the above and was able to explore the realm of health in a more expansive manner. She stated:

> Physical being is actually being physically present in the body. Not necessary physically active or physically doing. It is actually being present. That you know that you are inside your body. That you’ve escaped somewhere else even though you are in the room. (P11)

Finally, one participant gives acknowledgment to the *whole* being that carries us as the human being. She talks about physical health as more than just what goes into the body. She states:

> And then physical... yeah, like, you know, there's that Bible verse that talks about our bodies being temples... and I do think like... this is the skin I've been given... to do the work that is mine to do on this planet, and in this short time that I have. And so... like, I want to honour it, I don't wanna worship it... but I want it to be well, and I want it to work, you know… having the strength to do the things you wanna do in your life. And the stamina, and the ability. (P7)

She wants to honour her physical health while not worshipping it: powerful. Exploring our physical health interconnected with all the other realms involves a relationship and a connectedness to ourselves.

Exploring the Relationship with Physical Health

Coming to terms with the fact that not everyone, including me, has or has not had a positive relationship with physical health was enlightening for me as the researcher. It helped shape this intervention and study. A couple of the participants were very clear and confident that yes, they have positive relationships with physical health. They just always have. There was no doubt or hesitation in their answers. For others, it was not that simple. One participant stated, "For me it's just, uh... I don't know. That's one of the hardest things I struggle with. It's my - yeah. I don't even know what to say about it" (P4). Understanding the connection to or relationship with physical health for each participant, although similar, were very different and individual to each one. Participant 2 states doing physical activity is easier for her to do when she has someone to do it with but quickly added:

> Umm... hmm. My relationship with physical activity... I don't really have a relationship at this point in my life which is unfortunate, and I think that's part of why I feel so crappy. …I have always had this thought of, I need to eat better in order to feel better. Because I think what you put into your body is just as important as physical exercise, you know, to have that energy, to be more physical. …I know what gives me energy (P2)

Another participant describes her relationship status with physical health: "I don't know! I don't feel as though I have a relationship with it right now. I don't have a relationship with physical activity right now. I've - I've divorced it" (P1). Researcher repeated her statement "You've divorced it, okay. (participant laughs)" Participant 1 went on to describe this experience. She stated:

> I was in a fully committed, lustful relationship last year... that is - that's so weird. That's - that's the only way that I can describe it. Last year, I was... like, loving it - I felt... um... amazing. I felt beautiful, outside, inside... my... how does that saying go? My outside matched my insides? My outside matched my inside. Yeah. Um... yeah I was lovin' it, I felt sexy, I felt sexual, I'm not feelin' that right now - no, nuhuh. I'm not in a relationship with it right now, no. Kinda told it to fuck off. (laughs) (P1)

The pattern throughout this interview was that the participants equated physical health to the gym, sweating and working out. Like physical health, the relationship was based around fitness, weight, food (both good and bad), and image, but there did not seem to be a sense of the overall care and nurturing of our physical being: our bodies inside and out. The participants were able to define the four realms of health along with the interconnectedness and importance of the four realms of health together. It was noticeable for me as the researcher through these interviews that each and every participant comes with their own story, experiences and ways of

knowing, but what I confirmed was that knowing was different than doing, and that there are many complexities to each of us and our journeys are so incredibly personal.

Participant 6 shares part of her story. She stated:

> Well... (participant stated "sigh, eye roll")…Yes, I've had a challenging relationship with physical activity. I was really physically active as a kid... and like, I had really bad asthma… I really struggled with that, and I've always struggled with my weight, and I was super physically active as a kid, but still had issues with my weight. And then as an adult, being in university and stuff, my physical activity just totally took a back-seat and I'm... just, in my own health experiences lately, just - trying to be more physically active, but it's hard. And finding it really challenging because... like it's not something that's ingrained in me, …not necessarily super comfortable going to the gym by myself, but I know that I have to do it. And yeah, I really wish that I felt more comfortable doing physical activity, and more encouraged to do it, and that I knew more people that would do it with me, so. I definitely wanna get more comfortable with it. (P6)

After participants shared their relationships with physical health, it became clear that physical health seemed to be the first realm of health to become neglected when it came time to caring for ourselves. The above statement confirms this. Unfortunately, when there is a disconnect within one realm of wholistic health and self, challenges in balancing and integrating all realms of wholistic self-care arise.

Challenges to Practicing Self-Care

Thus far I have provided the definition of social workers in Manitoba, introduced the study participants, described the typical day and activities of social workers and the resulting experiences of burnout, compassion fatigue and vicarious trauma. We also learned that without

wholistic self-care, social workers are at high risk of experiencing burnout, compassion fatigue, and vicarious trauma themselves. In this section the participants began exploring, discovering and acknowledging what challenges they face to practicing wholistic self-care. For many of the social workers in the pre-intervention interviews, there was a sense of normalcy when it came time to hearing and experiencing trauma mentally, emotionally, physically and spiritually daily. By normalizing their experiences and pairing it with self-talk that argues there is no time for self-care or guilt if they attempt to do something for themselves, social workers are contributing to their risk of burnout, compassion fatigue and vicarious trauma. This is while simultaneously continuing to tell others how to care for themselves or continuing to care for others while telling themselves that are "fine", when they might not be. They may not be coping well with the stressors of their professional and personal lives. The following stories are common for social workers. This participant shared:

> Yeah. Soo, I can honestly say that I haven't practiced self-care for myself. I haven't...because I'm so busy taking care of other people that I haven't really been able to do what I need to do for myself to stay healthy. In all of those areas… I feel guilt all the time for... I work now full-time, so I'm at a job full-time. And when I come home, I'm like, okay - my whole evening needs to be focused on my children because they need that time with me. Because it's important. And so I feel guilty when I do things on my own. I think like, my version of self-care would be to *sighs* I really don't know. I'm... I'm still trying to figure that out. I tell people - do something for yourself that makes you happy. But I've also... don't really know what makes me happy. If that makes sense. Orr... you know, going for coffee, or reading a book, or you know, all those little like - cliché things. Cuz I'm like, ok, really? I have three children, when am I gonna take a

> bubble bath? *laughs* When am I gonna read a book, besides school work? When am I gonna go for like.. I don't, I don't know. So, those things - yeah, I've learnt. You know, my mom actually just recently, just yesterday, I came home from work and, I think she could tell something was wrong. And I don't really know if I really recognize it within myself, but all I thought when I got home was, holy crap what a heavy day. And my mom made this comment, she's like, "what do you do to separate your work from your home?" I was like, "I don't know!" *laughs* I was like, "I don't know!" And she's like, "well my girl," she's like, "you need to figure it out." And I was like, "ohhh." I was like, "well what do you mean?" *laughs* I was like, "what do you mean! Because I haven't - I'm fine! I'm fine!" *laughs* (P5)

Another very real challenge that social workers face are the ability and opportunity to "shut off" helping. For most of their lives, many participants have been the go-to person, the person everyone relies on for support and advocacy, but this role leads to also having very blurred lines or knowledge on what self-care is. This participant shared the challenges:

> turning the helper in us off. So if we're spending time doing, like extra-curricular activities with people that we love and they're having their own issues and experiences, it's hard to turn being a helper and social work off. So if your friends are struggling, if you have a friend that's struggling, but you're in soccer together, and you go and play soccer and you're giving that friend a ride, and you know, they're talking to you about their experiences and how unhealthy they're doing and you're just being there, like emotionally present for them… I think in (social work) there was lots of talk about doing self-care, and being good with your self-care, taking scheduled breaks, but not really ever explaining what that looks like - the only ever training that I took about that, or that

> encouraged was the vicarious trauma training which wasn't even mandatory. So, I think just people talking about this idea of self-care, and taking care of yourself, and how important that is, but like not really knowing what that all looked like, really. (P6)

One participant's belief and the messages she has received from society about self-care proved to be a challenge for her as well. This participant described how self-care can sometimes be harmful for her if she is not connected to her inner self and well balanced. She described:

> But I do have to watch about the self-care, because I've used - I've learnt to use it as a crutch, too. And I've, I feed it when I don't necessarily need to feed it? And, then it becomes like almost like an obsession, or I'll go shopping for something I don't really need, right. (P12)

Throughout this study, prioritizing and scheduling time for wholistic self-care has proven to be a challenge for participants. During the interviews, the participants responded to the times when they had 'self-care' planned, scheduled in but it was interrupted by the demands of work, helping others. The response was powerful. The following conversation with Participant 9 illustrates this.

> Researcher: And has there been a time... do you have those things (self-care) planned and then cut them back because of work?
>
> P9: Oh yeah.
>
> Researcher: And because of being a helper.
>
> P9: Yes.
>
> Researcher: …would you say that most of the time, your... your priorities get cut back?
>
> P9: Yes.
>
> Researcher: Because of work.

P9: Mhmm….Every time.

Researcher: Every time. Yeah. And you're aware of it?

P9: Mhmm.

This sentence ended with the 'Mhmm' and silence. I could feel the impact of this inquiry being brought forth. It became evident throughout the interviews, that many of the women were extremely busy, on the go, and resigned themselves to the fact that they could not take breaks during the day. Some of the women acknowledged that breaks were important, but also that due to their roles and responsibilities, it was not always easy to complete. When asked about "what social workers/helpers do' for the breaks, time to themselves during the day, breaks, and/or lunch break during work hours", they had a variety of responses. One participant stated:

> I try really hard to take a break when I'm at work. But I find it really hard to take breaks there because you're surrounded by people in need. And they're in need all the time. So, you literally have to leave the center to get a break…because I smoke I'll take my break and have a smoke, but then you know, like you have community members that are sittin' outside havin' a smoke, so then you're not really getting a break! …I've tried to hide... I'll go around farther around the building more, and not too many people will follow me there…I'll go and sit over there and usually I'm left alone, I really do need that break to just decompress a little bit, and just to let go of you being constantly needed. Cuz you know, you're surrounded by people... that need things. (P4)

More commonly the responses seemed to normalize the idea, practice of *not* taking breaks during their work days and actually filling any own time with more work. This participant shared:

> The only time - and I'll be honest - the only time that I would take a break is if I couldn't pick up a youth... for an hour in-between, but then I'll find something to fill that hour with. Typically, I won't just go sit in a coffee shop and have a coffee(P1)

Additionally, Participant 8 stated a similar behaviour:

> "it is usually go go go. I don't usually take a lunch, there are sometimes, there's certain people, where I do, I'll schedule something once in a while, but for the most part I'll just kind of like work straight through." (P8)

This participant also disclosed that she struggles with breaking at all from work, and she carries it home with her and it interacts with her home life. She continued to share:

> I would like to be able to come home from work... and do that, so that I can fully be present in the moment, like most especially with my child. But the other part of me is, I feel like I'm gypping my clients because clients don't - or people don't turn-off the things that happen to them at 4:30, and I feel like one thing that's special about me is that I will. But, it's - it does compromise your own personal stuff, right… (P8)

No time, feeling guilty, over compassionate, always needed, not being able to turn it off and blurred boundaries are just some of the challenges to practicing wholistic self-care for these participants. The participants expressed that this study came at the right time for them because they need to be able to give themselves time and space to practice wholistic self-care was desired.

Chapter V

Post- Intervention Responses

Throughout this next chapter I will review and explore the participants' post-intervention experiences. In this section I will share the participants' overall experiences of participating in this research study. They will share stories of their understanding of wholistic self-care. For some of the participants, there was a different understanding and for some there was an added layer of understanding. I will also explore the participants' relationships to physical health post-intervention and their reflections about pivotal moments, personal growth and new awareness. Finally, the participants will share stories of what they want other social workers to know after being part of this research study.

Participants' Overall Study Experience

The core of the intervention included weekly gatherings for a total of ten weeks. Each Sunday the participants and I would meet at a pre-determined location to practice wholistic self-care for approximately two hours. We began each gathering with smudging (spiritual) using a women's medicine (Sage), followed by a brief check- in circle with each participant, giving space for them to express themselves as needed (mental and emotional). The ten- week intervention included physical fitness activities, traditional medicine picking in the forest, an Indigenous Full Moon Ceremony, Yoga/Breathing practice, conversation on healthy eating/living from a traditional perspective, bracelet- making using chakra stones, and a Cree Sweat Lodge Ceremony. All of which were based in the physical but were interconnected with the other realms of health.

In the following sections, the participants share their experiences of participating in this study and how this impacted them. The first section explores the post- intervention understandings on wholistic self-care.

Post Intervention: Different and/or added Understanding of Wholistic Self-care

In the post- interviews one of the questions to the participants was, "Do you have a *different* or *added* understanding of wholistic self-care?" Their responses are powerful. The original question was actually, "Do you have a different understanding of wholistic self-care?", but it was in the first post-interview where the participant stated that she was not sure it was different, rather she had an added layer of knowledge. This theme and response ran through many of the interviews. Their answers also included the theme of self-awareness and consciousness raising. Some participants felt as though they added to their understanding and for some they came away with a new/different understanding. One participant shared about her added understanding of wholistic self-care:

> I feel like it's just added to, what I already... know. I know that... to be balanced, you need to be - take care of all four quadrants, and... but I guess when you slow down, it makes you just think about it more. And, like... when we first had our first sharing circle, I never cried like that in so long. And I felt like... weight lifted, I guess. Cuz like, I had said in the circle, I... felt... like I couldn't have a place to go do that. And that your space allowed for me to, to let go of some of the stuff I was carrying. And not having to pretend everything's fine, when it's not fine. So, that really helped a lot. (P13)

The additional layers came for one participant in terms of acknowledging spirituality and self a little more when considering wholistic self-care. She stated: "I think so. I think I saw self-care as

connection with self. But also, spirituality I've been considering that a little bit more as a part of self-care. Yeah. So, I guess that would be a layered". (P9)

Another participant's additional layers of understanding came with the self-actualization of how difficult it can truly be to take what you know you are supposed to do and implement it in your own life. She described:

> I think I have an added, like, you know... taking the time is the hardest thing to do... to take care of yourself, right. Even since we last met, everybody, you know, booked appointments for doctors and da da da da, and I'm like - and I was thinking about that the last time we met, that I need to do that, I need to get my bloodwork done and I need to... yeah. See if I have a heart… you know, something wrong with my heart, or... you know. Stuff like that. But... I still haven't. *laughs* I still haven't done that, you know, so - taking time to take care of yourself, but... is... one of the hardest things, and I didn't realize it so much until... this group. (P2)

Self-actualization also came with admitting one's own unwellness. This participant stated with uncertain emotion that:

> Well, just in terms of that it's very important. *laughs* I knew that it was important, but I mean, in terms of, taking care of one's self, and your wholistic self-care, is... is different when you're trying to help other people, like in this field, in terms of... I guess, priority. Like, the priority of myself to be wholistically well, wasn't very high... and... I guess, now... it's still, it's very, very important, because when I'm not well. (P5)

A couple of the participants stated that they came out of this study with a different understanding of wholistic self-care. Similar to my own journey, a few of participants had not been including or considering all four realms of health. One participant shared:

> Uhh... I think I have a different perspective. Only because I don't think I ever really considered... I just didn't really consider myself a very spiritual person. So,... we were talking wholistic, and there are other helpers who have... really benefitted from having that realm of their life, like more completed, or were healthier in their... their spirituality. Like, I think, maybe my opinion on that has changed a bit - I thought, oh I'm okay, just not being a spiritual person, or just having that undefined. I don't think that needs to be a part of everyone's life necessarily. I think my perspective on that has changed and that, everyone can be spiritual in a different sense, it's just different, religions, different traditions, different ceremonies, so. I think my perspective on that has changed.... in the beginning I definitely thought, oh well it's just gonna be like an exercise and eating right group, and it's like - it was definitely more than that, so. (P6)

Another participant was thinking of wholistic self-care as a mental piece, but she came out of the study with a different understanding and relationship with wholistic health, and learned to appreciate the actual physical practice and space. She stated:

> I think that before the project, it was more a mental understanding. And now that we physically, did some of that work... it feels different. It's not just like, we think about things, yes I have to do this, and I have to do that. But to physically do it? So that was different for me, and it felt good. It felt good to physically take that time to spend on myself, and to surround myself with... other women that are also tired and in the field, and... so it's like, mentally we know we have to take - do self-care. But, really, I don't ever really see many people actually physically doing it, so to physically go through it, was - was, a different feel. If that makes sense. (P10)

Learning about and building a relationship with the physical realm of health became a noticeable pillar in this study. Coming to know and appreciate the vulnerability in the stories around the relationship and connect with physical health was an honour. In the next section we will explore the participants' experience and relationships with physical health post-intervention.

Relationship with Physical Health

Some of the participants, when asked if their relationship with the physical realm of health changed after participating in this project, were quick to answer "no". They were not working out regularly and did not get a gym membership. But when researcher acknowledged their stories of going to the doctor for the first time in 5-7 years, getting blood work done, working on the land for hours a day, many days a week, they paused in curiosity, stating, "Oh, I didn't think of that as physical health". A conversation with Participant 13 described this well.

> P13: It made me think, maybe I should do more, or start that process, and... it just made me think more about what I'm doing, and, like... I got a doctor... doing bloodwork. And then I'll see what comes out of that. I just wanna get healthy. And, be around for my kids, and so it made me think of that more.
>
> Researcher: it's interesting, that when I ask you - if your relationship with physical health has changed…
>
> P13: And I said no. *laughs*
>
> Researcher: - and you passed off like, no not really. But I got a doctor. Got bloodwork.
>
> P13: Oh, and I went to the dentist. And I haven't been for five years.
>
> Researcher: And I went to the dentist. Five years. You've been thinking about it, your awareness. You've also changed some of the things in your life around... and I know you

> shared this in another circle... around some of the things you were doing, like financially, and planning, and I connect that with physical health, mental, emotional and spiritual. That's physically draining, to look at all your finances, and to look at all your stuff. And when you... put that in order. What that can do for our stress levels, which is physical, right.
>
> P13: Right…
>
> Researcher: So, I'm not trying to put thoughts in your head, I just wanna give you acknowledgement and the credit for the work that you have done. And you were one of the participants, when you would come here, would always be like, well I didn't really do anything this week, but... I built a sweatlodge, and I walked here, and I sweated (ran sweat lodges) four times in a week, and went to a dentist, went to a doctor. *laughs*
>
> P13: Well I don't realize it, that I could - but I guess... When you were talking... I don't know what group it was, or what circle or but it was like, talking about like, how your physical health is also just taking care of things that need to be done. So that's - since I started this group, that's what - I guess what I've been doing. So yes, maybe I have…It's so much - everything else, that I didn't realize that till... I started coming to this group…But I guess I wanna do more, if that makes sense. I feel like I'm getting there, but I don't know. (P13)

This was common amongst the participants. Another participant stated, “Mmm... my relationship hasn't changed with physical health *laughs* unfortunately, I'm sorry.” (P2), but earlier in the same interview stated:

> Taking the time is the hardest thing to do... to take care of yourself, right, like. Even since we last met, everybody, you know, booked appointments for doctors and da da da da, and

> I'm like - and I was thinking about that the last time we met, that I need to do that, I need to get my bloodwork done and I need to. (P2)

I will state that Participant 2, quoted above, stated that not much changed for over the course of the intervention and was apologetic for this, too. The intervention ended in November 2018, and in January 2019 this participant reported that she had joined a fitness bootcamp and was actively participating in caring for her overall health, with an emphasis on physical movement. Although I am not taking credit for her personal hard work, I would state that I am curious if this intervention supported her awareness and promoted wholistic self-care. I also believe that building a positive relationship with physical health takes time and is proving to be very much connected with all the other realms of health in order to find balance.

One of the participants stated directly that her relationship with physical health changed immensely and she has discovered the interconnectedness of all four realms of health. She stated:

> I would say yes. More so because I feel like I don't know if this makes sense, but I am... I've taken my physical health, into my own hands. And... and in doing so - and I'm doing so to try to improve some of the other realms, right, with them being connected. So, I do sort of feel like right now, I started doing a journal, and it's all to do with physical things, right. Like how much sleep I get, and how I'm feeling every day, and different things that happen. And I'm - I am trying to be, more self-aware. Like my back stuff is a hundred percent there, but right now... for me, I just feel like I'm way more committed. Like before we started this... I was so much more committed to everybody else, right, to doing everything for everybody else. And everything was getting neglected in my life. So I think with... with my physical, it's... I don't wanna say I'm not - I am totally not feeling

> better, but I'm starting to actually feel better because I'm feeling more, optimistic about... my physical health(P8)

It was through the post-interviews where many pivotal moments, as stated above, and other moments of self-awareness and personal growth were captured. The following section highlights these post-intervention movements.

Pivotal Moments, Self-Awareness, Personal Growth

I have come to realize, know and understand that pivotal moments, self-awareness and personal growth do not have to happen in big theatrical moments. I believe that they happen when you least expect it and when we give ourselves the chance to slow down and open ourselves up to experience them. For the participants in the study, I asked them in the post-intervention interviews "if anything stood out and/or what stood out most for them" in this study. Participant 5 expresses her pivotal moment. She stated:

> Yeah, my life is really chaotic, and I never really…I just, you just keep going, right. That's what I've been, I guess, ingrained to do is just to keep going and to not stop and to keep going. And so actually sitting down, with a group of people, and, you know, checking in. And it wasn't about like, checking in about work or whatever, it was checking in about yourself. That was hard. It was really hard, cuz I'm like, oh my gosh. It gave me this perspective into this like, holy crap, like and that whole aha moment of... everything is really fucked up. *laughs* And everything is really chaotic, and holy crap how do I do this every day? And, it got overwhelming, cuz I had never really thought about that before. Never really thought about or stopped to think about... all of the things that I do, in a given a day, in a given week, in a given month. And, even within a year, right. And so that, that piece is really overwhelming. And the work that I …those are

> really intense positions that I hold there. And... and it's really - it takes a toll on my... on my well-being... and not in a bad way, but... well I guess in a little bit of a bad way cuz it's so intense. *laughs* But... just recognizing the importance of that I need to take care of myself. Cuz if I don't take care of myself, how am I gonna take care of... the people that I'm servicing. But also how am I gonna take care of my kids, and my family, and... cuz I need to be well. Yeah. And so, just a really big like, holy crap!... I like to think that, oh everything's fine and dandy, I don't need anything, I don't need help, I don't need... support. Like I got it all on my own. But just like... being more mindful that, oh - man, it's pretty intense what I go through on a given day, week, month, year, and... just trying to, be kind to myself I guess. And that I can't do everything. P5

Hearing from the participants that they thought they need to "have their acts together" because other social workers seem to, was a common disclosure. One of the participants even reflects on her perspective of me (researcher). In the post-intervention interview she reflected about the first talking circle, pre-intervention. This circle as power for her. She reflected about how when I (researcher) opened up the circle, shared words and experiences, was vulnerable, this impacted her. She felt safe and secure. She was then able to share about the loss of her mother and release some of her feelings about this loss. She cried for one of the first times since losing her mother. She also reflects:

> And so, that stood out for me, I appreciated that. And seeing you cry. And open up…Because I don't get to see that side of you, when you're - to me you're always tough, strong Heather. And it made me realize we're - we're a lot alike, and we've been through lots of shit, and. You know, that's okay. (P13)

To capture these moments, these experiences of awareness is an honor for me as the researcher. It confirmed for me why and how this study came to life and that I just knew if I was thinking these same thoughts others had to be, too. But in what space can social workers express themselves, purge their thoughts and feelings, support each other and let go of these things? One of the participants give total credit to this project supporting her on her journey to wholistic self-care.

> No, and I totally would give credit - because I feel I was kind of - I was majorly, majorly stuck in a rut before this happened. And I was just really physically, and mentally, emotionally not feeling good at all. And then this group, it honestly did come at the perfect time. And I do feel like it was a reminder and a wakeup call, and every week that I came, and I talked to people and people shared, and we did different things. Like opened up my eyes more and more, to what I need to be doing for myself. So, a hundred percent actually, do accredit it. (P8)

Throughout this journey, Participant 8 was fairly certain on her definitions on each realm of health pre- intervention, but would also describe how much stress, and trauma she would endure on a daily basis. She would talk about these experiences as normal and/or part of the job, something she needed to do. It was post- intervention where she came to some pivotal moments regarding her own overall health and her understanding of physical health and all that is included within that:

> because I mean it really was through this journey that I've made some major steps, right. I've taken some things - like, before, physical for me was, running, going to the gym, whatever. Now, physical to me is like, making sure that I'm making my appointments, like my physio appointments, my massage appointments, at home, trying to just do some

> basic things. Like, journaling, I've been thinking for a year or two that I need to be, every day or every time I feel a symptom or whatever, documenting things… I mean, through that process, the doctor has actually figured out that there's, like physically things going on. So now it's kind of the lightbulb in his head…But no, absolutely, I feel like I would have still been stuck in the rut, because this kind of - it opened my eyes to really... self-care, right. Which sounds simplistic, but it's like, totally not. *laughs* No. It's very complicated. (P8)

This self-realization, awareness and wholistic self-care led this participant to take time off work to better care for herself and begin really to look at what is going for her in all realms. She continued to describe her journey of discovering wholistic self-care:

> But it was somewhere in this journey, in like I'd say... definitely, I think, September, where I recognized that even physically with panic attacks and stuff during work, physically that this was not good. And I know that this is something that I would have never done, I know it. And it is, it is a huge thing for me, and I remember, I did journal about it cuz I kind of had to like, in my head, really build myself up to it. But I honestly, just kept like - again, just those two words self-care, self-care, just really kept coming into my head saying you know what, no, like I've spent a long time taking care of other people, and I need to take care of myself. So that for sure, yeah, happened during this journey. And again, I don't know that it would have happened if it weren't for this, so, yeah. (P8)

Not all participants' experiences were as direct as the one above, but ah-ha moments were still happening for the participants and their ideas, thoughts, and societal- conditioned thinking of

being the helper, therefore not needing help were being challenged. This participant expressed her growth in awareness. She affirmed:

> Good stuff. Eye-opening. I think that... I feel like I was in a... I think I still am, in denial, about my self-care. And what that means... in terms of the wholistic approach. Now, I feel like I'm being more honest about where I'm at. Because of this - because of this group, this group. Its made me more aware. And, it's okay to say, that I'm having a shitty day. It's okay to say that I feel really great. It's okay to say that I'm really tired. That spiritually, I'm not doing so good. Or... really good things are happening, or whatever - its okay to just be honest about where I'm at, in that day. Because I find that, it's just so easy to say, I'm good! I'm good! But, in reality, lots of days I'm not feeling... good. Yeah. So, I'm... this has made me more... aware, and in tune, with my mind body spirit emotion and... how its connected to just sort of, every day. And... learning to find balance. And what that looks like for me. (P1)

As the participants shared their pivotal moments, self-awareness, and stories of growth, I thought it would be important to ask the participants what they would want other social workers to know, whether they are new to the field or even others who have been practicing for years.

Participant Recommendations for Social Work Practitioners

When asked what the participants would want other social workers to know after participating in a wholistic self-care group like this one, their responses were self-awareness, self-honesty, finding our own ‘circles’, and more education/awareness on the subject. Self-awareness runs deep. The participants really took hard, raw looks at their lives and how they were contributing to their wholistic health and/or their burnout, compassion fatigue or vicarious

trauma. Self-awareness and self-worth for the overall well-being for this participant were traits she wanted to express. She shared:

> Self-awareness is so important. Like, so so important. ... utilize your benefits as best as you can, you're paying for that. And you - there's no one more important than you, in your life. Like, you have to get up, and live with yourself, and spend 24 hours a day with yourself, and that is the most important relationship. There's no meeting, or client, that is more important than your sanity, and you don't have to have all the answers, and you don't have to go above and beyond and work over-time and ... I read this meme that really hit hard recently, that was "you could die tomorrow or something, and your work is gonna replace you. No one's irreplaceable"... you're never gonna be on top of your caseload, you're never gonna be the perfect social worker in anyone's eyes, so you might as well be, in outstanding health, or be as healthy as you possibly can be. And it is definitely okay to be vulnerable with other workers that are in this profession, not just with your family, cuz they're - this is a very special field, especially in this province… you know, some of the stuff that we're exposed to on a regular basis you're... it's really... important and has been like, life-changing for me, to have other trusted supports, in this field, who I can be vulnerable with, and ask for advice, or - for, and have like a genuine connection with, so. I would say do that to the best of your ability, like find your work wife or your... your work mother, whatever, and just create, try your best to create a safe trusting relationship with someone that you can be vulnerable with and ask for help for, and... sharing is caring. (P6)

Another participant confirms what the P6 stated about finding your someone and being vulnerable. She stated:

> That they need themselves a group like we had! *laughs* …and even if you can't find a group, *laughs* to take care of yourself, to really to try and take care of yourself... in those realms, because it's so important in the work that we're doing. But also important for your individual self. (P5)

Knowing about self-care and applying the self-care practices to ourselves seem to be very different and also difficult. One participant stated:

> Ohh... as much as we think we know about self-care... *laughs* if we don't apply it to ourselves, and do it ourselves, there's no amount of... you know, help out there, that we can give, if we don't help ourselves first, so. You know - and, learning to - learning to say no, and learning to take care of yourself, as hard as it is. You need to be able to learn to do that because if you can't take care of yourself, nobody else is going to either - like nobody can. So, you need - like and you can't take care of others if you're ill, ill in all aspects, right. (P12)

Another participant really wanted to send the message to other social workers to truly care for themselves, set boundaries, and it is okay to put yourself and family first. She wanted other social workers to prioritize finding themselves, getting to know themselves, and caring for themselves. She stated:

> It would be nice in social work or youth care work, the schooling or applied counselling if there was an actual, a course... on, this. Because you're gonna go see shit and go through shit, that... you're gonna carry your whole life. And how do we... heal our own self while we help other people. I would want... other... social workers, and helpers, to know... that it's okay to say no. That it's okay to put your family first. I would want them to know... that you have to heal yourself. And you gotta work on yourself. And, you can

> only help people as far as you've helped yourself. So, if you're stuck, you gotta figure out what you're stuck about - if you're hurting, you can't - you have to figure out why you're hurting. If you're sad, you gotta figure out why you're sad. And so... I would encourage them to keep working on themselves, like... spiritually, emotionally, physically, whatever that looks like - cuz I, coming into this, I didn't go to the doctors, I didn't go to the dentist, I didn't... I brought my kids - my kids are up to date with everything, but not me, you know. And so, especially as a female, as a mom. You know, you gotta really take care of yourself. And, you really gotta put yourself first sometimes. And... not even sometimes, all the times. Because we're no good if we don't take care of ourselves. And I guess I just wanna say... that... you have to find things in your life that you can, relieve stress. Whether that's ceremony... laughing... going for a massage - whatever it is. Just find something that makes you feel good. And... yeah, just... lots of self-care. Whatever that is for that person, I guess. (P13)

One participant wanted other social workers to know that they should honour their truths and use honest language that matches their feelings. Being honest with yourself is a message she wanted to send to others. In our conversation she shared this story:

> P1: Ohh. The importance of being in tune with yourself and being honest. That's probably the biggest piece, Heather, is... being honest, like you said, I - I am the master at deflecting. And, turning it into humour, and... am I feeling burnt-out? Fuckin' A I am. I totally am. I always said, you know, if there's a day that I don't feel like going to pick up a kid, or listening... then, I shouldn't be doing this anymore, you know. And, those days - those days have come. Yeah. So, yeah, just - being honest. And using the words, that's really happening. I remember, I don't know... this was, oh god, it was early in my

> sobriety… talking about some feelings, and - I just kept saying, I'm sad. I'm sad. Like I didn't wanna do anything, I didn't wanna... I didn't know, how I was gonna get through the next day, or how it was gonna - you know, whatever. And just having to put on a face… I had to be a mom to a toddler, and I had to clean a house, and I had to go to work, and I was sad. And somebody used the word depressed, and I'm like, pfft, shhh! *laughs* No way!
>
> Researcher: Not me!
>
> P1: Not me! And, that was a lightbulb moment. I was feeling depressed. So, then I was able to move forward, because I was honest and used that word. Like - burn-out. Cuz again, when I first started this... burn-out, pfffft! Come on! Yeah, but - yeah. I might use a different word with some f sharps in it, but *laughs* yeah, being honest. (P1)

This quote links to the beginning of my journey, my story, the story that ultimately led to this research study. My wholistic health journey in finding balance in wholistic self-care started with the denial of my own feelings and not being honest with myself. I searched for something medically wrong with me as opposed to being honest with true feelings, signs and symptoms of being burnt out, living with post-partum depression and just plainly doing too much without self-care.

Chapter VI

Conclusion

In this final chapter I will briefly summarize my discoveries from the research study followed by recommendations and several implications for social work practice and future research. Throughout this study, I have discovered and confirmed many of the ideas that I had at the start of the research. I have confirmed that social workers have a fast-paced, high- stress and complex job, but I also learned that each of these participants *love* their jobs and the heart work they do. The participants proved that even amid all the chaos, they love helping people and they had no immediate plans for a career change. They expressed and discovered how much duty and responsibility they carry as social workers that goes above and beyond a typical 9am-5pm work day.

I also came to understand that people perceive the world and definitions around us differently. Having the participants walk through this journey and explore their definitions of burnout, compassion fatigue and vicarious trauma from their experience and understanding was essential. Having the participants share their definitions of wholistic self-care and how it looks/feels for them specifically with regard to each realm of health (mental, emotional, physical, spiritual), the challenges they face, and their relationship with it, were also fundamental to this research.

This research study demonstrated that the participants at times need to detach and disassociate, either consciously and/or unconsciously in order to do social work at the required level. It appeared from the interviews both pre- and post- that some of the participants were aware of this, and others learned more about this trait within themselves throughout this study. Others had not realized the extent to which they had been neglecting their personal wholistic self

and care. Participants expressed this that study raised their awareness of the four realms of health and for some, it helped them uncover both the distinctness and interconnectedness of mental, *emotional*, *spiritual*, and *physical* realms of health.

Recommendations

After completing this research study, I believe that there are several recommendations and implications that should be employed by social work agencies, social service organizations and educational services at all levels in order for social workers to practice wholistic self-care in both their professional and personal lives. I believe these recommendations can and should be implemented at micro, mezzo and macro levels. These recommendations and implications come first hand from me as the researcher, as well as from the participants in this study. As a collective, the participants and I have been doing social work for many years and have felt and lived the effects of not having these recommendations and implications available to us. We have experienced burnout, compassion fatigue, and vicarious trauma whether we knew it or not.

First, it is essential that individuals, agencies, organizations and institutions further promote raising awareness among social workers of the *personal and professional* signs, symptoms and behaviours of burnout, compassion fatigue, and vicarious trauma. This includes regular training and learning opportunities on the topic of wholistic self-care. Raising awareness on this and any topic must involve an individual and collective bringing together of knowledge, definitions and common language for the words *burnout, compassion fatigue, and vicarious trauma*, remembering from the study that each participant knew the words differently and connected them differently to themselves. Giving space for individuals to know the professional definitions but also to allow them to connect these definitions to themselves was key in raising

their personal awareness and working towards wholistic balance and practicing wholistic self-care.

Second, it is important to use and include the four realms of health (mental, emotional, spiritual and physical) when raising awareness of social workers' *personal and professional* signs, symptoms and behaviours of burnout, compassion fatigue, and vicarious trauma. This study used a Medicine Wheel model to introduce, explore and incorporate the four health of health. Agencies, organizations and educational services need to talk about the four realms of health. Talking about and incorporating all realms of health openly and regularly will promote wholistic care for ourselves and not just our clients. This should be openly discussed daily, weekly, and monthly, not just one day a year or post- crisis.

Third, workplace supervision and support that matches with wholistic self-care plan is essential for preventing burnout and mitigating vicarious trauma. It is recommended that social workers be provided with regular, direct supervision that includes direct conversation about *personal and professional* signs, symptoms and behaviours of burnout, compassion fatigue, and vicarious trauma. It is important to state that these set supervision dates be prioritized in the work day for both the employer and employee and not 'rescheduled' due to other matters, unless critical/emergency. It is within this direct supervision meeting that social worker and employer can create their own wholistic self-care plan, share together and support each other. This plan should include specific details as well as the individual's definition for each realm of health. Remember from this research that everyone has their own perspective, understanding and ways of knowing; we should honour this.

Fourth, each agency, organization and educational service (private or public) should have a safe physical space to physically practice all four realms of health (mental, emotional, spiritual

and physical). This could include a quiet, calm room without phones, computers or other distractions for social workers to take breaks throughout the day, pre- interventions, or post-crisis. This could include a room for prayer. This could also include a physical space or area to promote and encourage physical wellness movement during their work day. Every workplace or personal space will need to be individual to their agency and employer's needs, however, this space is essential.

Fifth, it is recommended that each agency, organization and educational service have a critical incident plan or policy in place that aligns with the above recommendations and support the social workers wholistically pre- and post- critical incident. This could be mandatory paid day(s) off post incident, and one-on-one support with critical de-briefing with a supervisor/counsellor. Again, this would be different depending upon individual agencies and employers' needs, but it is essential.

Finally, we, as social workers, whether we are teaching, supervising others, or frontline, are responsible for practicing what we preach. In order for us to wholeheartedly and safely care for others, we must be taking care of ourselves. It is okay not to be okay, but it is not okay to deny yourself or your needs just to keep pushing through.

Conclusion

As stated throughout, my initial intentions when setting out on this journey were to place the physical realm of health more centrally in a Medicine Wheel with the notion of this creating balance and wholistic well-being. These intentions do not align with the Medicine Wheel model and what I have come to fully understand is that they do not align with the definition of balance. I cannot place one of four realms more centrally than another and expect balance.

At the end of this research, one of my main teachings has been accepting and understanding wholistic *connection* through relationships. Our connection and relationships are part of us in every way, with everything, with everybody and ourselves. It was necessary for the participants and me to get personal with each and every realm of health and connect it to ourselves and our self-awareness. We have to explore it, define it, shape it and be mindful of each realm because in order to know and obtain wholistic balance there must be connection to what you are searching for.

Another key teaching for me throughout this research was that there is not one universal way of *knowin*g or *doing* or *learning* about wholistic care for oneself. There are four realms of health and although this project began with my believing that I could bring the focus to the physical health, I realized and confirmed they are all interconnected. Not one is at the centre or more important than the other. In order to work within the realms of health, one has to acknowledge their own understanding of wholistic health, and that there are four realms working together fluidly, synergistically. If we work on one area more then another, or we do not work on one's area at all we will be off balance, so we will not be whole. Balance requires self-awareness, intentional boundaries, and space to learn and practice.

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Appendix A: Recruitment Script

Study Title: Self-care for the Social Worker

First Contact Script for Interview (Telephone or In-Person or email)
Researcher: Heather Woodward

Hello (name of known participant inserted here),
As you know, I am working on a research study for my thesis in the master of social work based in Indigenous Knowledges program through the Faculty of Social Work at the University of Manitoba. I am conducting a study on wholistic self-care for the social worker and how positioning the physical well-being in an Indigenous model of care promote wholistic self-care practices. This study will contribute to knowledge about self-care and social work practices.

I am hoping to meet with you to discuss the possibility of participating in this research study and intervention. I would like to provide you with information about the study, questions I will be asking and consent forms for participation in the study. If you have any questions, I can answer any questions you might have.

Participation in the study is voluntary and the participant can withdraw at any time. The study includes a pre and post intervention interview that may take up to 2 hours for each interview, participation in pre and post talking circles and approximately 1 time per week physical well-being activity over the course of 18 weeks. You will also be asked to keep a journal for the duration of the study. This journal will be provided to you by the researcher and entries from this journal will be used to for the data collection of the study. Participation in this study will both provide you with the opportunity to help the community better understand wholistic self-care practices for the social workers and contribute to you own wholistic self-care practices as well.

As you know, I am working on a research study for my thesis in the master of social work based in Indigenous Knowledges program through the Faculty of Social Work at the University of Manitoba.

I also want to acknowledge that you and I have had a previous relationship prior to this research invitation. This is important to acknowledge for a couple of reasons. First, it is because of our relationship that I am asking you to learn more about the research study and potentially participate in this study. Second, I also acknowledge that because of our relationship it may make it difficult to decline the invite to participate. I want to state that it would be an honor and privilege to have you participate in this study, but more importantly I want to acknowledge that I respect your decision either way and there will be no hard feelings or change towards our relationship if you choose to decline this invite.

Can we arrange a time to discuss the possibility of participating in this research study?

<u>If Yes:</u>

When is a convenient time to meet?

Offer the forms and research study information by hand or through email.

If No:

Thank you for your time and consideration of this research study.

Regards,
Heather Woodward
[redacted]

Appendix B: Informed Consent Form

Study Title: Self-care for the social worker

Researcher:
Heather Woodward (Principal Investigator)
Faculty of Social Work
University of Manitoba
William Norrie Centre
[redacted]

Thesis Advisor:
Mary Kate Dennis
Faculty of Social Work
University of Manitoba
William Norrie Centre
[redacted]

My name is Heather Woodward and I am a master of social work student at the University of Manitoba. I am conducting a study on wholistic self-care for the social worker and how positioning the physical well-being in an Indigenous model of care promote wholistic self-care practices. This study will contribute to knowledge about self-care and social work practices. This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. **Participation is voluntary and you can withdraw at any time. Declining to participate will not have negative results.** Please feel free to take you time to read or have this information read to you carefully so that all the information is clear. If you would like more details about something mentioned here, or information not included here, please feel free to ask.

Purpose

Social workers have an extremely difficult job. They are working with people, often at the lowest and most stressful moments of their lives. Many social workers spend their work day listening to, reading about, experiencing, and mentally and emotionally being exposed to trauma. Social workers practice directly and indirectly with victims and offenders of trauma. Social work is 'heart work'; meaning that social workers not only have to make decisions and case plan from the policy and procedure manuals of social work, but they are responsible for working with humans and their lives. This work should not be done without connecting to one's 'heart'. Wholistic health self-care practices are not just important, rather it is an essential tool, skill and practice that must be incorporated into the educational training, and the daily practices of every social worker. Social workers take years of training learning ethical, appropriate and professional skills and techniques to care for clients, but there is not this emphasis on caring for themselves as the social worker.

Wholistic health practices involve understanding the connection and balance in a person's physical, emotional, mental and spiritual realms of health. This qualitative research study more specifically

explores how positioning physical well-being with Indigenous ceremony and spirituality practices can benefit, and promote the development of wholistic health and self-care practices for the social workers in Manitoba.

This research study uses a Medicine Wheel, a circular and interconnected model to create a physical well-being intervention combined with Indigenous ceremony and spirituality to address balance and wholistic self-care practices for social workers. There will be twelve participants in the study. Throughout the study these twelve participants will work both individually and as a group. During the research study, you will be asked to participate in the following:

- one-to-one interviews with researcher pre-and-post intervention (individual)
- talking circles with the whole group pre-and post-intervention (group)
- physical well-being activities (individual and group)
- journal entries

The total hours for the study including the intervention will not exceed 80 hours over the course of 18 weeks. The planned months for the research study are to occur between July 2018 and December 2018. The individual interviews will be conducted pre-and post-intervention. The researcher will ask additional questions to clarify responses given by the participant if needed. The conversations will take approximately two hours.

The talking circles will also have a topic related to wholistic well-being for conversation to be explored. These topics will be used as a guide for the talking circles. The researcher in collaboration of the Knowledge Holder(s) will open each talking circle with this topic and use this to guide the talking circle. The talking circles will take approximately two hours.

The physical intervention will be a variety of different structured physical well-being activities conducted over the course of 18 weeks, 1 time per week. These activities include but are not limited to: exercise/fitness class, yoga class, traditional Indigenous ceremony, preparation for ceremony (traditional medicine gathering/harvesting) and Indigenous games. Note that all physical well-being activities are supervised and instructed by certified facilitators/professionals.

The journal entry portion of the intervention entails that each you will receive your own journal at the beginning of the study. These journals will be utilized by you to document your feelings, thoughts, and experiences during the study. These journals are voluntary to complete and voluntary to share with the researcher at the end of the study. Each week you will be given a list of guided questions to focus on for your journal entries.

Benefits

There are no direct benefits to your participation in this study. Although, you will receive indirect benefits such as: access to certified personal training and instruction increasing their knowledge for safe and proper physical exercise and activity, access to traditional Indigenous Knowledge Holders and their traditional Indigenous teachings and ceremonies. Furthermore, others may ultimately benefit from the knowledge you share in this study.

Risks

The researcher acknowledges that with this study has a small degree of risk. The first risk that the researcher acknowledges is the social work profession is very personal and small in Winnipeg, Manitoba, there is a risk of knowing the other participants in the study and you may associate with them in their professional practices in the community. Requesting a safe and confidential environment as the group forms, creating group guidelines at the beginning will be essential. Further this research intervention is focused on self, the wholistic health therefore 'work placement' and /or agency specific will not be named and all conversations will be guided in a self-respecting manner.

Furthermore, this study includes physical well-being and movement activities which carry a risk of physical injury. Each participant is being asked to voluntarily participant in physical well-being activities as part of the intervention. You will be asked to willing participate in the physical well-being intervention portion of the study to the best of your ability. Special considerations, modifications and/or adaptations will be provided to those who require or prefer these accommodations. Further, you will be asked to explore and participate in the Indigenous ceremonies and teachings to the best of your individual comfort level.

Note: Adaptations and modifications are available to each participant for each physical well-being activity to ensure your personal safety and ability. Participation in all activities or movement are voluntary and there will be no consequences if you cannot or choose not to participate intervention. The researcher will ensure you are informed of each activity prior to the intervention start date.

The researcher will adhere to the Research Ethics Board (REB) for the University of Manitoba protocols and procedures in case of an adverse event occurs.

Confidentiality

Unless otherwise indicated by you, your responses in this study will be held as confidential by the researcher. The interviews will be digitally recorded but no one will be identified by name on the recording files. Each recording will be assigned an alphanumeric label. The recorded files will be kept in a password protected computer that only the interviewer has access. The information recorded is confidential and only Heather Woodward will have access to the recording files. A professional transcriptionist will be hired to transcribe the recordings. The files will be transferred to them in a secure manner and they will destroy the copy of the files upon completion of the transcription. The transcriptions will be labeled alphanumerically and will not contain any identifying information. The transcripts and consent forms will be stored securely in a locked cabinet, in my locked home office. Neither the recordings nor the transcripts will be destroyed. They will be stored securely and indefinitely in the home office of the researcher.

Sharing the Results

Results of this study will be disseminated through presentations at scholarly conferences, workshops and through publication in academic journals. A summary of the results will be provided to each participant after the data analysis (December 2018) by mail or email, which ever you prefer.

Providing Consent

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal

and professional responsibilities. **You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence.** Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Psychology/Sociology Ethics Board. If you have any concerns or complaints about this project, you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or by email at humanethics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature _____ Date _____

Researcher and/or Delegate's Signature _____ Date _____

☐ Written Consent ☐ Verbal Consent

If you would like a copy of your transcript and/or summary of the results from this study, please share your email or mailing address.

Email/Address_____

I would like to receive a copy of my transcript: ☐ Yes ☐ No ☐

I would like to receive a summary of the results: ☐ Yes ☐ No ☐

Appendix C: Consent to be Identified

Study Title: Self-Care for the social worker
Researcher:
Heather Woodward (Principle Investigator)
Faculty of Social Work
University of Manitoba
William Norrie Centre
[redacted]

The interview has been completed and your signature below indicates that you wish to be identified by name in the sharing of the results of this study.
If you wish to be identified as a participant and have your responses attributed to you, please sign here. If this section is left blank, then it will be understood that you wish your contributions to remain confidential.

Participant's Signature _____ Date _____

Appendix D: Pre-Intervention Interview Guide

Study Title: Self-care for the Social Worker

Researcher:
Heather Woodward (Principle Investigator)
Faculty of Social Work
University of Manitoba
William Norrie Centre
[redacted]

After the consent form has been completed and the interview questions will be asked.

Interview Questions

1. Please tell me about yourself.
   a. Where are you from?
   b. How did you become involved in the social work profession?
   c. How long have you been in the social work profession?
   d. What would a typical day look like for you? Include from the moment you wake up to the moment you go to bed. From home to work and home again.

Interviewer will state the following: As you know, this study is about positioning 'the physical' in an Indigenous model of care. It is exploring the physical realm of health in relation with all realms of health to promote wholistic self-care practices for the social worker. Self-care is essential for the promotion of wholistic health and balance. Social Worker experience high rates of burnout, compassion fatigue and/or vicarious trauma

2. In your own words please tell me what burnout, compassion fatigue and/or vicarious trauma means to you?

3. Can you describe any experiences you or anyone you know may have had with burnout, compassion fatigue and/or vicarious trauma from the social work profession (personal or professional)?

4. In your opinion, what is all involved or incorporated in caring for oneself? What is self-care to you?

5. Can you describe what each realm of 'health' means to you? Eg. The spiritual, emotional, mental, physical aspects of health.

6. Currently, how balanced do you feel you are in all four realms of health? Is there one realm that is better cared for then another? If so, please describe in more detail.

7. What are your feelings towards physical activity?

a. Can you describe a physical activity that has been exhilarating for you?
b. Alternatively, can you describe a physical activity that has been unpleasant for you?

8. Can you describe how what type of relationship you have had with physical activities?
9. Can you share with me what your hopes are for participating in this study are?
10. Can you share with me what your worries you might have about participating in this study?

Reflection

11. Please reflect on the conversation we just had, how did it feel to answer these questions?

12. Please reflect on how it feels to talk about self-care, wholistic self-care and social work profession.

13. How are you feeling about what we talked about today? Do you need additional support? Can you identify someone who you can talk to if you need support? What will you do for self-care today?

At the end of the interview

14. Are there any other comments or questions you have about this study and the research process?

Thank you very much for your time. I am grateful for your generosity in sharing your time and story.

Appendix E: Post-Intervention Interview Guide

Study Title: Self-care for the Social Worker

Researcher:
Heather Woodward (Principle Investigator)
Faculty of Social Work
University of Manitoba
William Norrie Centre
[redacted]

Original consent form were completed at the beginning of the study. This interview is post intervention.

Interview Questions
Interviewer will state the following: As you know this study was about positioning 'the physical' in an Indigenous model of care. It was designed to explore the physical realm of health in relation with all realms of health to promote wholistic self-care practices for the social worker.

1. Can you describe your overall experience from being part of this study?
2. Do you have a different understanding of wholistic self-care?
3. What stood out for you the most during this experience? Personally, or professionally
4. Can you describe any moments of the study where you felt empowered?
5. Can you describe any moments of the study that were challenging for you? Can you give an example and describe how?
6. Has anything changed for you after participating in the study? If yes, can you tell me about this? If no, can you tell me about this?
7. What do you want other social workers to know after being part of this study?

Reflection
8. Please reflect on the conversation we just had, how did it feel to answer these questions?

9. Please reflect on how it feels to talk about wholistic self-care now and social work profession.
10. How are you feeling about what we talked about today? Do you need additional support? Can you identify someone who you can talk to if you need support?
11. What will you do for self-care today? And for your future?

At the end of the interview
12. Are there any other comments or questions you have about this study and the research process?

Thank you very much for your time. I am grateful for your generosity in sharing your time and story.

Appendix F: Talking Circle Guide

Study Title: Self-care for the Social Worker

Researcher:
Heather Woodward (Principle Investigator)
Faculty of Social Work
University of Manitoba
William Norrie Centre
[redacted]

The talking circles will be guided by a general suggested topic for conversation. This topic for conversation will be a guide. The researcher in collaboration of the Knowledge Holder(s) will open each talking circle with this topic for conversation to guide the talking circle. The talking circles will take approximately two hours. Below are the topics for conversation for both the opening circle and the closed circle.
The researcher will state the following to the participates prior to each circle: "Welcome everyone to the beginning/end of this research study on self-care for the social workers. I want to thank everyone for agreeing to participate in this group. Before we begin as the principle investigator of the study, I want to ensure everyone feels welcome and safe. Having stated this, it is important to acknowledge that your anonymity may be compromised within these talking circles since the social work profession in Winnipeg is a small community of people, but also that each of you were asked to join this study because you and I had a relationship prior to this study. I know we reviewed this in the consent forms, but I want to state again that this study is voluntary, and you are free to withdraw at any time without consequence. I would also like to remind everyone that while you are sharing in these talking circles to please refrain from sharing identifying information about clients, co-workers and/or other agencies."

Opening Talking Circle

> The participants will be asked to bring an object(s) which they feel represents their current wholistic health. This object(s) should be relevant to their experiences and feelings with their own personal wholistic health. They will be asked to share about themselves and the object(s) chosen during the open talking circle.

Closing Talking Circle

> The participants will be asked to bring an object(s) which they feel represents their own personal wholistic health after participating in the study. This object should also be relevant to their wholistic health. They will be asked to share about their experiences and the object(s) chosen during the closing talking circle.

Appendix I: Intervention Dates

Study Title: Self-care for the Social Worker

Participants,
here are the dates to save and start planning for…

July 29, 2018 - Sharing Circle

Aug 12, 2018
Aug 19, 2018
Aug 26, 2018

Sept 9, 2018
Sept 16, 2018
Sept 23, 2018
Sept 30, 2018

Oct 14, 2018
Oct 21, 2018
Oct 28, 2018

Nov 4, 2018- Last Sharing Circle

Post Interviews to occur after Nov 4, 2018.

These dates are Sunday's from 6-8pm (but please allow a little extra time for the unexpected)

Locations TBA & Specific physical wellness activities to be confirmed next week.

Regards,
Heather Woodward