No Time for That: Graduate Psychology Student Perspectives On Self-Care Culture

Anthony Primavera
Antioch New England Graduate School

Follow this and additional works at: https://aura.antioch.edu/etds

Part of the Clinical Psychology Commons, and the Psychoanalysis and Psychotherapy Commons

Recommended Citation

This Dissertation is brought to you for free and open access by the Antioch University Dissertations and Theses at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in Antioch University Full-Text Dissertations & Theses by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact hhale@antioch.edu.
NO TIME FOR THAT: GRADUATE PSYCHOLOGY STUDENT PERSPECTIVES ON SELF-CARE CULTURE

A Dissertation

Presented to the Faculty of Antioch University New England

In partial fulfillment for the degree of

DOCTOR OF PSYCHOLOGY

by

Anthony DeVante Primavera

ORCID Scholar No. 0000-0003-1587-6550

July 2022
NO TIME FOR THAT: GRADUATE PSYCHOLOGY STUDENT PERSPECTIVES ON SELF-CARE CULTURE

This dissertation, by Anthony DeVante Primavera, has been approved by the committee members signed below who recommend that it be accepted by the faculty of Antioch University New England in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

Dissertation Committee:

Roger L. Peterson, Chairperson
Alexander Blount
Barbara Belcher-Timme
ABSTRACT

NO TIME FOR THAT: GRADUATE PSYCHOLOGY STUDENT PERSPECTIVES ON SELF-CARE CULTURE

Anthony DeVante Primavera

Antioch University New England

Keene, NH

Graduate psychology students face numerous stressors that can hinder their performance both academically and clinically as they move through their education and into the professional world (Pakenham & Stafford-Brown, 2012; Shen-Miller, 2011). Engagement with regular self-care not only can enhance a sense of well-being, but also plays a crucial role in shielding an individual from some of the most harmful effects of stress (Wise et al., 2012). Graduate level psychology programs are inherently positioned to teach graduate trainees about the importance of self-care practices and to help them develop self-care habits that they can take into future careers. It appears though, that these programs are often falling short in promoting self-care education and practices for their students, and students take notice of this (Bamonti et al., 2014; Munsey, 2006; Zahniser et al., 2017). The present qualitative dissertation study used an interpretive phenomenological analysis (IPA) based method. Graduate psychology students were interviewed and were administered the Perceived Stress Scale (PSS) with the goal of learning about: (a) how they experience their graduate school’s promotion of self-care, and (b) how this may or may not interact with their comfort level in engaging with self-care activities, as well as their perceived stress levels (Cohen & Williamson, 2022). This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: graduate psychology program, promotion of self-care culture, college students, interpretive phenomenological analysis
Acknowledgements

It feels so surreal and unbelievable to have arrived at the final stages of my doctoral training, and I could not have made it here without the unwavering support of my family, friends, clinical supervisors, and professors who believed in me. I’m honored to first acknowledge and give thanks to my parents, Alisa and Vincent Primavera, who instilled the values and hopes that would carry me throughout my life’s challenges. I also want to show great appreciation for my dissertation chair, Dr. Roger Peterson, who modeled, inquired about, and encouraged self-care for myself and the other graduate students in every meeting of our Doctoral Seminar course. Dr. Alexander “Sandy” Blount has advised, inspired, and modeled for me what it means to be an excellent clinician and psychologist for years, and Dr. Barbara Belcher-Timme supported my growth and identity development in the same way through my Case Conference course; I want to extend sincere appreciation to them for these reasons, and for supporting me as committee members for my dissertation research. I would also like to give thanks to Dr. Gargi Roysircar, who, while not involved with this dissertation, has been a blessing to learn from and work with on various extracurricular research and projects during my years at Antioch University New England. Finally, I’d like to give a very special thanks to Quynh Tran, who was my partner and wife throughout the first four years of my training at Antioch. While we have since gone our separate ways, she remains a lifelong friend and I’m not sure how I would have possibly gotten through the program without her support.
Table of Contents

List of Tables .................................................................................................................. viii
List of Figures ................................................................................................................... ix
CHAPTER I: INTRODUCTION ......................................................................................... 1
CHAPTER II: REVIEW OF LITERATURE ......................................................................... 7
Stress and Graduate Psychology Students ................................................................. 7
Types of Stressors ........................................................................................................... 7
Impact of Stress .............................................................................................................. 8
Self-Care and Graduate School Students .................................................................... 9
Benefits of Self-Care Activities .................................................................................... 9
Incorporating Self-Care Activities .............................................................................. 12
Graduate Psychology Program and Promotion of Self-Care ....................................... 13
A Culture of Self-Care ................................................................................................. 13
Strategies and Recommendations .............................................................................. 13
The Current State of Affairs ....................................................................................... 15
Summary ...................................................................................................................... 16
CHAPTER III: METHOD ................................................................................................. 18
Participants .................................................................................................................... 19
Procedure ...................................................................................................................... 19
Sampling and Recruitment ......................................................................................... 19
Informed Consent .......................................................................................................... 20
Data Collection ........................................................................................................... 20
Data Analysis ............................................................................................................... 24
Transcription ................................................................................................................. 24
Encoding ......................................................................................................................... 24
Validity and Reliability ............................................................................................... 25
Ethical Considerations ................................................................................................. 26
CHAPTER IV: RESULTS .................................................................................................. 28
Participant Demographics ......................................................................................... 28
Data Analysis ............................................................................................................... 28
Cluster 1: Satisfaction, Appreciation, or Positive Experiences Around the Program’s Promotion of Self-Care ................................................................. 28
Active Promotion and Follow Up With Self-Care Engagement ..................................... 29
Active Mitigation of Stressors Deemed Unnecessary .................................................... 30
Perceived Empathy ................................................................. 30
Attention to Personal Development ........................................... 31
Cluster 2: Dissatisfaction, Qualms, or Negative Emotions Around the Program’s Promotion of Self-Care ................................................................. 31
  Frustration With Spoken Self-Care Promotion Without Perceived Increases in Opportunity ................................................................. 32
  Desire for More Grace From Faculty With Personal Struggle .................. 32
  Frustration With Inconsistency ..................................................... 33
  Lack of Variety of Self-Care Behaviors Promoted ................................ 34
  Feelings of Guilt Around Allocating Time to Engage With Self-Care Activities .......... 35
  Concerns With Perceived Undermining of Self-Care Within the Graduate School Culture ................................................................. 35
Self-Care Culture Influences Self-Care Engagement ................................ 36
Self-Care Attentiveness as a Professional Skill ...................................... 38
Relationship Between Self-Care and Stress ........................................... 38
Logistical Barriers to Self-Care ....................................................... 39
Cluster 5: Ideas for Improvement of Self-Care Promotion ................................ 39
  Normalization and Education Around Self-Care .................................... 40
  Integrating Self-Care Promotion Into Coursework / Program .................. 40
  Increasing Variety of Self-Care Activities Promoted .............................. 41
  Incentivizing Self-Care Activity ..................................................... 42
Perceived Stress and Overall Satisfaction of Self-Care Promotion .................. 43
CHAPTER V: DISCUSSION ................................................................ 46
Stress and Self-Care ........................................................................................................ 46
Perceived Stress and Perceived Satisfaction ......................................................... 47
The Role of Culture ........................................................................................................ 48
Dissatisfaction Toward Self-Care Promotion ......................................................... 51
Appreciations, Ideas, and Implications ................................................................. 51
Strengths and Limitations ........................................................................................ 54
Conclusion ................................................................................................................. 55
References .............................................................................................................. 57
APPENDIX A: RECRUITMENT EMAIL .................................................. 61
APPENDIX B: INFORMED CONSENT .................................................... 62
APPENDIX C: CLUSTERS, THEMES, AND ILLUSTRATIVE QUOTES ............ 65

vii
List of Tables

Table 3.1 Interview Questions ........................................................................................................... 22
Table C.1 Clusters, Themes, and Illustrative Quotes................................................................. 65
List of Figures

Figure 4.1 Perceived Stress and Satisfaction With Promotion of Self-Care Culture...................... 43
CHAPTER I: INTRODUCTION

While graduate school can be an exciting time for students to learn a wealth of information and take important steps toward their desired careers, it can also bring about a tremendous amount of stress on students, given the academic and financial responsibilities added into their lives. While it is generally common knowledge that prolonged periods of stress can be detrimental to an individual’s health, well-being, and work performance, the practice of sufficiently promoting healthy forms of stress relief in psychology graduate school programs may not be as commonplace as we would like to hope. Studies continue to show that despite a psychology student’s graduate program being a prime potential source of influence toward engagement of self-care practices that can mitigate the harmful effects of stress (Wise et al., 2012; Zahniser et al., 2017), these programs still leave much to be desired with regards to self-care promotion for their students (Bamonti et al., 2014; Munsey, 2006; Zahniser et al., 2017). As future health care professionals, many psychology students will find that supporting the health and well-being of their clients is the focal point of their work. This gives cause for consideration into how graduate psychology students perceive the promotion (or lack thereof) of self-care activities within their programs, and how this may influence their engagement with these activities.

Stress and Practicing Psychologists

Practicing psychologists can experience crippling stress in their professional and personal lives. The APA Board of Professional Affairs Advisory Committee on Colleague Assistance (ACCA; 2008) presents an argument detailing how a psychologist can become impaired due to unchecked stress. The authors point out that the role of psychologists as helpers and professionals brings various stressors (e.g., exposure to emotionally straining situations and
dealing with the stigma around psychotherapy). Following this, without attention to managing the stress and their personal well-being, the psychologists can become distressed, as the unresolved stress becomes distracting and burdensome. These individuals are left vulnerable to seeking ineffective or inappropriate ways to manage their distress. If this leads to further problems, psychologists may become impaired, a condition that “compromises a psychologist’s professional functioning to a degree that may harm the client or render services ineffective” (ACCA, 2008). Finally, their model describes examples of how psychologist impairment can compromise functioning, such as when psychologists start becoming chronically late or absent from appointments, develop substance abuse concerns, and even begin engaging in unethical or illegal behaviors that can potentially harm clients (ACCA, 2008). Studies show psychologists can indeed be subject to mental health concerns. P. Smith and Moss’ (2009) findings support this, as they highlight that many psychologists report experiencing depression, vicarious traumatization, substance abuse, and burnout. Additionally, in Mahoney’s (1997) survey of psychologists, it was found that one third of those who responded experienced depression or anxiety, and over 40% of respondents reported emotional exhaustion in the last year.

Like their professional level counterparts, graduate students in psychology can experience many potential stressors that are inherent in higher level academia and in the field of psychology itself. As part of the El-Ghoroury et al. (2012) study on stressors, coping, and barriers to wellness activities in graduate psychology students, more than 70% of the students surveyed reported having at least one stressor that interfered with their ability to function optimally. Just some of the stressors that were endorsed include financial issues and debt, poor work/school life balance, academic responsibilities, and anxiety. Beyond their academic studies, graduate psychology students have the added responsibilities of travelling to training sites and
learning first-hand how to be therapists by engaging in therapy with their own client caseloads. Because of this, it is reasonable to consider how stress may be affecting these students, their clients, and their future practices as psychologists.

**Self-Care**

Studies are mounting that suggest that self-care activities can be part of effective solutions for preventing the harmful effects of stress from damaging psychology students’ and psychologists’ health and professional careers. Colman et al. (2016) broadly defines self-care as “the process of actively initiating a method to promote holistic well-being” while stating that this definition implies “purposeful effort” to engage in these self-care activities in order to “maintain wellness in multiple domains.” A strong, consistent definition for “holistic well-being” is elusive at best, so perhaps it is appropriate to defer to G. Miller and Foster’s (2010) concept of holistic wellness, which highlights multiple life domains of wellness including: physical; emotional/psychological; social; intellectual; spiritual; occupational; environmental; economic; cultural; climate. There are a large variety of potential activities that can fall under the aforementioned definition of self-care, just some of which can include exercise, eating healthfully, engaging in mindfulness, engaging in spiritual or religious practices (e.g., prayer), enjoying time with friends or loved ones, doing community service, tending to a garden, learning something new and interesting, having a consistent and sufficient sleep schedule, and engaging with hobbies, sports or other leisurely activities (Carroll et al., 1999). From their literature review Wise et al. (2012) argued that self-care activities play a role in “cushioning” against the harmful effects of stress on both psychologists and graduate psychology students that are inherent in their responsibilities. They also attest that psychologists tend to neglect creating a balance between caring for their clients and caring for themselves, and that self-care practice implementation
should be discussed beginning as early as in graduate psychology programs and should continue throughout their careers (Wise et al., 2012).

Statement of the Problem

Considering how the harmful effects of stress can damage the health and well-being of psychologists and potentially lead to impairment of professional functioning, as well as the evidence that self-care activities can help prevent this downward spiral, it comes as no surprise that many authors are contending that practicing self-care is an ethical imperative (e.g., Barnett & Cooper, 2009; P. L. Smith & Moss, 2009; Wise et al., 2012). These authors cite the American Psychological Association (APA) Ethics Code in their arguments. For instance, Principle A from the code states that psychologists “strive to benefit those with whom they work and take care to do no harm” as well as “strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work” (APA, 2010, p. 3). While not directly mentioning self-care as imperative to practice, it is clear that taking caution in preventing personal health and well-being concerns from harming clients is strongly encouraged for psychologists. Yet, given the rates of mental health concerns amongst psychologists, it is also clear that increased measures are needed to maintain the health and well-being of practitioners in psychology, and prevent stress from leading to impairment and potential harm to clients.

Creating a “culture” of self-care for graduate psychology students through their graduate training is a critical step, as their programs can be amongst the most influential roles in their development as psychologists (Zahniser et al., 2017). In other words, increasing attention is being given to graduate psychology programs as places where students can learn the importance of self-care in their field of work, and develop self-care skills that they can bring with them into their professional careers. The hope is that early prevention will ultimately help to promote the
health and well-being of practicing psychologists in the field and minimize the risks of
psychologist impairment and client harm. The problem is that self-care education and promotion
in graduate schools still leaves much to be desired. In recent years, it has become increasingly
evident that many graduate psychology programs may be failing to disseminate self-care
educational materials (Munsey, 2006), neglecting to discuss self-care in their handbooks
(Bamonti et al., 2014), and have a ways to go in emphasizing self-care in their program’s culture
overall (Zahniser et al., 2017).

**Statement of Purpose**

As a field, we continue learn more about the relationship between stress, its effects on
clinicians, and the importance of self-care. Consequently, it has become increasingly clear that
the need for study into how students perceive their graduate school’s level of promotion
regarding self-care and how this may interact with engagement with self-care activities is
warranted. It is hoped that a stronger understanding in this area could lead to more effective
self-care promotion in psychology graduate school programs and higher proportions of students
taking effective self-care strategies into their future careers. The purpose of this dissertation is to
present a qualitative exploration and analysis of how graduate psychology students perceive and
make sense of their program’s promotion of self-care and the overall culture of self-care in their
learning environment. Additionally, the purpose is to explore how this may or may not affect
their attitudes about self-care, their willingness to engage in self-care activities, and their
perceived stress levels.

This dissertation has several sections. Chapter II offers a review of relevant literature
regarding the intersection between stress, self-care, graduate psychology program promotion of
self-care, and graduate psychology students. Chapter III describes the method of the study,
including the target population, procedural details, data collection and analysis, and the contents of the questionnaire to be used in the study. The results of the study, followed by a discussion of the results (including strengths, limitations, and future research implications) are in the final chapters of the dissertation.
CHAPTER II: REVIEW OF LITERATURE

Stress and Graduate Psychology Students

Types of Stressors

Working through graduate level education programs can be a very stressful endeavor for psychology students. As mentioned earlier, El-Ghoroury and colleagues’ (2012) study revealed that the majority of students surveyed were faced with stressors that interfered with their functioning at their programs. Some of the most frequent stressors the students endorsed included debt and other financial issues, work-life balance difficulties, academic responsibilities, and anxiety. Racial discrimination was also reported, particularly for ethnic/racial minorities, who seemed to face more stress overall compared to their ethnic/racial majority counterparts. They also found that lack of time and finances were the two most endorsed barriers to self-care that students reported. Michalski et al. (2011) found that the PsyD students from their study (as compared to PhD students) had the highest burden of debt, with a median of $120,000 in debt by the time they graduated. Other potential stressors can be more specific to graduate students in psychology programs. A few examples of these include high evaluative stress around defining proficiency, unexpected difficulties in creating strong therapeutic alliance with clients, frequently switching roles between scholar and practitioner roles, feelings of self-doubt, and being able to tolerate the ethical dilemmas, paradox, ambiguity, and ambivalence that occur in counseling professions (Jennings et al., 2003; Millon et al., 1986; Pakenham & Stafford-Brown, 2012; Schwartz-Mette, 2009; Skovholt & Rønnestad, 2003).

Graduate students can also potentially be subjected to “academic hazing” from their professors. Not unlike hazing found imposed against undergraduate first-year students from their upperclassmen peers, the power hierarchy, rules and rituals, and expectation of submission to
higher authority found within graduate psychology programs, allow for the potential of
doctorate-wielding professors to subject students to undue stressors (Fávero et al., 2020). Given
that many academic tasks and activities within graduate programs are designed to promote the
growth of students and prepare them for the professional world, perhaps it can be difficult to
distinguish between appropriate, growth-promoting stressors (e.g., qualifying exams) and
inappropriate and unnecessary pressures imposed by professors toward students (e.g.,
excessively high expectations for the quality of written papers). While there is a significant
research gap regarding this form of hazing, academic hazing from professors could nevertheless
become a significant stressor for graduate students.

Impact of Stress

The negative effects of stress on physical health can be quite concerning, and many
studies have shown that this may be due to changes to health behaviors that are potentially meant
to mediate levels of stress (Ng & Jeffery, 2003). In their 2009 study of 7,066 men and women,
Rod and colleagues found that high levels of stress were associated with the use of adverse
health behaviors, antihypertensive medications, and the development of diabetes (Rod et al.,
2009). They also found that participants were more likely to smoke and less likely to quit
smoking, far less likely to engage in physical activity during their leisure time, more likely to
stop exercising altogether, and overall, more likely to develop cardiovascular disease. Ng and
Jeffery (2003) found in their survey of 12,110 working adults that stress was also associated with
a higher fat diet. Students are not exempt negative affect of stress on physical health either, as
the inverse relationship between health behaviors and stress levels seems to extend to them as
well (Berkel & Reeves, 2017). Higher stress levels have been shown to correlate with increased
consumption of junk food and sugary drinks as well as decreased likelihood of consuming fruits
and vegetables in undergraduate students (Hudd et al., 2000), an increased likelihood of using alcohol and cigarettes (Oswalt & Riddock, 2007), and lowered quality and quantity of sleep (Berkel & Reeves, 2017).

Stress can also have serious impacts on the well-being and functioning graduate psychology students. Pakenham and Stafford-Brown (2012) found that graduate-level clinical psychology trainees are especially vulnerable to having elevated stress levels, and that burnout was inversely related to age. They argued that undue stress can negatively impact their professional and personal functioning, and in turn, their work with clients. Excessive stress levels have been shown to weaken declarative memory (Kirschbaum et al., 1996), decision-making skills (Klein, 1996), concentration and attention (Skosnik et al., 2000), and a practitioner’s relationship-building ability with clients (Enochs & Etzbach, 2004). These findings have concerning implications for how stress could be negatively affecting a graduate psychology student’s ability to be attentive to their academics, supervisors, and clients on a daily basis. The findings of Shen-Miller and colleagues’ (2011) national survey of psychology students seem to agree, as nearly 50% of the students in their study demonstrated issues with competence, which included personal and academic impairments in functioning. In short, graduate psychology students nationwide, are struggling with stress every day, and it seems to be affecting their health, learning process, and work with clients.

**Self-Care and Graduate School Students**

**Benefits of Self-Care Activities**

Self-care activities may play a crucial role in buffering against the harmful effects of stress and in promoting a sense of well-being for graduate students (Wise et al., 2012; Zahniser et al., 2017). In Zahniser and colleagues’ recent 2017 study of 358 graduate students in clinical
psychology, they found that self-care was associated with a greater sense of personal well-being and better self-reported progress in their graduate training. They also found that building professional support systems in the program and being attentive and aware of their own needs as well as their reactions to stressors, were some of the most important aspects of self-care for these students. In other words, their study had shown that self-care behaviors in domains of daily life balance, cognitive awareness, professional development, and professional support were associated with lower levels of stress, better mood and a greater sense of well-being, and higher self-rated performance for the graduate psychology students. This was within areas in their training such as research, to clinical work, coursework, and achieving milestones in their program (Zahniser et al., 2017). Interestingly, Colman and colleagues (2016) found in their meta-analysis on the efficacy of self-care for graduate students, that although self-care was indeed correlated with lower levels of stress, larger patterns of positive outcomes were in areas of gains (such as in self-compassion), lowered psychological distress, higher GPA, and higher ratings of life satisfaction. The authors interpreted these findings by contending that there may be inevitable levels of stress that will occur for graduate psychology students, and that self-care activities may do better to provide tools for students to better adapt to the stress rather than getting rid of the stress alone. This seems to be in support of the concept of self-care behaviors mitigating the harmful effect of stress, as other authors have theorized.

Wise and colleagues (2012) contended that in the absence of self-care, there is a focus on survival, where one becomes intent on preventing negative outcomes, and trying to “maintain a barely good enough status quo” (p. 488). They envision a focus on thriving with the help of self-care activities through mindfulness-based strategies, and thus, building resilience-based attitudes and practices, is more appropriate. They argue that mindfulness-based principles and
strategies allow psychologists to be more comfortable with the difficult thoughts and feelings that can show up in their roles as helpers and healers. This could play a role in nurturing their own self-compassion, and in turn compassion for clients and loved ones, and decreasing the tendencies to ruminate about difficult clients and their own personal limitations (Siegel, 2010; Wise et al., 2012), which is arguably just as relevant for graduate psychology students as it is for professional practicing psychologists. Given the intensity of graduate programs in psychology and the stress the accompany it, students may indeed feel as if they are in survival mode. Ultimately, adopting effective self-care strategies and practices may help foster resilience, a better learning experience in the classroom, and a better therapeutic experience with clients.

**Barriers to Self-Care**

Engaging in sufficient self-care activities may feel unrealistic to some, as there are powerful barriers that make engaging in these activities quite difficult at times. As mentioned earlier, lack of time and lack of financial resources are some of the most commonly endorsed barriers to self-care amongst graduate psychology students (El-Ghoroury et al., 2012). This is likely due in large part to the burden of debt, as well as the rigorous coursework and on-site training that these students face. Some additional barriers that were endorsed by El-Ghoroury and colleagues’ (2012) study were shame, guilt, or embarrassment, not knowing about the available resources, inadequate social support, minimization or denial of problems, and lack of motivation, energy, or interest. Unfortunately, because of these barriers (and likely many more) students may not be engaging in self-care at the level they may need to mitigate the harmful effects of stress. These barriers may, however, provide clues as to what kinds of approaches to incorporating self-care activities may be effective.
Incorporating Self-Care Activities

With the barriers to self-care that many students face in mind, researchers have been exploring the ways that self-care can be effectively incorporated into their lives, as well as the variety of activities they seem to find the helpful. In response to the difficulty of adding self-care activities that may cost time and money to the lives of students, Wise and colleagues (2012) propose an integrative approach. This means integrating self-care activities (e.g., brief mindfulness or meditative exercises) into daily lives, rather than just waiting for an opportune time to schedule somewhere in the future. Also, consistent with the theme of integrating self-care into one’s life as seamlessly as possible, graduate psychology students seem to benefit greatly from professional support strategies such as avoiding isolation, discussing work-related stress with peers, building strong relationships with their mentors, and generally seeking help with professional development (Zahniser et al., 2017).

Colman and colleagues (2016) found that it does not seem to matter what type of self-care activity students engage with however, whether it be seeking out social support, engaging in mindfulness, or other activities altogether (e.g., exercise), so long as students find ways to engage in self-care activities. Finally, another important consideration is the self-care strategy of building a sense of self-awareness. For graduate psychology students, this could mean being mindful of how their mind and body feel, and mindful of and their needs. It can also mean being proactive about anticipating and accounting for upcoming challenges, academic or otherwise, as well as noticing potential triggers for personal distress (Zahniser et al., 2017). For students who may otherwise allow stress to go unchecked without being attentive to the warning signs, being mindful and proactive may mean the difference between managing stress effectively or allowing it to lead to impairment of personal and academic functioning.
Graduate Psychology Program and Promotion of Self-Care

A Culture of Self-Care

As evidence mounts for the necessity of self-care behaviors and the mitigation of stress’s harmful effects in both students and psychologists, fostering and encouraging these behaviors in graduate psychology programs is warranted. As mentioned earlier, the influence of graduate programs on students and their future careers is powerful. Zahniser et al. (2017) found that when students perceived greater emphasis on self-care from their graduate psychology programs, the students also tended to report engaging in more self-care activities. While the study does not explain why this was the case, it did raise the concept of creating a “culture” of self-care within the program and its learning environment, or in other words, the idea that self-care is welcome, necessary, explored and encouraged in the environment in which the psychology students pursue their graduate training. This concept is believed by many authors to influence the attitudes of these students toward embracing and incorporating self-care strategies in their lives throughout their graduate training and into their professional careers as they develop their professional identities (e.g., Barnett & Cooper, 2009; Colman et al., 2016; El-Ghoroury et al., 2012; Wise et al., 2012).

Strategies and Recommendations

There have been recommendations presented by researchers regarding how graduate psychology programs can teach, foster, and encourage self-care strategies for their students. This process can begin in the classroom for instance, as professors (especially as psychologists themselves) can model self-care for their students by discussing how they actively work to balance their professional and personal lives with the help of self-care strategies. This may, in turn, lead to students feeling more comfortable in seeking out these faculty, as well as
supervisors and other peers for social connection and support during times of high stress (Barnett & Cooper, 2009). Formal coursework around self-care strategies and activities is another option that could be offered to students, in courses centered around ethics, professional development, or even a dedicated course on self-care (Barnett & Cooper, 2009, Colman et al., 2016). Continuing in the classroom, discussions conveying the importance of self-care, the idea of self-care being an ethical imperative, and maintaining awareness of stress levels could all benefit students with their incorporation into class discussions (Colman et al. 2016; Williams-Nickelson, 2006).

Furthermore, while taking breaks from coursework can be a helpful and necessary strategy, professors should encourage students to actually plan to engage with meaningful activities that would promote their sense of holistic wellness, rather than relying on breaks alone as methods of self-care (Colman et al., 2016).

Options for the promotion of self-care in graduate psychology programs can extend beyond the bounds of the classrooms as well. Colman et al. (2016) suggests that students’ advisors encourage self-care discussion and collaborative development of self-care plans tailored to each student, as well as monitoring their stress levels and the effectiveness of those plans over the course of their training. Wise et al. (2012) adds that as self-care plans become unworkable over time, it is helpful to reevaluate and change attitudes and practices around self-care plans. Self-care guidelines and strategies can even be incorporated in a dedicated section of departmental handbooks (El-Ghoroury et al., 2012), sending a message to incoming and continuing students that self-care is woven into the core of the program’s values. Additionally, having a peer mentorship program can be a helpful addition to graduate psychology programs. Incoming students can connect with others who are further along in the program and learn more about what kinds of stressors they can expect, as well as strategies that the veterans have found
helpful in circumventing the barriers to self-care and engaging in self-care behaviors (El-Ghoroury et al., 2012).

**The Current State of Affairs**

This myriad of recommendations for self-care promotion amongst graduate psychology programs came in large part as a response to findings that these programs still leave much to be desired in their current approaches. For instance, Bamonti and colleagues found in their 2014 study of 136 clinical psychology graduate program handbooks, that only around a third of them even referenced self-care, with the most common reference regarding psychotherapy for impaired or distressed students. Additionally, Munsey’s (2006) APA survey of graduate psychology students found that 85% of those who were surveyed reported self-care educational materials were not provided by their program, 59% said their program did not promote self-care, and 63% said their programs did not sponsor self-care activities. Zahniser and colleagues (2017), however, have revealed in their study of self-care amongst clinical psychology graduate students that they generally rated the programs around the midpoint on a 7-point Likert scale regarding their program’s emphasis on promoting a culture of self-care. They interpreted this to be a good sign, as it indicates that programs are already beginning to take steps in promoting a culture of self-care, and yet, there are still ways programs can continue improving, as well as plenty of ways programs that are behind on self-care promotion can get started. Students from their study noted that they felt their programs were not providing enough opportunities to learn more about self-care, and desire change in areas of “systematic instruction, active encouragement, modeling, and culture change,” rather than programs merely paying “lip service” to the importance of self-care (Zahniser et al., 2017, p. 288). Importantly, this study notes in the limitations that the self-report of students regarding their school’s promotion of self-care may not accurately reflect the
degree to which their programs actually emphasize self-care. This raises questions as to whether students perceive and value some aspects of self-care promotion from their programs more so than others, and to what extent certain self-care activities promoted by programs actually mitigate students’ perceived stress levels. One may be able to deduce that improvements in the areas of self-care promotion noted by the students from Zahniser et al. (2017) could be critical to creation of a culture of self-care from a student’s perspective, but this remains to be seen in the research.

Summary

Elevated levels of stress are a cause for concern amongst psychologists, given their potential to lead to suboptimal care, professional impairment, and potential harm to clients if left unchecked. Furthermore, graduate psychology students are not exempt from the harmful effects of prolonged and elevated stress, as it can interfere with their functioning in their personal lives, academic studies, and clinical work. As such, APA ethical guidelines urge psychologists to pay close attention to how their physical and mental health may negatively affect their work with clients and to avoid harming them. Beyond promoting a sense of holistic well-being, Self-care behaviors also seem to have the ability to mitigate the harmful effects of stress on mental health, fueling arguments for self-care to be considered an ethical imperative for psychologists. The influence graduate psychology programs have on the development of professional practices and attitudes amongst students serves as a compelling reason why a culture of self-care centered around education, planning, promotion, and acceptance should be a major part of these programs. Many graduate psychology programs, however, are still trailing behind the implementation recommendations that many researchers, and even students are providing.
Generally speaking, self-care activities are purposefully initiated to bolster one’s own holistic well-being and can include (but are not limited to) engaging in: healthful eating, physical exercise, seeking social support, mindfulness activities, proper sleep habits, and meaningful hobbies or leisurely activities. Some of the key self-care promotion strategies discussed thus far that can be employed by graduate school programs include: faculty modeling self-care for students, formal course work around discussing and implementing self-care strategies, classroom discussions conveying the importance (and arguably ethical imperative) of self-care, incorporating strategic self-care discussions between students and advisors into programs, incorporating self-care strategies and guidelines in student handbooks, the creation of a peer mentorship program, and encouraging students to seek social support. What research is lacking is a deeper qualitative dive into how students perceive the ways their programs are attempting to promote a culture of self-care (or falling short in this regard), and how this may or may not affect perceived stress levels.
CHAPTER III: METHOD

The design of this study is based on J. Smith and colleagues’ (2009) interpretive phenomenological analysis (IPA). IPA is a modern qualitative approach to research with the unique advantage of allowing participants to express their lived, subjective experiences of the phenomena in question “the way they see fit without any distortion or prosecution,” through semi-structured qualitative interviewing (Alase, 2017, p. 9). This process is enhanced and fostered by the bonding relationship that is developed between the researcher and the participant, which allows the participant to feel a sense of trust in that relationship and to feel welcome and open to discussing their thoughts and feelings (J. Smith et al., 2009). Data collection takes place during the semi-structured interviews, where the participants speech is captured verbatim, as well as any notable nonverbal behaviors. Data analysis generally involves the researcher becoming immersed in the data as they engage in their own interpretation of the participant’s responses, pulling out curious findings, and linking emerging themes across the responses given across the different participants (Reid et al., 2005). To the best of my knowledge, there are few, if any, studies seeking to explore graduate psychology students experience regarding the culture of self-care within their programs with the richness and detail called for by interpretive phenomenological analysis. This could reveal more nuance in how students perceive self-care culture as well as any potential ideas for improvement than quantitative research could provide. I also believe this form of qualitative design has the potential to reveal other factors contributing to these students’ experience of self-care culture, beyond their program’s level of emphasis as well. This is yet another reason why an exploratory approach to research is appropriate.
Participants

In order to explore the culture of self-care and how a graduate psychology program emphasizes it, the target population for this study consists of graduate psychology students from a New England university. Participants have not been recruited on the basis of generalizability, but rather, with homogeneity in mind, as advised by J. Smith et al. (2009). This is because having a homogenous sample pool and sample of participants can aid in developing a deeper understanding of the phenomenon at hand (the culture of self-care in a graduate school), as well as examine how the thoughts and emotions around this phenomenon can both converge and diverge across the participants (J. Smith et al., 2009).

Procedure

Sampling and Recruitment

Because the focus of the research is meant to have a deeper exploration of the phenomenon, which is aided by homogeneity in the sample, participants have been chosen from a clinical psychology PsyD program via purposeful convenience sampling. Reid et al. (2005) recommends choosing participants who have some level of expertise with the phenomenon in question, while Creswell (2013) asserts that participants also should all have a similar level of experience with the phenomenon as well. Given that the phenomenon is the student experience of the culture of self-care, it is appropriate to have students as the participants in this study, preferably of the same cohort. J. Smith et al. (2009) recommends small sample sizes, asserting that this helps in developing a deeper understanding of their experience. As such, 10 students were aimed to be recruited for participation. Email invitations were sent out to the cohort members of the clinical psychology program, which contained information about the study’s purpose, how the study is voluntary, the researcher’s contact information, and the chance the
enter a raffle for a gift card as compensation for participation. Six students who were in their fifth year of study in a graduate psychology program at a New England institution were ultimately recruited for participation in the study.

**Informed Consent**

The researcher met with each student individually in Zoom virtual meetings. Information regarding informed consent was included in the recruitment email to the participant as an attachment, signed by each interested participant before face-to-face contact, and discussed (for questions or concerns) before the interviews began. Within the informed consent document was information regarding the purpose and nature of the study (including information about audio and/or video recording and the transcription process), anticipated timeline of the study, and an explanation of the potential benefits and risks inherent to the study. Finally, a reminder that the study is voluntary and that participants can choose not to answer any questions or prompts that are uncomfortable to them, and that they can withdraw from the study at any time was also included in the informed consent.

**Data Collection**

As advised by J. Smith et al. (2009), the process of data collection took place within semi-structured interviews, with one interview dedicated to each participant. Participants and the researcher each collaborated on dates and times for the interviews, and participants were given a choice between meeting via Zoom audio only (one participant chose this) or Zoom meetings with both video and audio (five participants chose this), in locations where the interviews took place with minimal distractions and a sense of privacy. The participants’ preferred email address (to establish follow-up contact) as well as demographic data, including the participants’ age, race/ethnicity, and current year of education in their program was collected at the beginning of
the meetings. Also, Cohen and Williamson’s (2022) Perceived Stress Scale (PSS) was administered before beginning the interview questions, to obtain a stronger understanding regarding their recent stress levels. Following this process, the semi-structured interviews commenced. Participants were either audio recorded, or video recorded during the interviewing process, depending on the context of where and how the interviews take place. Additionally, the researcher took written notes in order to capture more of the richness of the participants’ responses (e.g., body language, tone of voice, and other notable shifts in presentation; Creswell, 2013). Please see Table 3.1 for the interview questions, in addition to the PSS below.
Table 3.1

*Interview Questions*

1. Please tell me in what ways (if any) is self-care promoted, supported, or encouraged in your graduate school.

2. Please describe your program’s level of consistency regarding its emphasis or promotion of self-care throughout your time at the program.

3. Please describe any thoughts or feelings you have about your graduate school program’s level of effort in promoting self-care.

4. Please speak to whether or not engaging in self-care activities has an effect on your stress levels while you are in this program.

5. Please describe any efforts made by the faculty or the program to mitigate programmatic or faculty-imposed stressors which may be unnecessary for optimal student growth that you have noticed.

6. Please describe any thoughts as to whether certain kinds of self-care activities that are promoted by your program are more, or less effective than others at mitigating stress or preventing additional stress.

7. Please speak to the “culture” of self-care within your graduate school program. In other words, to what extent do you feel that self-care is welcome, necessary, explored, and encouraged in your graduate school environment?

8. On a scale of 1 to 7 (where 1 is very dissatisfied and 7 is very satisfied), how would you rate your level of satisfaction with your program’s promotion of a “culture” of self-care?

9. Please describe any aspects or methods of self-care promotion that you feel your program could improve on or introduce in order to support students.

10. Do you feel that the current culture regarding self-care in your school environment has any effect on your frequency and/or comfort in engaging with self-care activities? Please describe any effect that the current culture regarding self-care in your school environment has on your frequency and/or comfort in engaging with self-care activities.

11. Please describe further thoughts or comments (if any) on the topic of your graduate school’s promotion of self-care, the self-care culture, or stress.
Note. For the purposes of this interview, “self-care” includes a wide range of activities that are intentionally taken to promote a holistic sense of well-being, just some of which can include (but are not limited to): physical exercise, mindfulness practices, seeking social or professional support, eating or sleeping healthfully, and engaging with hobbies or enjoyable activities.
Data Analysis

Transcription

The purpose of transcription and encoding is to capture the richness and detail that is presented in the data, find patterns within the data, and to begin understanding the participants meaning-making process as the researcher engages in their own process of interpretation and understanding (Alase, 2017). The participant’s responses during the interview were transcribed verbatim, as recommended by J. Smith et al. (2009). This process was aided via the utilization of word processing software (Microsoft Word), as well as transcription software from Otter.ai which converted audio recordings into written text, which was then reviewed and edited for accuracy by the researcher.

Encoding

Following transcription, the encoding process proceeded with guidance from J. Smith et al. (2009). The data is viewed as the participant’s interpretations of the phenomenon (the culture of self-care), whereas the researcher’s goal is to interpret and derive meaning from the participant’s interpretations as they relate to the phenomenon. The authors recommended researchers immerse themselves in the data, a process that required reading and rereading the transcription data and notes with an open mind, while taking additional reflective notes regarding what elements the researcher found notable, interesting, or striking. This not only helped to keep the researcher from being distracted by their own reactions, but mentally prepared the researcher to think about commonalities across the interview data for the next steps. These next steps included taking note of emergent themes that appear within the participants interview data and mapping these themes graphically as the researcher saw fit. Each participant’s interview data received this same treatment: reading through the data, taking careful notes of reflections and
curiosities, and discovering and mapping themes (J. Smith et al., 2009). Finally, the researcher provided an interpretive account of how the participants made sense of the phenomenon, using verbatim excerpts of the participants’ responses and patterns across the emergent themes to aid this commentary (Reid et al., 2005).

**Validity and Reliability**

J. Smith and colleagues (2009) cautioned that researchers may not be aware of their own preconceptions when working with the data and urged for a practice of researcher reflection to take place in order to support the internal validity of the study by minimizing the potential for the researcher’s bias to influence the data on the participants. For this reason, the researcher took reflective notes during this study following each interview. Creswell’s (2013) recommendation of including a summary of the researcher’s own lived experience of the phenomenon was also incorporated into the researcher’s notes, for the very same reason. Internal validity was also enhanced by attempting to contact the study participants to check in with them regarding the researcher’s interpretations of their interview response data. The purpose of this was to inquire if these interpretations represented the meanings originally intended by those participants. Furthermore, a second researcher who was otherwise not involved in the study in any way, was be asked to independently audit the data and conclusions to be sure that they appear reasonable and credible, following the confirmation from participants that the researcher’s interpretations were accurate. Finally, it’s important to note that because of the nature of this study, it does not lend itself toward high external validity. As such, interested readers will need to utilize the demographic, contextual, and participant response data in order to draw their own conclusions with regards to external validity.
Ethical Considerations

Given the nature of the study, the potential for participants to experience harm in the process was likely relatively low, however, it is important that risks and precautions be discussed. During the interview process and administration of the questionnaire, there was the potential for participants to experience emotional discomfort through their engagement with topics around stress, self-care, and the culture of self-care in their facility. Additionally, there is always a risk regarding confidentiality when participants allow for collection of their data in any form. To account for these risks, participants were provided resources for therapy and emergency services should they feel the need to use them. The researcher also used clinical discretion during the interview process and reminded the participant that they can withdraw from answering any question they are uncomfortable with or the study as a whole without penalty, and was prepared to shift the conversational tone and topic or take time for breaks as needed. The participants’ demographic data and interview responses was also anonymized by being connected with arbitrary numbers rather than to their names, and was stored locally in the researcher’s password-protected computer to preserve confidentiality. In accordance with federal law, the raw data will be securely stored there for three years before being promptly destroyed (Protection of Human Subjects, n.d.).

The current study was also expected to confer potential benefits to the participants as well. Participants may have experienced an element of enjoyment or relief as they discussed the culture of self-care and its related questions. They also had the knowledge that they were making contributions to a body of knowledge around self-care that graduate programs may utilize to make changes toward better fostering the culture of self-care in their facilities. Lastly, participants agreed to be entered in a raffle to receive a gift card for their time. The gift card was
of reasonably modest value ($50 Amazon Gift Card), and this, in combination with the element of chance, was meant to minimize the risk of students feeling pressured into joining the study because of financial struggle, while still offering some potential reward.
CHAPTER IV: RESULTS

Participant Demographics

There were six graduate students in their fifth year of study from a New England doctoral level graduate psychology program who agreed to participate in the study. The age range for participants was 26 to 40 years old. Participants identified races including White / Caucasian (five participants) as well as Asian (one participant), and written participant genders included: female, male, nonbinary, cisgender woman, female and genderfluid, and queer.

Data Analysis

Out of the six participants who were reached out to by this researcher, four of them responded, briefly met with this researcher over a video call and confirmed this researcher’s interpretations of their interview responses as in accordance with their original meaning and intent. Regarding the other two participants, one of them did not respond to this researcher’s request to meet, and the other decided not to meet and had “trust” in this researcher’s interpretations. From the interpretations of the data, themes were generated from interpretations that held similar meanings across participants, and the themes were organized into clusters of themes, from themes that held similar meanings. All clusters were endorsed by all six participants, while certain themes within the clusters may have only been explicitly endorsed by some of the participants. Illustrative quotes from participant interviews are used to help illustrate more of the essence and nuance of the clusters and themes below.

Cluster 1: Satisfaction, Appreciation, or Positive Experiences Around the Program’s Promotion of Self-Care

Participants discussed various elements of their graduate program’s promotion of self-care that they appreciated and felt they benefitted from. Within this cluster, there were four
themes that arose: (a) Active Promotion and Follow Up with Self-Care Engagement, (b) Active Mitigation of Stressors Deemed Unnecessary, (c) Perceived Empathy, and (d) Attention to Personal Development.

**Active Promotion and Follow Up With Self-Care Engagement**

Four of the six participants talked about experiences that they appreciated regarding their program actively promoting and/or following up with them regarding their attentiveness to self-care, as well as having space for self-care attentiveness woven into the structure of the program. Regarding the latter, one participant described the structure of the program being conducive to attending the other elements of life beyond academics, by stating:

> it was set up as kind of a commuter program, where we would be in classes on Mondays and Tuesdays [during] the first year, and in subsequent years, only on Mondays, and then we would have practicum during other parts of the week. But I think even just how the program is established in that way, there was a lot of talk and understanding that people had families and lives outside of just the schoolwork that they were doing.

Another participant noted their appreciation for self-care being discussed during the early classes of the program, such as Professional Seminar, in stating:

> Like that was one of the best classes that we had for it [self-care discussion]. Like 10 out of 10. I honestly . . . if I didn’t have that, and if I didn’t have that exposure, or like, those conversations so early on, like, in my first year, I just like can’t even imagine.

One more example of an element of self-care promotion that was appreciated by participants was when professors checked in on their well-being in a caring and attentive manner, as one participant stated:
Yeah, and [Professor] would check on us and see if we’re doing something. Um, it wasn’t as much pressure to have self-care with [Professor], but I think that he cared about us. It wasn’t like, “Oh, you better have something done.” It’s more of “I care about you and your well-being, so I hope you have done something.”

**Active Mitigation of Stressors Deemed Unnecessary**

Three out of six participants talked explicitly about their appreciation for the mitigation of stressors within the program that were deemed unnecessary by students and/or professors themselves, which was especially appreciated as the COVID-19 pandemic began to cause changes in the United States. One student recounted appreciation for syllabus adjustments, by saying:

So, we’ll kind of go through the syllabus and . . . talk about the different assignments and stuff like that. And if it feels too much for the class as a collective, then we can kind of come to a collaborative decision on what might feel best, like still optimize the learning, but also decrease the amount of work and amount of stress that’s happening. And I think that aspect kind of increased into the third and fourth years.

**Perceived Empathy**

Two of the six participants talked about their appreciation for how some professors would communicate empathy and understanding as they recognized their limitations in balancing the ability to mitigate academic stressors within the program, with making sure requirements are fulfilled and students grow. One of those participants highlighted this by saying:

Yeah, professor-dependent is like a good way to put it, because there were some classes where I was like, “That’s bullshit. Like, they should be doing more of this,” you know, but then there’s other classes where I was like, “No, this person is really understanding,
and they’re trying, and they recognize their limitations in the way that they are just like, a person in the system” you know?

**Attention to Personal Development**

Finally, two of the participants talked about their appreciation for their program’s promotion of self-care through attending to their personal development. One of those students highlighted this by stating:

I found that the approach to learning and to studying and that the emphasis on personal growth, to really help promote my pursuit of self-care outside of the hours that I was at the program. And I think also, maybe one way that they do that is having a lot of discussion and reflection as part of coursework, that we were really tasked with being in touch with ourselves in a way that I think is sort of non-directly encouraging of like, you being well, and a whole person, which kind of indirectly encourages that sort of self-care.

The other participant noted appreciation for the program encouraging and supporting self-acceptance for students, in saying for example,

we had, two presenters on “Health at Every Size,” and anti-diet culture, and stuff like that, and that, in a way, like sort of seated a message in like, the community in a space that it’s like, self-acceptance, you know? . . . you don’t have to be exercising or trying to lose weight and that sort of thing, you know, like that it’s okay to be you. And that felt like a nice self-care thing, too.

**Cluster 2: Dissatisfaction, Qualms, or Negative Emotions Around the Program’s Promotion of Self-Care**

Participants experienced frustrations, qualms, negative emotions, and some dissatisfaction about certain elements regarding their graduate program’s promotion self-care as
well. In this cluster, there were four main themes endorsed by participants: (a) frustration with spoken self-care promotion without perceived increases in opportunity, (b) desire for more grace from faculty with personal struggle, (c) frustration with inconsistency, and (d) lack of variety of self-care behaviors promoted.

**Frustration With Spoken Self-Care Promotion Without Perceived Increases in Opportunity**

One of the most prevalent frustrations across participants was being on the receiving end of spoken encouragement to engage in self-care activities without being given extra time to engage in those activities or being invited to follow through in discussions around them. All six participants endorsed this theme, as one of them stated:

I think there’s just some, I guess, annoyance or frustration with the fact that sometimes you’re so overwhelmed, and then you hear them talking about it [self-care]. And you’re like, “I don’t have any time to do this. Nor are you giving me any allowance to do it.”

And so that’s kind of where the frustration comes in.

Another participant further drove this point in describing how they perceived the attitudes toward self-care from some professors:

I think, again, there was some lip service paid to it . . . it was talked about and to this minimal degree encouraged but not explored and not welcomed. I don’t think it was welcomed. I think that you know, that at times it was treated as a joke or something.

**Desire for More Grace From Faculty With Personal Struggle**

Three of the six participants highlighted, in particular, how they perceived lack of grace or forgiveness from the program in response to some of their struggles. One participant captured this theme as they described their experience with a professor whom they felt undermined the participant’s painful experience:
I had to miss a class for [painful and significant life event]. And I got like a lot of grief in like, not a great way from one professor about me missing this class . . . And in the syllabus, it noted that if you miss a certain number of classes, you would have to make it up by doing an additional paper. That’s one experience that stood out to me with the program feeling like it felt like it was adding insult to injury at that point, that instead of sort of lifting me up and making sure that I had everything that I needed to be successful, I was given another task at that point to complete in a semester where I was struggling to maintain everything due to the personal nature of things going on.

**Frustration With Inconsistency**

Another major theme that received endorsement from all six participants was the frustration regarding inconsistency within the program. Part of this frustration was with inconsistency between early Professional Seminar courses regarding the attentiveness to the importance of self-care. One participant noted the feeling of “missing out” on being able to make personal and supportive bonds with classmates, in saying:

> It felt like the emphasis on self-care, especially in the classes where I felt like it was emphasized the most like [Professional Seminar] that it really depended on who you had as a professor . . . I felt like I was missing out on something that other people were getting from the program or that they felt like they were bonding more or closer to other people in the cohort by nature of this kind of like more “holding” sort of personal experience in [Professional Seminar].

In a similar vein, another participant noted their frustration with inconsistency of the program regarding the emphasis of self-care and in showing empathy over time during COVID-19 global pandemic, in stating:
the faculty early on during the pandemic was much more concerned about the stress of students. And then, as the pandemic went on, that very precipitously dropped off and ceased, and I think that, to me, had the effect of really increasing my stress. And also, for my experience, you know, I felt alienated from the faculty at large. Because the sort of message seemed to be that everybody was very concerned, and then they weren’t.

*Lack of Variety of Self-Care Behaviors Promoted*

Three participants endorsed the last theme of this cluster, by expressing their dissatisfaction with the lack of variety with the kinds of self-care that were promoted by their program. For instance, one participant talked about their own self-care activities that were not encouraged, and described how the narrowness of the range of activities that were encouraged left the concept of self-care feeling chore-like in nature:

> there was a pretty narrow, like, set of activities that I felt were specifically encouraged by faculty . . . self-care became another job for them to engage in, another thing. And I think part of that had to do with the narrowness of how things were, what was actively promoted.

*Cluster 3: Role of Culture in Influencing Self-Care-Related Emotions, Attitudes, and Practices*

Participants spoke to how the culture within their graduate school program’s environment influenced various aspects of their thoughts and practices of self-care. In this cluster, there were three major themes that arose: (a) feelings of guilt around allocating time to engage with self-care activities, (b) concerns with perceived undermining of self-care within the graduate school culture, and (c) self-care culture influences self-care engagement.
Feelings of Guilt Around Allocating Time to Engage With Self-Care Activities

One of the most prevalent themes across interviews was the idea of feeling a sense of guilt for engaging with self-care, which was explicitly noted by five of the participants. One participant described this feeling of guilt arising in the absence of self-care expectation / encouragement from professors, stating:

I think without that sort of expectation, or encouragement from the program . . . And this has sort of been the case, that I can almost I would almost feel like, guilty, or that I would have to defend my choices to engage in self-care.

In a slightly different example, another participant described a sense of guilt arising for not meeting the amount of self-care activity expected by professors, whom in the participant’s view, simultaneously did not specifically allot the time to engage with it. That participant said:

So [self-care] becomes an obligation, that somehow, you’re supposed to be on top of this, but it’s impossible . . . So, the only thing really, you’re left to do like to feel is sort of guilt about not doing it. Or not doing it enough.

Concerns With Perceived Undermining of Self-Care Within the Graduate School Culture

Three participants in the study, described their concerns with the perceived undermining of self-care importance within their graduate program’s environment. In some ways, this was seen as manifesting within the program, as one participant noted:

feeling like what I’m supposed to be doing is all schoolwork all program all of the time.
And that self-care is almost . . . And I maybe this is how our culture kind of engages with self-care or not . . . that self-care is almost an afterthought, or something that if I did everything else perfectly, then I would also have time for self-care.
In other ways however, this was seen as manifesting across members of the cohort, as another participant discussed:

There’s a bit of that culture there of almost bragging about the lack of self-care and taking care of one’s physical and mental well-being. Which is very contradictory to what the APA says. But it’s not to say the whole program is like that. But there is enough of a culture there that is concerning.

**Self-Care Culture Influences Self-Care Engagement**

Five out of the six participants endorsed the final theme of this cluster, as they talked about how the cultural views and attitudes around self-care influence their own self-care engagement experiences. For instance, one participant discussed how curiosity and concern about what peers are doing regarding self-care, arise when thinking about engaging in personal self-care behaviors, which influences their perception of their own self-care activity. This participant said:

So, you don’t know what everybody is doing in terms of self-care. And so, on the one hand, that means like, you’re sort of free to, to sort of do what you feel like you need to do self-care wise. And also, that you have no way of sort of knowing like what other people are realistically doing like how much time are they taking to themselves . . . what is their mindfulness practice, or leisure activity? Are they taking time to play music to listen to music, or to go to concerts or plays or some other kind of entertainment? Are they, you know, taking time to read for pleasure?

Another participant described how conversations around self-care with professors had a positive influence on the comfort experienced when the choice has been made to engage in self-care behaviors, as the participant explained:
I think more so the comfort piece, than the frequency. And I think that that’s just like a growth process . . . I noticed myself when I’m like taking time to like, watch TV at night, like on a weeknight or I did you know, instead of like doing my readings, or like doing homework, or like, whatever else I could have been doing that would have been, “productive.” Right? I noticed myself being like, “it’s okay, I need self-care,” you know, and like, I always had those thoughts and I know that that came from [my school] and like the conversation we were having, because if we weren’t having those conversations, and if I didn’t know if anyone else was doing those sorts of things, or like having self-care at all, I would have I definitely would have been like beating myself up for it, because I’d be like, “I should be working right now.”

Finally, another participant described how other cohort members helped keep each other accountable for self-care attentiveness, in saying:

And I think the culture within I guess, more of the cohort part of the program rather than like the, you know, like the management part of the program . . . we all try to make sure each other gets some self-care . . . like, “are you sleeping enough? Did you do one thing that you actually enjoy doing besides schoolwork this last week?” So, I think it’s supportive. But we all realize that it’s, it’s just actually, it’s hard to do it sometimes.

Cluster 4: Personal Experiences and Thoughts Regarding Self-Care

Participants shared many personal thoughts and experiences related to how self-care manifests in their lives. Three main themes arose that comprise this cluster: (a) self-care attentiveness as a professional skill, (b) relationship between self-care and stress, and (c) logistical barriers to self-care.
**Self-Care Attentiveness as a Professional Skill**

One theme of personal thoughts around self-care was regarding the acknowledgement that self-care attentiveness is an important and necessary professional skill as a professional psychologist, which was endorsed by three of the six participants. One of the participants captured this theme quite well, within the context of frustration around wanting students and professors to take self-care more seriously, they explained:

> every job has a tool, and our tool is our being. I mean, we have to use our empathy and our ability to engage with people to work with them and to do our jobs. And if we aren’t taking care of our tool, our body and our mind, then how effective are we going to be at performing the mental health services we provide? So, it seemed very counter intuitive.

This lack of genuine interest in self-care [within the graduate program environment]. It’s the opposite of what you would want from a mental health professional.

**Relationship Between Self-Care and Stress**

All six participants expressed their thoughts about the relationship between self-care and stress in their personal experiences, making for one of the more prominent themes of the study. In general, participants noted how self-care behaviors mitigated the impact of stress on their lives and enhanced their sense of well-being. One participant explained how self-care left them expanding their sense of self-worth as well as diversify the sources through which well-being is nourished:

> I’m still connected to my relationships. I’m also really glad that I stayed active and was like doing a lot of hiking and also music and I was engaged, like spiritually, with a community for a bit. And I think that that was a really strong protective factor for me,
that it didn’t feel like my entire life and my entire worth and being was in the program, I felt like I could be a more whole person.

A second participant drives this theme home by succinctly explaining how engaging in self-care has a restorative effect following stress being introduced into life, as the participant stated, “That makes a huge difference because I feel recharged and feel a lot healthier and not just as a mental health professional but just as a person . . . I feel much better after engaging with self-care.”

**Logistical Barriers to Self-Care**

For the last theme of the cluster, three of the participants talked about logistical barriers to self-care (as opposed to barriers imposed by responses to the culture of self-care). One participant discussed how the pandemic significantly reduced their ability to use a preferred outlet for self-care, as the participant stated:

my social circle sort of shifted toward school, you know, that that sort of became like a major social outlet . . . And with the distance, and the limitations of the pandemic and social distancing that it really complicated things and like sort of brought any sort of social interaction or engagement to a screeching halt.

A second student noted the relationship between rising stress and challenge, and the ability to dedicate time to self-care behaviors. This participant said, “When I wasn’t able to make time for that self-care of like, ‘this is the time I’m going to go to bed,’ I knew things were getting kind of kind of rough.”

**Cluster 5: Ideas for Improvement of Self-Care Promotion**

In the final cluster, participants shared a myriad of ideas as to how their graduate psychology program could improve their self-care promotion approach. There were four themes for this cluster: (a) normalization and education around self-care, (b) integrating self-care
promotion into coursework / program, (c) increasing variety of self-care activities promoted, and (d) incentivizing self-care activity.

**Normalization and Education Around Self-Care**

Three of the participants had ideas for self-care promotion regarding the normalization of self-care in the culture and offering more education around the topic of self-care. One of the participants expressed the desire for professors to role model for students by making sure they keep up their own self-care attentiveness, and have this attentiveness made known to students. That participant said:

> And if [professors] are teaching and having their own practice, which most of our professors do, as well as a million of the other things that, you know, they might be doing to help support their students . . . You just feel like sometimes they’re burning out a little bit. And so yeah, I just I just wish that sometimes the profs. would also take that advice of doing the self-care . . . it’s normalizing.

Another participant was expressing that they would like professors to emphasize the importance of self-care and even engage in open discussion around potentially helpful activities, as the participant stated, “And even having like, ‘Oh, well, here are some ways that you can do self-care’ more emphasis, and student support, and even making it kind of a very open and active thing in the program.”

**Integrating Self-Care Promotion Into Coursework / Program**

As part of another prominent theme within the study, all six participants endorsed the idea of wanting increased integration of self-care promotion within the program. A participant who talked extensively about this, described a preference for professors to allot time that is explicitly encouraged for use of self-care engagement, as the participant said:
I think that’s where they could improve is the, like, *making space for it* . . . “yes, this is the assigned reading. And if you’re a go getter, go do it. And but if not, like, here’s what’s minimally necessary,” you know? Like, doing more of that sort of thing? So, like minimizing the workload is sort of the idea that I’m looking at, like minimizing the unnecessary workload . . . and then maybe making like, some intentional statements about it . . . if you just took it away, and then someone never knew it was a thing, then they wouldn’t even really think of that as self-care.

A second participant took this concept of integration further by recommending self-care attentiveness being treated as a competency by the program, as this participant explained:

I think having self-care as more of a competency . . . I think it’s, it’s actually really important, as psychologists and as students, and for our clinical development, to also be practicing self-care. And so, I think there’s an argument for that being something that’s required as part of certain courses that you would do things to, to share that you were engaging in self-care or reflect on how you were engaging in, in self-care.

*Increasing Variety of Self-Care Activities Promoted*

The third theme within the cluster was endorsed by three of the participants and discusses the desire for an increased variety of self-care activities that are promoted and explored by the program. In describing some of the extracurricular activities promote by the program, one participant noted a desire for activities that are both communal and more easy-going, as the participant explained:

The things that do exist are advocacy-based, and those are really important. And I wouldn’t dare sort of discount them or discourage them, but they aren’t, self-care . . .
They’re not chances to be with your fellow students or foster a sense of camaraderie, or, or just relax, really.

The desire for a stronger sense of community-building was echoed by another participant, who wanted the program to promote connecting with other students from other programs the school itself. This participant explained:

having events or having something on the books planned beyond just two holidays . . .
people doing things like, “Hey, we’re going to have a barbecue, would you like to come?” Or “Oh, the ES [Environmental Science] students . . . They want to go for a hike” There’s a genuine lack of community . . . a lack of awareness of self-care options that exists in other programs by co-mingling . . . there would be a benefit of saying, “here are some other resources from other programs.”

**Incentivizing Self-Care Activity**

The last theme of the cluster was endorsed by two participants, who suggested that their program take steps to reinforce self-care behaviors by offering additional incentives. These generally fell within the realm of prizes and discounts, as one of the participants suggested for example:

maybe like a partnership with local institutions that do self-care, things would be awesome, because . . . we’re broke as grad students, it’s just facts . . . a more affordable option, if you could get like a package for like, your grad students, I feel like that would be really, really helpful for them to actually want to go do it, right. It’s like, “Oh, my university has a thing for yoga this weekend, it’s like three fourths the price or half the price.”
Perceived Stress and Overall Satisfaction of Self-Care Promotion

Participants were asked to rate their level of satisfaction with their graduate psychology program’s promotion of a “culture” of self-care on a scale from one (very dissatisfied) to seven (very satisfied) in answering Question 8 during interviews. They were also administered Cohen and Williamson’s (2022) Perceived Stress Scale (PSS) before interviews to examine their perceived stress over the past month leading up to the interview. Overall, participants who scored higher on their level of satisfaction tended to score lower on the PSS, indicating lower levels of perceived stress. Two of the participants, however, strayed from this trend, such that one of them, Participant (P6), scored both relatively high on satisfaction and high on perceived stress, while the other, Participant 3 (P3) scored both relatively low on satisfaction and low on perceived stress (see Figure 4.1).

Figure 4.1

Perceived Stress and Satisfaction With Promotion of Self-Care Culture
Participant 6 (P6) described a five-out-of-seven regarding satisfaction of their program’s promotion of a culture of self-care (similar to other students who had perceived stress border-lining low and moderate levels), however P6 had the highest level of perceived stress. This could be explained by P6’s stated relatively low-level of adherence to self-care attentiveness despite stated satisfaction with the program’s self-care promotion, accompanied by a high level of potentially stress-inducing workloads, as P6 described:

But then there’s myself where I’m pretty competitive. And I like to kind of be at the top of my game. And in order to do that, I can’t really balance the self-care, with the “work, work, work, work, work.” So, I think the culture is good at promoting self-care. And it makes it feel like “yes, I can engage in self-care.” And so, I feel comfortable doing that. But then more on kind of on a personal level, am I actually going to do that? I don’t know if I’m actually going to do that . . . but now I’m kind of like, “Oh, I’m tired. I wish I would have taken more breaks.”

On the other hand, P3 described a three-out-of-seven regarding satisfaction of their program’s promotion of a culture of self-care (lower than most of the participants), while P3 had the one of the lowest levels of perceived stress amongst participants. A potential explanation for this could be the variety and frequency of self-care activities P3 tended to engage in, despite P3’s relative dissatisfaction with the program’s self-care promotion, as supported by P3’s comment:

Certainly, a lot of the things I did such as, you know, playing music, or reading or going to movies, were outside of the realm of what was actively encouraged . . . the idea of reading for pleasure or sort of going out and do like engaging and sort of basic leisure activities, I would say, those things tended to be, if not openly frowned upon, tacitly
discouraged . . . And that, I did actually find those helpful, I found them helpful prior to grad school, and they continue to be helpful.
CHAPTER V: DISCUSSION

The findings from the current study of how graduate psychology students perceived their stress levels as well as their program’s promotion of a culture of self-care, is largely resonant with recent research and offers implications for further research into potentially helpful promotion strategies.

Stress and Self-Care

Graduate psychology programs are perhaps inherently and inevitably stressful experiences (Colman et al., 2016), likely in large part due to the commitments of time, financial resources, and perseverance needed to complete these programs. These programs are not only major contributors to the stress of students, by their nature also compete for the very resources that can be required to engage attend to self-care behaviors (e.g., time and money). Because of this, it did not come as a surprise that participants of the current study offered a variety of thoughts about their experience of stress and self-care. Participants provided many examples of self-care activities they had found to be useful, such as reading, proper sleep and physical exercise, engaging with music, reading, watching movies, and tending to community relationships. All participants were in agreement that self-care was an important factor in reducing the impact of stress in their lives while they engaged in their program of study, which aligns with the recent research regarding the effects and importance of self-care (e.g., Wise et al., 2012; Zahniser et al., 2017).

Given the discussed potential negative effects of stress on psychologists and consequently, their clients, alongside the benefits of self-care in mitigating those effects, it stands as reasonable to consider attentiveness to self-care as a necessary professional skill. There are, however, logistical barriers to self-care, such as stress and adversity that have interfered with
self-care behaviors. In accordance with El-Ghoroury and colleagues’ (2012) conclusions, finding the time available to engage in self-care was a common concern for participants, while other unexpected barriers such as the COVID-19 pandemic response left at least one participant less able to engage with in-person social interactions, their preferred method of self-care activity. Nevertheless, barriers to self-care need to be overcome or circumvented in order to continue to engage in these activities and prevent the buildup of harmful stress effects that could seriously affect the ability of practicing clinicians to serve their clients.

**Perceived Stress and Perceived Satisfaction**

Graduate psychology programs take on the role of training their students to be responsible and effective professionals, many of whom will move into clinical practice engaging in psychotherapy with clients, a practice which can potentially be negatively affected by the harmful effects of stress. An important element of this role, then, is in helping students to develop their ability to attend to an awareness of when self-care is needed and to engage in self-care practices when they are warranted, in part so that they can reduce the risk of harm to themselves and their clients. The results of the study provided supportive evidence that the kind of self-care culture that these programs can create, have the ability to influence the attitudes and behaviors of students around self-care, which will be discussed further. Generally speaking though, participants who were satisfied with their program’s promotion of self-care tended to have low scores on the PSS, indicating a low level of perceived stress. It can be argued that satisfactory promotion of self-care culture left these students believing that self-care engagement was generally welcome and necessary, and thus, feeling more willing to engage in self-care activities that mitigate perceived stress.
The two participants who did not fall in line with this trend show that there are certainly other factors that can influence perceived stress, beyond how satisfied they were with their program, as well as show the limitations of the present study to account for them. Participant 6’s lower attentiveness to self-care engagement and subsequent struggle with mitigating the effects of stress, shows some potential consequences that can result from the perception that self-care and achievement are in competition with one another. These findings also correspond with research suggesting that lack of motivation or interest in engaging in self-care can act as a barrier to self-care engagement (El-Ghoroury et al., 2012). Much like the call for self-care as a competency from another participant, P6 suggested that graduate psychology programs should hold students accountable for developing and utilizing self-care attentiveness skills; a self-care promotion strategy that warrants further research, as it could be effective for other students in similar situations.

P3’s situation also offers implications for improvement of the promotion of self-care culture. P3’s success in staving off perceived stress through commitment to a variety of self-care activities that were not promoted by the program supports an argument that this willingness to engage in a variety of self-care behaviors could prove useful for psychologists who find themselves in stressful environments where self-care promotion may be lacking. Thus, graduate psychology programs may do well to promote the use of a variety of self-care activities, and further research is warranted to explore the potential for a diverse range of self-care activities at one’s disposal to be protective against harmful effects of stress.

**The Role of Culture**

Findings from the present study resonate strongly with research supporting the influence of graduate psychology programs (Zahniser et al., 2017) and the culture of self-care (e.g., Barnett
& Cooper, 2009; Colman et al., 2016; El-Ghoroury et al., 2012; Wise et al., 2012) on the attitudes and practices of self-care amongst graduate psychology students. It was common among participants to look to others, be they professors or fellow cohort members, to gauge the appropriateness of their own self-care choices. This could result in unpleasant emotions such as guilt (for setting boundaries that allow for needed self-care or engagement in self-care activities) as well as frustration with perceiving either the program or cohort members as undermining the importance of self-care. Conversely, the culture of self-care also appeared to be instrumental in helping multiple participants to engage in self-care more frequently and with more comfort than perhaps they otherwise would in a culture that was perceived as unsupportive of self-care. For example, participants noted the positive influence of offering and receiving direct support from other students by way of reminding each other to attend to self-care, as well as receiving indirect support via the knowledge that other students in their cohort are attending to their own self-care. Awareness of the influence and importance of self-care culture in creating an environment that feels safe to engage in self-care activities, is further evidenced by ideas for improvement from some participants of their program’s promotion of self-care. For instance, ideas involving role-modeling from professors, or professors verbally encouraging students to use additional time provided for self-care engagement suggest a desire to increase the welcoming and normalization of self-care behaviors from the program.

The power that graduate psychology programs hold to influence the attitudes and behaviors around self-care for their students should not be taken lightly. As is evidenced by the present study, the culture around self-care that is influenced by the program could influence the level of guilt experienced by students as they engage in self-care activities, which raises concerns about potentially disinclining them to engage in self-care. On the other hand, successful
promotion of self-care culture appears to have the potential to empower students to hold more accepting attitudes toward the necessity of, and the engagement with, self-care activities. Thus, graduate programs may do well to reexamine their self-care promotion strategies for their potential effects on self-care culture within their programs. Additionally, given the evidence that students can look to their peers as influential to self-care attitudes and behaviors, efforts from the program in influencing students in this way could have a compounding effect of influence, thus, further increasing the importance of successful promotion of healthy self-care culture.

This and other studies offer support for multiple ways that professors can enhance the self-care culture of graduate psychology programs. For example, professors can actively encourage students support each other in staying accountable for self-care behaviors, from the start of the program. Not only did participants find cohort support to be helpful in encouraging their own self-care, but at least one participant had stated that they felt they were “missing out” upon perceiving that their Professional Seminar professor did not actively encourage cohort bonding in this early class. Furthermore, participants clearly had a collective variety of self-care strategies that they found to be personally effective, some of which were not accessible as the COVID-19 pandemic response took effect. In accordance with what Coleman et al. (2016) and Wise et al. (2012) suggest, professors in advisory roles could offer support by collaborating with students to cultivate the variety self-care strategies they have found to work, and switch strategies or develop new ones as previous strategies become unworkable. Role-modeling in this advisory context could also involve professors discussing how they themselves had to adjust self-care approaches over time, and perhaps during the pandemic.
Dissatisfaction Toward Self-Care Promotion

While the majority of participants experienced their program’s promotion of self-care culture with overall satisfaction, they all experienced a level of dissatisfaction and frustration with how their program approached (or missed opportunities to approach) matters of self-care. It can be argued that their frustrations and disappointments offer insight into the importance of self-care for these participants. Notably, most of the qualms raised by students point at inconsistencies within the program: inconsistency between self-care messaging and action steps; inconsistency between professors in their promotion of self-care in early classes; and inconsistency of self-care promotion emphasis over time. On a broader level, nearly all concerns from participants, both regarding the aforementioned inconsistencies and the desire for more grace with their personal struggles, were experienced in through their interactions with professors. As such, the present study may provide evidence for the potential benefit of taking a more unified approach across professors, as graduate psychology programs consider developing or reforming their self-care promotion. It is possible that the inconsistencies within the program of study have contributed to an undermining of the very self-care behaviors the program seems to be attempting to promote, a theme which three of the participants endorsed. If so, this could result in the training of psychologists who are less inclined to engage in self-care behaviors when they may be indicated; In other words, when the struggles of personal and professional life inevitably arise, these incoming psychologists may have self-care attentiveness skills that are suboptimal (at best) or inadequate (at worst) to address the buildup of stress healthy ways.

Appreciations, Ideas, and Implications

Looking to the results of this study about what methods of self-care promotion were seen to be effective, in combination with recent relevant research, may provide some guidance as to
potentially helpful considerations for graduate psychology programs. For instance, participant appreciation for the communicated importance of personal development and self-acceptance, alongside check-ins from professors seemed to agree with assertions that relationships offering professional support and development can be a valuable self-care strategy worthy of promotion (Zahniser et al., 2017). Furthermore, the participants who did highlight receiving early messaging regarding the importance of self-care, such as in their Professional Seminar courses, noted how critical it was for the development of healthy attitudes toward the self-care engagement.

A few of the participants also expressed appreciation for the mitigation of stressors that were deemed unnecessary for growth, particularly when it involved collaboratively looking through the syllabus with professors and removing some of the tasks asked of students. However, regardless of the implementation of a more consistent approach to self-care promotion, so long as individual professor discretion in how they structure their classes is supported by programs, there could be inevitable differences in how professors understand growth-promoting stressors. Participant perceptions of this phenomenon seemed to be further complicated by the COVID-19 pandemic. As participants noted, there were differences in how professors chose to what extent (if at all) that they would reduce student workloads, which may be partly a result of how they discern they can best promote the professional growth of their students. That being said, at least one participant expressed appreciation for professors who openly recognized limitations to reduce student workloads, which was seen as an empathic gesture. This supports an argument for professors to communicate to students with intent, sensitivity, and empathy, their rationale for decisions regarding academic challenges, especially given the existence of challenging environmental stressors such as the pandemic. It is important to simultaneously consider that
participants overwhelmingly desired more time granted for self-care engagement, and that choosing to maintain the syllabus workload is not mutually exclusive with working to enhance student support / self-care promotion in other ways.

Beyond their appreciation for self-care promotion successes from their program, participants offered an assortment of ideas for improvement, often with desires for professors to take a leading role self-care promotion. Many of these avenues for professor leadership included: holding open discussions with students on the topic, role modeling their own self-care, being clear about minimally necessary reading, and reminding students that self-care engagement is a valid use of newfound time. Professors can be both considered the “face” of graduate psychology programs, and role models for the development of self-care attitudes and behaviors that students take into their professional careers. The present study suggests that students may benefit from professors taking a more active role in driving healthier self-care attitudes and behaviors. Additionally, programs could play a part in increasing awareness and opportunity around a wider variety of self-care activities, such as community-building activities, including those that that are beyond the realm of what would traditionally be considered psychology or advocacy-based (e.g., hosting a nature hike or a casual gathering with students from other programs).

As one participant suggested, graduate psychology programs may do well to frame and treat healthy attentiveness to self-care as a competency for graduate psychology students to develop and maintain, and for those programs to support. A. E. Miller’s very recent (2021) article offers a robust list of recommendations that graduate programs can use to help address self-care promotion. Many of these recommendations are directly in line with findings of the present study (e.g., having professors model self-care and providing personal examples of self-care failures and successes), while others offer additional insights that are worthy of
exploration and implementation (e.g., providing students with evidence-based, values-driven
time-management strategies to help them address how to make time for self-care engagement).
Ultimately, these recommendations call for a commitment from programs and professors alike to
both communicate and demonstrate that self-care attentiveness is of critical importance for
personal and professional functioning and growth.

**Strengths and Limitations**

The results of the study offer strengths based on its design. It presents a deep, qualitative,
initial exploration into the experience of how students perceive the promotion of a culture of
self-care in their program of study. This, in combination with the exploration of the potential
relationship between these perceptions and student perceived levels of stress, make this study
relatively unique among the area of research regarding self-care. It allows readers to tune into
what students are saying about self-care culture and how their program promoted it, as well as
offers insights from personal accounts into what methods may be effective, versus what they
would like their program to do differently. Finally, it provides personal accounts into how the
self-care culture interacted with their attitudes and engagements with self-care, as well as how
personal perceived stress fit into their narratives.

The design of the present study also brings inherent limitations with it. As a qualitative
study with a small sample size that is relatively homogeneous by intention, naturally the results
of the study are highly limited in their generalizability; Participants were all drawn from the
same graduate psychology program, in the New England region of the United States, and were
from the same cohort and year of study. Furthermore, interviews were conducted during the
Summer following the conclusion of their fourth year of study, and it is possible that both
perceived stress levels and the quality of self-care promotion may each vary at different periods
throughout their program. Lastly, the results of this study indicate there may be an inverse relationship between perceived stress and participant satisfaction of their program’s self-care promotion. However, the nature of this study leaves room for further examination into this potential relationship, as well as other factors that may influence perceived stress (e.g., personal beliefs and adherence to personal self-care practices regardless of satisfaction).

Conclusion

The present study involved an exploratory, qualitative approach to examining student perceptions of their graduate psychology program’s promotion of a culture of self-care, and the potential influence of this culture on self-care attitudes and behaviors as well as perceived stress levels. While many participants found the promotion of a culture of self-care to be relatively satisfactory, all participants expressed desire for improvements, and may have greatly benefitted from them. This study aligns with a growing body of research supporting the idea that the self-care culture in the graduate psychology environment and the programs that play a role in promoting it, can have an influence on the self-care attitudes and practices of the psychology professionals they train. It also adds to the idea that there is significant room for improvement regarding how graduate psychology programs can enhance their approach to promoting a culture that welcomes, explores, encourages, and affirms self-care attentiveness skills.

The present study both supports the call for improving self-care promotion approaches from graduate psychology programs and reaffirms the need for further research into approaches that could be effective in helping students develop a healthy attentiveness to self-care engagement. For instance, studies looking into the implementation of strategies akin to those within A. E. Miller’s (2021) recommendations that promote a healthy culture of self-care, could yield valuable data regarding the efficacy of such strategies in helping students to develop and
utilize self-care attentiveness skills. Another potentially helpful avenue for future research could involve examining longitudinal data regarding how graduate psychology programs promote self-care attentiveness, as well as the level adherence to self-care attentiveness over time from the emerging mental health clinicians who attended those programs. Mental health clinicians (and the clients they serve), have much to gain from training experiences that effectively cultivate a strong awareness and attentiveness toward self-care.
References


APPENDIX A: RECRUITMENT EMAIL

Dear Student,

I am a doctoral candidate in the clinical psychology program at Antioch University New England, and I am seeking participants for my dissertation research. My IRB-approved study will be examining the perceived experiences from graduate psychology students of their graduate program’s promotion of self-care culture, as well as their own perceived level of stress.

In order to participate in this research study:

1. You must be a full-time student in your 5th year of study in your graduate psychology program

Participation in this study involves:

1. A commitment of around 30 to 60 minutes for a one-time interview over Zoom or over the phone.
2. Willingness to have this interview video and/or audio recorded.
3. Willingness to fill out a brief Perceived Stress Scale

Each participant and the researcher will schedule a day/time for an individual Zoom or phone interview. At the time of the interview, they would discuss informed consent, the participant would fill out the Perceived Stress Scale, and they would engage in the interview. The researcher would also attempt to follow up with the participant at a later time to inquire if his interpretations of the data gathered from the interview are in line with the participant’s originally intended meanings.

Incentive: All students who choose to participate in this study may choose to be entered in a raffle to receive a $50 electronic Amazon gift card.

The valuable data gathered from this study may be used to inform how graduate psychology programs can improve their promotion of self-care culture. Please see the informed consent form attached to this email for more information.

If you would like to join this study, please email me at XXXXX at your earliest convenience.

Thank you very much for your time and consideration!
Anthony Primavera, M.S.
APPENDIX B: INFORMED CONSENT

Informed Consent Form

Title of the Study: No Time for That: Graduate Psychology Student Perspectives on Self-Care Culture
Investigator: Anthony Primavera, M.S., Clinical Psychology Doctoral Candidate
Dissertation Chair: XXXXX

1. The purpose of this study is to explore the perceived experiences from graduate psychology students of their graduate program’s promotion of self-care culture, as well as their own perceived level of stress.

2. Should I decide to participate, I will be asked to participate in a video and/or audio recorded thirty-to-sixty-minute virtual interview. The interview questions will inquire about student experiences related to self-care, stress, and graduate program promotion of self-care. I may choose to decline answering any of the questions if doing so would cause undue distress.

3. Participation in the current study is completely voluntary. I may refuse participation or decide to withdraw at any time without any consequences to myself, and my data would not be used if I decide to withdraw.

4. A possible risk of this study includes emotional discomfort when discussing experiences of stress and self-care promotion. I may schedule additional time for debriefing with the investigator if needed. This time for debriefing would not be recorded or included in the research data.

5. I may also find that the opportunity to reflect on and discuss my experiences to be of some direct benefit to my self-care practices and potentially my clinical practice. Additionally, the information I share may indirectly benefit other students by helping to improve promotion of self-care from graduate psychology programs. Lastly, I may choose to have my name and email address collected by the researcher to be entered in a raffle for a $50 Amazon Gift Card for my participation in this research. This information will be kept separately from the research data and will not be used in any part of the study. The winner of the raffle will be randomly chosen following the conclusion of the interview period of the study and will be contacted by the researcher to receive the gift card electronically.

6. Any personally identifying information will be removed from the final data set, any demographic data would be presented in aggregate form, and my de-identified information will not be used for future research. Any majorly identifying information that may be discussed in the interview will be removed from the final transcription of my discussion. Direct quotes may be used as part of the research results or discussion to help illustrate my discussed experiences.
7. The investigator may include the final data and/or results of this research in scholarly publications and presentations in the future. The confidentiality agreement, as described above, will continue to remain effective in any cases of data sharing.

If you have any questions about the study, you may contact the principal investigator, Anthony Primavera, M.S. via email, at XXXXX or over the phone XXXXX. The research supervisor, XXXXX may also be contacted at: XXXXX or XXXXX.

If you have any questions about your rights as a research participant, you may contact Antioch University New England’s IRB Chair, XXXXX. at: XXXXX or XXXXX or Provost, XXXXX. at: XXXXX or XXXXX.

I have reviewed this form in its entirety with the investigator, understand the information discussed, and consent to participate in this study.

________________________________________________________________________
PRINTED NAME  DATE

________________________________________________________________________
SIGNATURE  DATE

Please do not sign more than one section below.

I voluntarily agree to let the researcher video-record AND audio-record me for this study. I agree to allow the use of my recordings as described in this form.

________________________________________________________________________
PRINTED NAME  DATE

________________________________________________________________________
SIGNATURE  DATE

I voluntarily agree to let the researcher ONLY audio-record me for this study. I agree to allow the use of my recordings as described in this form.

________________________________________________________________________
PRINTED NAME  DATE

________________________________________________________________________
SIGNATURE  DATE
I would like to have my name and email address used to enter the raffle for the $50 Amazon gift card and I understand this data will not be used in any part of the research study.

___________________________  ______________________
PRINTED NAME               DATE

___________________________  ______________________
SIGNATURE                  DATE

PREFERRED EMAIL ADDRESS

To be filled out by the researcher or the person taking consent:
I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

___________________________  ______________________
PRINTED NAME OF RESEARCHER   DATE

___________________________  ______________________
SIGNATURE OF RESEARCHER      DATE
## APPENDIX C: CLUSTERS, THEMES, AND ILLUSTRATIVE QUOTES

Table C.1

Clusters, Themes, and Illustrative Quotes

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Theme</th>
<th>Number of Participants</th>
<th>Illustrative Quote(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction, appreciation, or positive experiences around the program’s promotion of self-care</td>
<td>Active promotion and follow up with self-care engagement</td>
<td>4</td>
<td>it was set up as kind of a commuter program, where we would be in classes on Mondays and Tuesdays, the first year and in subsequent years, only on Mondays, and then we would have practicum during other parts of the week. But I think even just how the program is established in that way, there was a lot of talk and understanding that people had families and lives outside of just the schoolwork that they were doing. Like that was one of the best classes that we had for it. Like 10 out of 10. I honestly like that if I didn’t have that, and if I didn’t have that exposure, or like that those conversations so early on, like, in my first year, I just like can’t even imagine Yeah, and [Professor] would check on us and see if we were doing something. Um, it wasn’t as much pressure to have self-care with [Professor], but I think that he cared about us. It wasn’t like, “Oh, you better have something done.” It’s more of “I care about you and your well-being, so I hope you have done something.”</td>
</tr>
<tr>
<td>Active mitigation of stressors deemed unnecessary</td>
<td></td>
<td>3</td>
<td>So, like, we’ll kind of go through the syllabus and see... I don’t know, talk about like the different assignments and stuff like that. And if it feels too much for the class as a collective, then we can kind of come to a collaborative decision on what might feel best, like still optimize the learning, but also decrease the amount of work and amount of stress that’s happening. And I think that aspect kind of increased into the third and fourth years. Yeah, professor-dependent is like a good way to put it, because there were some classes where I was like, “That’s bullshit. Like, they should be doing more of this,” you know, but then there’s other classes where I was like, “No, this person is really understanding and like, they’re trying and they recognize their limitations in the way that they are just like, a person in the system” you know?</td>
</tr>
<tr>
<td>Perceived empathy</td>
<td></td>
<td>2</td>
<td>Yeah, professor-dependent is like a good way to put it, because there were some classes where I was like, “That’s bullshit. Like, they should be doing more of this,” you know, but then there’s other classes where I was like, “No, this person is really understanding and like, they’re trying and they recognize their limitations in the way that they are just like, a person in the system” you know?</td>
</tr>
<tr>
<td>Attention to personal development</td>
<td></td>
<td>2</td>
<td>I found that the approach to learning and to studying and that the emphasis on personal growth, to really help promote my pursuit of self-care, outside of the hours that I was at the program. And I think also, maybe one way that they do that is having a lot of discussion and reflection as part of coursework, that we were really tasked with being in touch with ourselves in a way that I think is sort of non-directly encouraging of like,</td>
</tr>
<tr>
<td>Cluster</td>
<td>Theme</td>
<td>Number of Participants</td>
<td>Illustrative Quote(s)</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Cluster 2: Dissatisfaction, qualms, or negative emotions around the program's promotion of self-care</td>
<td>Frustration with spoken self-care promotion without perceived increases in opportunity</td>
<td>6</td>
<td>I think there’s just some, I guess, annoyance or frustration with the fact that sometimes you’re so overwhelmed, and then you hear them talking about it. And you’re like, “I don’t have any time to do this.” Nor are you giving me any allowance to do it. And so that’s kind of where the frustration comes in.</td>
</tr>
<tr>
<td>Desire for more grace from faculty with personal struggle</td>
<td>3</td>
<td>I had to miss a class for [painful and significant life event]. And I got like a lot of grief from grief in like, not great way from one professor about me missing this class… And in the syllabus, it noted that if you miss a certain number of classes, you would have to make it up by doing an additional paper. That but that’s one experience that stood out to me with the program feeling like it felt like it was adding insult to injury at that point, that instead of sort of lifting me up and making sure that I had everything that I needed to be successful, I was given another task at that point to complete in a semester where I was struggling to maintain everything due to the personal nature of things going on.</td>
<td></td>
</tr>
<tr>
<td>Frustration with inconsistency</td>
<td>6</td>
<td>It felt like the emphasis on self-care, especially in the classes where I felt like it was emphasized the most like [Professional Seminar] that it really depended on who you had as a professor… I felt like I was missing out on something that other people were getting from the program or that they felt like they were bonding more or closer to other people in the cohort by nature of this kind of like more “holding” sort of personal experience in [Professional Seminar]. The faculty early on during the pandemic was much more concerned about the stress of students. And then, as the pandemic went on, that very precipitously dropped off and ceased, and I think that, to me, had the effect of really increasing my stress. And also, for my experience, you know, I felt alienated from the faculty at large. Because the sort of message seemed to be that everybody was very concerned, and then they weren’t.</td>
<td></td>
</tr>
<tr>
<td>Cluster</td>
<td>Theme</td>
<td>Number of Participants</td>
<td>Illustrative Quote(s)</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Lack of variety of self-care behaviors promoted</td>
<td>3</td>
<td>Certainly, a lot of the things I did such as, you know, playing music, or reading or going to movies, were outside of the realm of what was actively encouraged, what was specifically encouraged. Some of those things were brought into the conversations, the earlier conversations during first year about self-care by students, but none of them were I would say, promoted by like, anyone within the faculty… And some of them were discouraged. . . there was a pretty narrow, like, set of activities that I felt were specifically encouraged by faculty… self-care became another job for them to engage in, another thing. And I think part of that had to do with the narrowness of how things were, what was actively promoted.</td>
<td></td>
</tr>
<tr>
<td>Cluster 3: Role of culture in influencing self-care-related emotions, attitudes, and practices</td>
<td>Feelings of guilt around allocating time to engage with self-care activities</td>
<td>5</td>
<td>I think without that sort of expectation, or encouragement from the program. . . And this has sort of been the case that I can almost I would almost feel like, guilty, or that I would have to defend my choices to engage in self-care. So [self-care] becomes an obligation, that somehow, you’re supposed to be on top of this, but it’s impossible… So, the only thing really, you’re left to do like to feel is sort of guilt about not doing it. Or not doing it enough”</td>
</tr>
<tr>
<td>Concerns with perceived undermining of self-care within the graduate school culture</td>
<td>3</td>
<td>feeling like what I’m supposed to be doing is all schoolwork all program all of the time. And that self-care is almost. . . And I maybe this is how our culture kind of engages with self-care or not. . . that self-care is almost an afterthought, or something that if I did everything else perfectly, then I would also have time for self-care. There’s a bit of that culture there of almost bragging about the lack of self-care and taking care of one’s physical and mental well-being. Which is very contradictory to what the APA says. But it’s not to say the whole program is like that. But there is enough of a culture there that is concerning.</td>
<td></td>
</tr>
<tr>
<td>Self-care culture influences self-care engagement</td>
<td>5</td>
<td>So, you don’t know what everybody is doing in terms of self-care. And so, on the one hand, that means like, you’re sort of free to, to sort of do what you feel like you need to do self-care wise. And also, that you have no way of sort of knowing like what other people are realistically doing, like how much time are they taking to themselves… what is their mindfulness practice, or leisure activity? Are they taking time to play music to listen to music, or to go to concerts or plays or some other kind of entertainment? Are they, you know, taking time to read for pleasure? I think more so the comfort piece, then the frequency. And I think that that’s just like a growth process… I noticed myself when I’m like taking time to like, watch TV at night, like on a weeknight or I did you know, instead of like doing my readings, or like doing homework, or like, whatever else I could have been doing that would have been, “productive,”</td>
<td></td>
</tr>
<tr>
<td>Cluster 4: Personal experiences and thoughts regarding self-care</td>
<td>Theme</td>
<td>Number of Participants</td>
<td>Illustrative Quote(s)</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-------</td>
<td>-----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td>Self-care attentiveness as a professional skill</td>
<td>3</td>
<td>right? I noticed myself being like, it’s okay, I need self-care, you know, and like, I always had those thoughts and I know that that came from [my school] and like the conversation we were having, because if we weren’t having those conversations, and if I didn’t know if anyone else was doing those sorts of things, or like having self-care at all, I would have I definitely would have been like beating myself up for it, because I’d be like, “I should be working right now.”</td>
</tr>
<tr>
<td></td>
<td>Relationship between self-care and stress</td>
<td>6</td>
<td>And I think the culture within I guess, more of the cohort part of the program rather than like the, you know, like the management part of the program… we all try to make sure each other gets some self-care… like, “are you sleeping enough? Did you do one thing that you actually enjoy doing besides schoolwork this last week?” So, I think it’s supportive. But we all realize that it’s, it’s just actually, it’s hard to do it sometimes.</td>
</tr>
<tr>
<td></td>
<td>Logistical barriers to self-care</td>
<td>3</td>
<td>every job has a tool, and our tool is our being. I mean, we have to use our empathy and our ability to engage with people to work with them and to do our jobs. And if we aren’t taking care of our tool, our body and our mind, then how effective are we going to be at performing the mental health services we provide? So, it seemed very counter intuitive. This lack of genuine interest in self-care [within the graduate program environment]. It’s the opposite of what you would want from a mental health professional.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I’m still connected to my relationships. I’m also really glad that I stayed active and was like doing a lot of hiking and also music and I was engaged, like spiritually, with a community for a bit. And I think that that was a really strong protective factor for me that it didn’t feel like my entire life and my entire worth and being was in the program, I felt like I could be a more whole person.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>That makes a huge difference because I feel recharged and feel a lot healthier and not just as a mental health professional but just as a person. . . I feel much better after engaging with self-care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>my social circle sort of shifted toward school, you know, that that sort of became like a major social outlet… And with the distance, and the limitations of the pandemic and social distancing that it really complicated things and like sort of brought any sort of social interaction or engagement to a screeching halt.</td>
</tr>
<tr>
<td>Cluster 5: Ideas for improvement of self-care promotion</td>
<td>Theme</td>
<td>Number of Participants</td>
<td>Illustrative Quote(s)</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-------</td>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Normalization and education around self-care</strong></td>
<td>3</td>
<td>And if [professors] are teaching and having your own practice, which most of our professors do, as well as a million of the other things that, you know, they might be doing to help support their students… You just feel like sometimes they’re burning out a little bit. And so yeah, I just I just wish that sometimes the profs. would also take that advice of doing the self-care… it’s normalizing.</td>
<td></td>
</tr>
<tr>
<td><strong>Integrating self-care promotion into coursework / program</strong></td>
<td>6</td>
<td>I think that’s where they could improve is the, like, making space for it … ‘yes, this is the assigned reading. And if you’re a go getter, go do it. And but if not, like, here’s what’s minimally necessary,’ you know? Like, doing more of that sort of thing? So like minimizing the workload is sort of the idea that I’m looking at, like minimizing the unnecessary workload… and then maybe making like, some intentional statements about it… if you just took it away, and then someone never knew it was a thing, then they wouldn’t even really think of that as self-care</td>
<td></td>
</tr>
<tr>
<td><strong>Increasing variety of self-care activities promoted</strong></td>
<td>3</td>
<td>The things that do exist are advocacy-based, and those are really important. And I wouldn’t dare sort of discount them or discourage them, but they aren’t, self-care… They’re not chances to be with your fellow students or foster a sense of camaraderie, or, or just relax, really. There aren’t mindfulness activities that are built into the day having events or having something on the books planned beyond just two holidays… people doing things like, ‘Hey, we’re going to have a barbecue, would you like to come’ or ‘Oh, the ES [Environmental Science] students… They want to go for a hike… there’s a genuine lack of community… a lack of awareness of self-care options that exists in other programs by co-mingling… there would be a benefit of saying, ‘here are some other resources from other programs.’</td>
<td></td>
</tr>
<tr>
<td>Cluster</td>
<td>Theme</td>
<td>Number of Participants</td>
<td>Illustrative Quote(s)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------</td>
<td>------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Incentivizing self-care activity</td>
<td>2</td>
<td>2</td>
<td>maybe like a partnership with local institutions that do self-care, things would be awesome, because it’s... we’re broke as grad students, it’s just facts... a more affordable option, if you could get like a package for like, your grad students, I feel like that would be really, really helpful for them to actually want to go do it, right. It’s like, “Oh, my university has a thing for yoga this weekend, it’s like three fourths the price or half the price”</td>
</tr>
</tbody>
</table>