

2014

Attitudes, Experiences, and Perceptions of Rural Christian Counselors with Regard to Self-Care

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Walden University

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Walden University

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Theresa White

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Walden University
2014

Abstract

Attitudes, Experiences, and Perceptions of Rural Christian Counselors with Regard to

Self-Care

by

Theresa G. White

MA, Regent University, 2005

BA, Oral Roberts University 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

November 2014

Abstract

Rural Christian counselors are a distinct group of individuals faced with unique personal and professional challenges. Researchers have indicated that rural counselors experience a higher burnout rate due to wide practice scope; client stigma against receiving help; and physical isolation, making supervision, consultation, and referral difficult. Studies also show that self-care is an effective defense against the symptoms of burnout. Self-care is defined as any legal activity that promotes wellness and brings physical, emotional, mental, or spiritual balance. The central research question of this hermeneutic phenomenology examined the attitudes, perceptions, and experiences of rural Christian counselors with regard to self-care. The conceptual framework was interpreted using social constructivism and hermeneutic phenomenological lenses and was based on self-care, Christian counseling, and action theories. A convenience sample of 9 participants contributed to semistructured interviews; these interviews were analyzed according to methods suggested by Flood, Rubin and Rubin, and Creswell, resulting in saturation and synthesis of the information. Findings indicated that participants understood the importance of and practiced individual styles of self-care, but did not consider current levels of self-care practice as adequate. Feelings of guilt and perceived superior strength in others inhibited self-care efforts. Social change implications include the continued education and encouragement of self-care among this group to help combat burnout, compassion fatigue, and premature retirement. Rural counselors and the small communities they serve could both benefit from increased awareness and practice of self-care activities.

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Dedication

To my parents. Dad, I wish you could be here to see the completion of this dream, but I know we'll celebrate (and probably argue over qualitative vs. quantitative) one day in Heaven. Mom, you have been my constant friend and encourager at every turn. I love you very much. Thank you for raising me to think I could do anything...I believed you.

Acknowledgments

My heartfelt thanks is offered first to my family, who have walked alongside me each step of this process, encouraging me with your words and deeds, listening to me when I got stuck or worried, and rejoicing with me now that it's finished. We have come through difficulties a stronger unit and my heart is full because of you.

I also extend my profound gratitude to my co-researchers. Without your insights, wisdom, and trust, this study would not have been possible. You are helping change the tide of burnout among rural Christian counselors.

Many, many thanks to my Dissertation Committee. Dr. Percy, you have been with me since I started my doctoral program and your patient confidence inspired me to continue it to completion. Dr. Barkley, your commitment to excellence promoted excellent work from me. Thank you both.

Thank you to my friends who have cheered me on from Day One when I made the announcement that I was pursuing my PhD. You never doubted that I would finish and you have prayed me through the valleys and now share in my excitement that I made it.

Finally, I offer my humble gratitude to my ever-present Heavenly Father. You placed me in a family, a living situation, and an academic path that allowed me to blossom into who You created me to be. May I always seek to honor You.

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Chapter 1: Introduction to the Study

Introduction

Studying the counselor, as a unique person, is an important way of gaining insight and understanding into a group of individuals who have dedicated their professional careers to helping others through the nuances of life. In order to provide continuing quality assistance to clients, the counselor must also have access to a means of personal rejuvenation and restoration. Thus, many practice self-care techniques wherein mental, physical, emotional, or spiritual balance is sought through a variety of interventional measures that change according to individual need. Researchers have explored the area of self-care for mental health counselors (Barlow & Phelan, 2007; Daw & Joseph, 2007; Emery, Wade & McLean, 2009; Evans & Payne, 2008). Most have concluded that self-care can effectively address mental, physical, emotional, and spiritual needs of individual counselors and that in order to live a balanced, healthy life, this sort of care is necessary.

Barnett, Baker, Elman, and Schoener (2007), Barlow and Phelan (2007), Norcross and Guy (2007), and Warren, Morgan, Morris and Morris (2010) all determined that self-care was not only beneficial but also ethical. In fact, the American Counseling Association (ACA) and the American Psychological Association (APA) have made provisions in their respective ethics codes regarding self-care (ACA 2012; APA, 2012). However, more recently, research also indicated that although counselors understand the importance of self-care, many do not practice it (Barlow & Phelan, 2007; Carroll, Gilroy, & Murra, 2003; Evans & Payne, 2008). Emery et al. (2009) reported that counselors who do not take care of themselves were at higher risk for burnout.

Burnout can include compassion fatigue (Kraus, 2005) and vicarious traumatization (Deighton, Gurriss & Traue, 2007; Harrison & Westwood, 2009). These risks are serious threats to mental health counselors and additional research in the area of self-care is therefore warranted. It is important to understand why counselors may be reluctant to practice self-care.

Different counselors have individual specializations and various theoretical orientations according to training, client-need, and personal preference. One such approach is Christian counseling, wherein practitioners adhere to a Christ-centered therapeutic model yet are not necessarily connected to any one denomination or congregation. A distinctively Christian worldview is what sets apart a Christian counselor from a non-Christian counselor, and is defined as a “firm theological foundation whose core element is a personal relationship with Christ” (Wolf, 2011, p. 330). The Christian worldview holds the primacy of Scripture at the center while maintaining the belief that God is active in the spiritual and natural realms (Wolf, 2011).

According to Day (2006) and Garzon, Worthington, Tan, and Worthington (2009), Christian counselors may use prayer, talk therapy, or other faith-specific interventions to help clients, thus setting this form of therapy in a distinct category when compared to other such theoretical approaches. Day (2006) stressed the importance of the Christian salvation experience as being an intractable part of Christian therapy and Hathaway (2009) listed several explicitly Christian counseling interventions/practices including confession, forgiveness, personal prayer, deliverance, and Scriptural intervention.

While Christian counselors share fundamental beliefs with other counselors regarding client care, confidentiality, and the ability to change, some of the approaches or techniques used within the Christian counseling session are markedly distinct from mental health counseling approaches such as psychoanalysis or cognitive-behavioral therapy (CBT). Garzon et al. (2009) concluded that while Christian counselors may use methods such as CBT, the foundations of Christian counseling rest upon prayer, healing, confession, and Scripture. Additionally, clients' expectations of this type of therapy differ from their expectations of non-Christian counseling (Belaire, Young & Elder, 2005; Garzon et al., 2009; Weld & Eriksen, 2007a). Thus, special considerations may need to be adopted regarding this population including research about the self-care behaviors of Christian counselors.

The physical location where counseling services are offered may also play an important role in counselors' lives and experiences. For example, researchers have indicated that rural counselors experience increased isolation and burnout, unavoidable dual relationships, difficulty obtaining adequate supervision and/or consultation, and the need for greater generalized practice (Bodor, 2009; Pugh, 2009; Schank, Helbok, Haldeman & Gallardo, 2010). Rural counselors treat rural clients, who also have unique challenges such as lower incomes, greater incidence of mental disorders (as compared to urban counterparts), less access to mental health services, and stigma against receiving help (Dollinger & Chwalisz, 2011; Jones, Cook & Wang, 2011). Together, these factors make rural counselors an additional viable subset to consider in research. Unfortunately, no research currently exists on rural Christian counselors and their experience of self-

care. The goal of this study was to examine the lived experience of rural Christian counselors with regard to self-care. In this chapter, I will outline my research of rural Christian counselors and their attitudes, perceptions, and experience with self-care.

Problem Statement

Burnout, compassion fatigue, and vicarious traumatization are serious risks to counselors resulting in harm not only to themselves but also to their clients. Both Christian and rural counselors face unique challenges including isolated working conditions and small client populations (Bodor, 2009; Miner, 2007; Pugh, 2009; Schank et al., 2010). Researchers have shown that self-care can be part of the solution (Barlow & Phelan, 2007; Daw & Joseph, 2007; Emery et al., 2009; Evans & Payne, 2008). While studies exist on the separate areas of self-care, rural practice, and Christian counseling, none exist on the self-care behavior of rural Christian counselors. According to Barlow and Phelan (2007), Daw and Joseph (2007), and Evans and Payne (2008), self-care helped prevent burnout, compassion fatigue, and vicarious traumatization in counselors in general. However, based on an extensive review of the literature described in Chapter 2, I was unable to find any research on how rural Christian counselors take care of themselves.

Purpose of the Study

The purpose of this phenomenological study was to understand and describe the attitudes, perceptions, and practices of rural Christian counselors regarding self-care. Experiential insights from this population have also brought increased understanding into how self-care might affect burnout for rural Christian counselors. This information has

filled a gap in the literature and contributed to continued burnout prevention and increased education of mental health counselors.

Research Question

The central research question for this study was: What are the attitudes, perceptions, and experiences of rural Christian counselors with regard to self-care? I left this question intentionally broad in order to generate as complete a picture as possible of their experiences. Additional subquestions included: What are the actual practices of self-care among rural Christian counselors? How are these practices consistent with rural Christian counselor's attitudes and perceptions toward self-care?

Conceptual Framework

The conceptual framework for my study was based upon action theory (Shahar, 2006), self-care theory (Denyes, Orem, & SozWiss, 2001; Söderhamn, 2000), and Christian counseling theory (Day, 2006; Garzon et al., 2009). Action theory incorporates the idea that a desire or need will result in an intended action to meet the need. Thus, the individual actively shapes his/her own environment, context, and well-being. However, all goals are not necessarily conscious or rational, which may result in an individual creating his/her own distress (Shahar, 2006). Action theory, as it relates to self-care in mental health practitioners, guided both my interview questions and subsequent analysis.

Self-care theory presents the idea that individuals are able to attend to and deal with their own needs (Denyes et al., 2001 and Söderhamn, 2000). Self-care is thus defined as a process or action-sequence wherein mature individuals are able to identify needs and make decisions to meet those needs. It is a practical process leading to

practical results. According to Söderhamn (2000), self-care is a learned, goal-directed activity and includes understanding both self and environment, having a reason and opportunity to perform self-care, knowing the meaning and value of self-care, being able to perform self-care, and actively choosing to do so (Söderhamn, 2000, pp. 184-185). This theory is grounded in the idea that mature individuals are able to perform such activity resulting in improved capacity for living.

Denyes et al. (2001) identified two main categories of needs: enduring (food, water, safety, etc.) and situation-specific. Self-care can address both types of needs. Rural Christian counselors have unique situation-specific needs that may be met in a variety of ways. Self-care theory guided my literature review, interview questions, and analysis as my study addressed the gap in the literature pertaining to how or if self-care is used by this group to meet needs.

Christian counselors are a subset of the greater mental health therapist group and are defined as having a distinctively Christian worldview that sets them apart from secular counselors (Wolf, 2011). Day (2006) and Garzon et al. (2009) theorized that practices such as prayer or other faith-specific interventions also served to identify Christian counseling as a distinct approach to therapy. Christian counselors have been under-represented in the literature, and I could find no studies addressing the topic of self-care and Christian counselors. Thus, the theory of Christian counseling guided my understanding of this unique group of individuals. The conceptual framework also included theories on rural counselors, who face increased risk of burnout (Bodor, 2009;

Pugh, 2009; Schank, Helbok, Haldeman, & Gallardo, 2010). This subset was chosen due to my home and research location in a rural state.

Previous research in the areas of self-care, Christian counseling, rural counseling, and burnout added to my understanding about these areas and helped me define, compare, and contrast the new knowledge I received from co-researchers. This framework also allowed me needed flexibility to pursue hermeneutic phenomenological discovery. I used social constructivism theory as a means of understanding and interpreting information from co-researchers. Doing so meant relying on individual learning experiences, processes, and meaning-making (Creswell, 2007). According to Yilmaz (2008), social constructivism theory rests on the premise that individuals seek and apply meaning to the world through subjective experience. Meaning comes through both personal experience and social interaction and social constructivism research attempts to make sense of the meaning participants have given these experiences. The participants in my study emerge from two unique social constructs: being Christian counselors (Wolf, 2011) and living in a rural area (Atkin, 2003).

I also approached this study with a phenomenological lens, allowing the insights and experiences of participants to direct my exploration and understanding. This concept stems from Husserl's (1931) teaching that the phenomenological reduction contains wisdom unique to the individual. According to Moustakas (1994), the hermeneutic phenomenological reduction also allows freedom from supposition and the bias of everyday knowledge as the researcher attempts to interpret the lived experience of the participant. Giorgi (2009) offered the concept of a psychological phenomenology,

wherein the researcher focuses on understanding an object or experience from a pure consciousness and incorporates past knowledge yet does not permit that knowledge to affect judgment. This approach allows the use of human subjectivity as research participants tell their real-world experiences and the researcher analyzes the experiences hermeneutically.

Based on these approaches, I incorporated a psychological hermeneutic approach in order to support a rich, detailed description and analysis of self-care in rural Christian counselors. Moustakas (1994) outlined specific methods for conducting scientific phenomenological research. This five-step process includes formatting a question, locating and selecting research participants, validating data, literature review, and organization and analysis of data (Moustakas, 1994, pp. 103-118). These steps guided my research. Finally, I approached the study from a person-centered stance (Rogers, 2003/2007) and emphasized the holistic experience of the rural Christian counselor. I will describe this further in Chapters 2 and 3.

Nature of the Study

The major focus of this study was on learning more about the lived experience of rural Christian counselors with regard to self-care. Hermeneutic phenomenology is the study of human experience and calls for the researcher to make an interpretation of the lived experience of another (Sokolowski, 2008). Moustakas (1994) stated that, in order to be truly hermeneutic, a researcher must doubt everything already known about the subject and focus only on the information gained through the analysis of experience by studying things exactly as they appear to the researcher's consciousness (p. 26). I used

this approach to develop deep understanding of self-care among rural Christian counselors.

Researchers have not addressed this area either quantitatively or qualitatively and, in order to truly uncover the essence of experience of self-care within this population, hermeneutic phenomenology was required. Although Husserl (1931) focused mainly on transcendental phenomenology as a study of consciousness alone, I used his concepts of exploration and description in this study as well. Through personal interviews and subsequent analysis, I sought to understand, describe and interpret the lived experience of rural Christian counselors from the Northwestern United States as it pertains to self-care. Chapter 3 includes an in-depth discussion of methodology and approach.

Definitions

This section includes definitions of key terms to be used throughout the study. Definitions of phenomenological concepts are taken from Husserl (1931/1965), Moustakas (1994), and Giorgi (2009). Other definitions stem from current literature or commonly accepted explanations.

Burnout: This term is used to describe an individual experiencing emotional exhaustion, depersonalization, and reduced personal accomplishment according to the classic definition by Maslach and Schaufeli (1993). It is associated with compassion fatigue and vicarious traumatization.

Compassion fatigue: This condition is believed to result in over-exposure to the pain and suffering of others wherein an individual becomes emotionally exhausted (Deighton et al., 2007).

Christian: For the purposes of this study, this term will indicate any individual self-identifying as being a believer in Jesus Christ as the Son of God and having accepted Him as a personal Savior.

Christian counselor: For the purposes of this study, this term will apply to any mental health practitioner, therapist, or other self-identified helper who meets with clients either individually or in a group setting, for a fee or pro bono and also professes to be a Christian and/or practices the Christian faith.

Epochē/Phenomenological reduction: This term is used to describe a process whereby experiences or phenomena are reduced to their pure essence in an effort to describe and understand them. The *epochē* allows the researcher to set aside bias and presuppositions concerning that being studied (Giorgi, 2009, p. 91; Moustakas, 1994, p. 85).

Essence: This phenomenological concept refers to the absolute base or starting point of an individual or experience (Giorgi, 2009, p. 89). Husserl (1931) considered searching for the *essence* to be the central concept of phenomenology.

Lifeworld: This term is broadly used in phenomenology and defines the daily living world of each individual. The *lifeworld* may contain general attributes common to humankind while at the same time be unique and experientially constructed (Giorgi, 2009, pp. 10-11; Husserl, 1965, p. 141).

Noema/Noesis: These closely related terms relate to the process of thinking and the contents of that which is thought. The *noesis* is the act of thinking while the *noema* is

that which is thought (Giorgi, 2009, p. 105; Moustakas, 1994, p. 30). Each involves eidetic or vivid imagery and is part of the experience of consciousness.

Phenomenon: Giorgi (2009) defined *phenomenon* as “anything that can present itself to consciousness” (p. 10). Thus, phenomena are continually occurring and affecting collective and individual experience.

Rural: For the purposes of this study, *rural* shall describe living or working in an area that is not urbanized or heavily populated.

Saturation: For the purposes of this study, *saturation* will be considered to occur when no new pertinent information is being uncovered.

Self-care: This term is to be understood as any legal activity that promotes wellness and brings balance to one physically, emotionally, mentally, or spiritually.

Vicarious Traumatization: This condition results in an individual being traumatized through the retelling or vicarious experience of the trauma of another.

Assumptions and Limitations

This study was anchored in phenomenology with a strong emphasis on a quality reduction seeking to understand the essence of rural Christian counselor’s lived experiences. The lived experiences of participants guided and informed analysis, findings, and conclusions. However, some assumptions and limitations must also be addressed. I made the assumption that self-care is understood by participants to be important enough to warrant further research. I also relied on the assumption that I would be able to form a solid working alliance with participants, that participants would

answer questions honestly, and that their opinions and insights would contribute to the research base. These assumptions were necessary in order to complete the research.

Limitations are a realistic part of research studies as well. I am a counselor and live in a rural area, although I have not practiced as a counselor in the area where the research will be conducted. Thus, although my personal bias was closely examined and accounted for, it was unlikely that any participants would relate to me as a current professional colleague in that manner. I may also have been limited by personal assumptions regarding Christianity. Spirituality and religion are deeply personal matters and assumptions may have been made regarding a general understanding of Christian beliefs. This may have resulted in additional bias. These concerns will be further delineated in Chapter 3.

According to Husserl (1931) and Moustakas (1994), phenomenological research is an ongoing undertaking. Thus, the information received and analyzed for this study must be viewed as simply a snapshot of the much wider landscape of rural Christian counseling. This limitation also means that results may not be able to be generalized to other populations, even other rural Christian counselors living in different states. However, the transferability of small overall populations in certain Northwestern states (i.e., Montana or Wyoming) may help extend outcomes.

It was also expected that the results of this study may be used to increase education and perhaps add to burnout prevention efforts in this population. I kept both a researcher journal and an audit trail intended to help establish specific steps and measures taken during the research process in order to establish dependability for my study. While

the literature about rural Christian counselors is currently extremely limited, this contribution is intended to lay the groundwork for future studies, including quantitative surveys regarding self-care.

Scope and Delimitations

This study included adult self-identified Christian counselors. In order to contribute, participants were required to understand and sign informed consent forms. Additionally, the research was delimited by some geographic factors in that all rural Christian counselors across America were not included in the study because the research scope was restricted to counselors currently practicing in Northwestern states.

Significance of the Study

The positive effects of self-care in burnout prevention have been well documented (Barlow & Phelan, 2007; Maslach & Schaufeli, 1993). Research also indicated that rural counselors are more susceptible to burnout due to increased case load, less supervision, and dual relationships (Bodor, 2009; Pugh, 2009; Schank et al., 2010). According to Rosik, Summerford, and Tafoya (2009), Christian ministers are at higher risk for burnout due to being constantly on-call. Thus, it is logical to pursue information regarding what rural Christian counselors think about and how they practice self-care. Increased information in this area could lead to better educational techniques for counselors-in-training, burnout prevention, and continued research to impact social change.

Counselors who experience burnout pay a mental, physical, and emotional toll. The price may be premature retirement from counseling (Therriault & Gazzola, 2006), physical illness (Stebnicki, 2007), or even harm to clients (Therriault & Gazzola, 2006).

Thus, it is a serious condition requiring concerted effort to educate, understand, and ultimately eradicate it from the counselor's experience.

According to Norcross and Guy (2007), the experience of burnout is far too common in counselors and self-care is a viable tool against this debilitating disorder. While all types of counselors may greatly benefit from regular self-care, distinct groups such as rural Christian counselors may stand to benefit the most. Limited professional support, a wide range of clients, and physical isolation may each be tempered by a straightforward assessment of the need for self-care. First, however, more information is needed from the counselors themselves. This study aimed to hear their voices first by openly inquiring about what self-care means to the rural Christian counselor.

Summary

In this study, I used a phenomenological research approach to interview and analyze information from rural Christian counselors living in the Northwestern United States regarding their attitudes toward and perceptions of self-care. The research fills a gap in the existing literature in this area and contributes to increased education and burnout prevention in this population. The following chapters contain a literature review (Chapter 2), a full account of the methodology that I used (Chapter 3), the results of the research (Chapter 4), and interpretations and conclusions (Chapter 5).

Chapter 2: Literature Review

Introduction

In this literature review, I explored the major concepts central to my study: self-care, burnout, Christian counseling, rural counseling, and phenomenology. Each of these concepts was chosen because it relates directly to the topic of study and my research question regarding the experience of rural Christian counselors and self-care. While literature exists on the dangers of burnout, the importance of self-care, and the establishment of Christian and rural counselors as separate groups, nothing exists on the meeting point of these subjects.

According to Husserl (1931/1965) and Moustakas (1994), true phenomenology requires the researcher to begin from a place of doubt regarding all previous knowledge of the topic. However, Heidegger (1962), Merleau-Ponty (1945/1968), and Gadamer (1976) all argued that present understanding is based on past experience and foreknowledge and thus cannot be completely bracketed out. Therefore, the literature reviewed here will be considered a foundation of knowledge, subject to interpretation in light of information gained from study participants. Through this literature review, I will demonstrate that a gap exists in the research regarding rural Christian counselors and self-care. I will also explain why this is an area in need of further study.

Literature Search Strategy

To ensure that I had fully explored all the existing peer-reviewed literature, extensive database searches were performed using the Walden University Library system. I used several databases including PsychInfo, SOCIndex, Academic Search Premiere, and

PsycArticles. My search terms in each database included, but were not limited to: *rural—rural counselors/counseling, rural therapy, rural mental health, remote, outlying, distant; self-care—self-care and counselor/therapist, self-care and mental health, wellness; Christian counseling—Christian counselor/counseling, pastoral counselor/counseling, Christian counselor/therapist training/education; burnout—burnout, counselor/therapist burnout, vicarious traumatization, compassion fatigue; phenomenology—phenomenology, hermeneutic phenomenology, and research.*

Searching these terms produced many articles, ranging in relevancy to the topic of this paper. I have organized the most relevant research into a detailed review of the literature while less-relevant articles will only briefly be mentioned. Articles included here were chosen based on topics about self-care and rural Christian counselors by my own subjective understanding of these terms. In addition to databases searches, I also reviewed several published non-periodicals on the subject of Christian counseling, self-care, and phenomenology. I chose these books based on committee recommendations, Internet/bookstore searches, and various reference lists.

Review of the Literature

Self-Care

Self-care was a central concept to my research as I sought to understand more about how rural Christian counselors experience it. Although a straightforward definition of self-care would seem simple (care for the self), several different research studies have explored this topic from various angles and concerning various populations. According to Richards, Campenni, and Muse-Burke (2010), self-care can be defined as an extension

of the Hippocratic Oath and carries the “responsibility to do no harm” (p. 247) to self or client. Barlow and Phelan (2007) defined self-care as an integration of mental, physical, and emotional wellbeing. Söderhamn (2000) wrote that self-care was a “goal-directed activity with the aim to maintain, restore, or improve health and well-being....a learned and goal-centered activity” (p. 184). According to Norcross and Guy (2007), minding the physical body is as important as attending to mental needs, which includes a focus on one’s spirituality as well. Essentially, good self-care is holistic and personal (Tse, 2008).

Unfortunately, I located no research specifically about the self-care habits of rural Christian counselors, but other studies have proven to help lay the groundwork for this area. Three primary subtopic areas about self-care will be included here. They are: facts about self-care, need for self-care, and self-care strategies. An additional subtopic is also included about the experience of burnout and how it relates to self-care.

Facts about Self-Care

Interpersonal relationships can be quite influential on the mental health of the therapist as family, friends, and coworkers can provide a much-needed source of support and encouragement (Barker, 2010; Lawson & Myers, 2011). According to Barker (2010), the practice of self-care by therapist and client alike can help mend relationship conflict by increasing self-awareness and flexibility. Ongoing self-care may also enable individuals to embrace the idea of being continually evolving or growing and changing, thereby extending understanding and grace to others as they too change and grow. Lawson and Myers (2011) noted that quality personal relationships were important to sustained professional quality of life and included time spent with loved ones, sense of

humor, personal/professional life balance, and maintenance of a personal identity in their definition of Career Sustaining Behaviors. Thus, the idea of having and maintaining a personal identity is an important part of self-care. According to Catania and Zagonel (2009), in order to be effective in caring for others, one must first understand and embrace one's own humanity. This includes an acceptance of personal weaknesses and needs, which are simply a part of being human. Openness to meeting these needs results in self-care, a characteristic of a healthy practitioner.

Although distress is a natural part of life, self-care may help temper its pain and longevity. Deliberate acts of self-care during both calm and stressful times are necessary and helpful. This expectation of distress should include being aware of personal warning signs, maladaptive coping, and isolation (Barnett et al., 2007). Deutsch (1984) noted sources of stress in psychotherapists nearly three decades ago. Survey results from 1984 indicated that client-based stress such as suicidality or major depression worked together with therapist self-based stress like perfectionism and feelings of incompetence to create overall increased tension in counselors. Prolonged tension may have seriously negative consequences if counselors begin compartmentalizing painful or stressful therapeutic encounters. This behavior can lead to emotional blindness to self, resulting in burnout, illness, fatigue, and isolation (Warren et al., 2010).

Several researchers (Barnett et al., 2007; Richards et al., 2010; Williams, Richardson, Moore, Gambrel, and Keeling, 2010) noted that self-care was an ethical imperative. Williams et al. (2010) wrote that self-care is "our ethical duty" (p. 322) as practitioners and cited the ethics codes of both the ACA and the American Association of

Marriage and Family Therapists (AAMFT) as including sections specifically pertaining to self-care. Barnett et al. (2007) had similar findings, noting that ethical self-care worked best as an ongoing activity. According to their recommendations, caretaking of others must be a conscious effort rather than a conditioned response. This choice stems naturally from practicing one's own self-care habitually, thus increasing physical and emotional storehouses which may then be used to care for others.

Need for Self-Care

Self-care has been explained and defined. Researchers have indicated that self-care is a positive action to take on behalf of oneself and it seems that people in differing careers and lifestyles may benefit from its constructive attributes (Barker, 2010). This section will explore how self-care can specifically meet the needs of mental health therapists and provides further argument for its regular practice.

Self-care is an important part of being an ethical practitioner. Webb (2011) wrote that the stressful nature of being a therapist necessitated regular self-care as mental healthcare workers were found to be at particular risk for discouragement, anxiety, depression, emotional exhaustion, and disrupted relationships. These conditions can lead to empathy fatigue, a condition Stebnicki (2007) specifically explored through research with therapists. Empathy fatigue was defined as emotional, mental, physical, and occupational exhaustion resulting from repeated re-opening of personal wounds agitated by client stories (it is important to note the holistic effect this has on the counselor with mind, spirit, and body affected). Stebnicki (2007) strongly urged therapists to practice holistic self-care both in response to, and in order to help prevent, empathy fatigue. In

fact, according to research, self-care is “required” in order to adequately combat this disorder (Stebnicki, 2007, p. 332). Hendricks, Bradley, Brogan, and Brogan (2009) also highlighted the importance of holistic self-care as counselors contend with role identity, effective stress management, and the need for love, friendship, and social support.

Compassion fatigue is a closely related disorder to empathy fatigue. Sprang, Clark, and Whitt-Woosley (2007) found that compassion fatigue resulting from burnout and stress is generally higher in female mental healthcare workers in the public sector, those with intense caseloads of trauma victims, and those in rural areas. Compassion fatigue may lead to feelings of inadequacy even in seasoned practitioners (Theriault & Gazzola, 2006). Theriault and Gazzola (2006) found that such disabling feelings were linked to stress, depression, burnout, sexual misconduct with clients, premature career changes, and general lowered efficiency. Additional research indicated relational difficulties and major physical illness have also resulted from compassion fatigue (Cummins, Massey, & Jones, 2007). Counselors are realistically engaged in ongoing trauma work, resulting in depleted emotional resources and necessitating ongoing self-care.

Older studies have similar findings. In addition to the above-mentioned stressors, rigidity and poor boundaries may also be part of the burnout equation (Hellman, Morrison, & Abramowitz, 1987). Farber (1983) found that patient suicidality, resistance to treatment, and early client termination brought the most stress to therapists. According to Cummins et al. (2007), counselors are conditioned to delay rest and self-care until they

are near the breaking point (p.32). Although these studies are dated, the issues are still actively affecting therapists today (Sprang et al., 2007; Warren et al., 2010).

Kramen-Kahn and Hansen (1998) surveyed mental health therapists to find the most stressful areas they encountered. Participants listed business-related areas, personal challenges, client-related areas, setting-related areas, and evaluation-related problems. In response, researchers recommended career sustaining behaviors such as humor, balance, education, role-change, colleague/supervisor contact, and self-care as powerful ways to help oppose stressors. Mahoney (1997) found that 50% of therapists surveyed ($N = 155$) reported emotional exhaustion and fatigue. Shapiro, Brown, and Biegel (2007) defined stress as depression, emotional exhaustion, anxiety, isolation, decreased job satisfaction, decreased self-esteem, disrupted relationships, loneliness, and poor concentration and reported that a “significant proportion” (p. 105) of the therapeutic population can expect to experience some sort of psychological impairment resulting from stress over the course of their careers. Linley and Joseph (2007) explored both positive and negative aspects of being a therapist. Adverse aspects were listed as negative psychological changes, burnout, and compassion fatigue. Positive aspects were personal growth, positive psychological changes, and compassion satisfaction.

Norcross and Guy (2007) also explored the pros and cons of doing therapy. Their work began with encouragement to value the person of the therapist and a realization of how important a healthy therapist is to the outcome of therapy for all involved. Several rewarding aspects of being a counselor were noted, including the satisfaction of helping, membership in the client’s world, freedom and independence, experiential variety,

intellectual stimulation, and emotional growth (pp. 20-28). Norcross and Guy (2007) included personal effectiveness, life meaning, public recognition, and employment opportunities as positive attributes of the therapeutic career. However, hazards were noted as well, including physical isolation, maladaptive patient behaviors, working conditions, emotional depletion, personal disruptions, and other miscellaneous stressors (p. 37). Thus, researchers advocated for self-care strategies to combat the inevitable stress inherent in the job of therapy.

Self-Care Strategies

Self-care is an important part of the puzzle of wellness for mental health practitioners. While this idea has been identified and verified, practitioners may need some guidance as to specific strategies of self-care. Danieli (2005) organized three simple steps practitioners could follow regarding self-care: recognize reactions, contain reactions, and heal and grow. Wisdom and self-understanding are represented in these brief steps, yet they are simple and straightforward to follow. Venart, Vassos, and Pitcher-Heft (2007) wrote that since the person of the therapist is vital to the outcome of therapy, preserving that individual was of the utmost importance. Examples of this preservation were widespread, including holistic wellness of mind, body and spirit, environment, nutrition, exercise, stress management, emotional wellness, and interpersonal relationships. Venart et al. (2007) also pointed out that wellness accompanies humor, flexibility, and humility, all valuable traits in a counselor.

Richards et al. (2010) studied the effects of counselor self-awareness and personal well-being. They found that self-care could be considered physical, psychological, and

spiritual and involves both personal and professional support systems. Increased self-awareness and mindfulness were positively correlated and related to a greater understanding of the importance of self-care. Cummins et al. (2007) also argued that self-awareness, self-care, and regular self-checks could help combat recurrent stress in the therapist's life. A holistic approach to self-care was encouraged time and again. Shapiro et al. (2007) found that mindfulness had a positive effect in combating therapist stress and concluded that it therefore led to better mental health.

Leisure time is also important for therapists to experience (Grafanaki et al., 2005). Evans and Payne (2008) completed research with school counselors and discovered that solid work and home boundaries, diet, exercise, down-time, entertaining diversions, and family/personal time were important with this group as well. According to Patsiopoulos and Buchanan (2011), benefits of self-care include deepened spirituality, balance, clarity, groundedness, openness, wisdom, joy, creativity, freedom, and burnout prevention.

The work of therapy is often a creative endeavor. Warren et al. (2010) sought to tap into this tendency by offering creativity-based self-care ideas like writing or drawing. Harter (2007) also urged counselors to try to use art or music as ways to access "pre-verbal constructs" (p. 175), thus transcending words and uncovering deeper levels of care. Counselors may feel alone in their work due to confidentiality issues or the physical realities of therapy (Norcross & Guy, 2007) and creative outlets may help penetrate emotional barriers. Penetrating such barriers can lead to self-compassion which is related to protection from anxiety and depression, increased resilience and coping skills, and overall wellbeing. Self-compassion includes being gentle with oneself, being

mindfully aware, realizing community, speaking the truth to self and others, spiritual awareness, and acting ethically (Patsiopoulos & Buchanan, 2011).

Barlow and Phelan (2007) wrote about the “emotional labor” (p. 4) of therapy wherein the practitioner presents a strong face to clients while concurrently managing inward emotions. Group collaboration was found to have a positive effect in this area of therapists’ lives, undermining the social stigma against practicing self-care or appearing weak. The therapist is the primary instrument through which the work of counseling occurs (Norcross & Guy, 2007; Venart et al., 2007) and Sapienza and Bugental (2000) compared this to an actual musical instrument that must be kept finely tuned in order to produce beautiful music. The connotations are striking.

Several negative side effects can realistically accompany the work of therapy. Depression, anxiety, emotional exhaustion, and disrupted relationships are only a sample of these. Norcross and Brown (2000) wrote that broad strategies of self-awareness, variety, environment, personal therapy, avoidance of self-blame, and a positive focus may help therapists find balance. Therapists are often simply regular people with predictable problems (Kaslow, 1986) and this understanding can lead to more effective self-care strategies. Gold and Hilsenroth (2009) found that counselors who participated in personal therapy forged better client-relationships and alliances than those who did not use this form of self-care. Other researchers seemed to agree, reporting benefits of personal therapy ranging from personal growth to increased therapeutic efficacy and empathy (Daw & Joseph, 2007, Orlinsky, Schofield, Schroder, & Kazantzis, 2011). Grafanaki et al. (2005) found that regular leisure time led to healthier coping skills,

increased physical and mental health, and better client-care. Taking the time to engage in leisure or some other form of self-care is understood to be the responsibility of the counselor (American Counseling Association, 2012; O'Halloran & Linton, 2000).

Research was also done with specific types of therapists. Puterbaugh (2008) completed work with grief counselors who placed a high value on self-care. Examples such as debriefing, supervision, prayer, personal therapy, self-examination, spirituality, and self-nurturance were offered by participants. Other examples of self-care included reading, exercise, hobbies, and vacations which, according to Mahoney (1997), more counselors overall are utilizing to help decrease stress.

Self-care is a central concept to this study because of all its benefits and potentiality. A brief section on burnout follows wherein this malady is defined and described as it relates to mental health counselors. Self-care is one way of preventing and/or treating burnout and is thus of great importance in continuing education in this area.

Burnout (as related to Self-Care)

Burnout is a very real threat for therapists (Maslach & Schaufeli, 1993; Norcross & Guy, 2007). According to Norcross and Guy (2007) everyone is in need of a “Shabbat—a regularly scheduled day of rest and respite from the week’s demands” (p. 141) in order to prevent overwork, severe stress, and emotional burnout. Cummins et al. (2007) agreed, stating that this day of rest was a “fill-up day” (p. 44). Burnout also affects physical aspects of life, with extreme, sustained exhaustion and severe energy erosion typical of the experience (Sonnenschein, Sorbi, van Doormen, Schaufeli, &

Maas, 2007). Although gender does not appear to play a role in who experiences more burnout, place of employment does, with agency workers suffering more burnout than those in private practice (Rupert, Stevanovic, & Hunley, 2009). Stress does not occur solely in-session or after a particularly trying day, however. Researchers found higher Alpha-Amylase and cortisol levels (stress-indicators) in counselors tested *pre-session* and about to work with difficult or suicidal clients (Miller et al., 2010). Deutsch (1984) identified both client-based stress (suicidality or major depression) and self-based stress (perfectionism, feelings of incompetence) as potential sources for burnout.

The process of burnout can be different with individual counselors (Maslach & Schaufeli, 1993). Farber and Heifetz (1982) reported that the starting point was often similar, however, resulting from “constant giving without the compensation of success” (p. 298). Bakker, Van Der Zee, Lewig, and Dollard (2006) found that personality type was correlated with burnout. Those with neurotic personality characteristics tended to suffer with more burnout while extraverted individuals seemed to struggle less. Lee, Cho, Kissinger, and Ogle (2010) found that clusters of burnout exist, indicating a continuum of severity from well-adjusted to persevering to disconnected individuals.

Burnout resulting from stress has several serious components. According to Selye (1984), stress has physical, emotional, and mental repercussions including emotional disorders, heart disease, gastric difficulties, and cardiovascular disorders. Sustained stress wears at a person and eventually produces some sort of undesirable result. While self-care cannot eliminate life’s stresses, it may help bring balance and health to help combat otherwise negative outcomes.

The understanding of burnout generally comes from Maslach's and Schaufeli's (1993) definition used to describe an individual experiencing emotional exhaustion, depersonalization, and reduced personal accomplishment. Emerson and Markos (1996) also offered symptoms of impaired counselors to include depression, temporary emotional imbalance, drug/alcohol abuse, sexual exploitation, over-involvement, overwork, and contagion. Younger, inexperienced, and low-income therapists are at particularly high risk of burnout and report increased stress stemming from unhelpful thought patterns (Emery et al., 2009). Wilson and Jones (2010) also found that therapists who experienced personal traumatic events outside the counseling office had increased potential for vicarious traumatization resulting from their work as counselors. Counselors working with trauma survivors may also be at increased risk for burnout, compassion fatigue, or vicarious traumatization (Deighton et al., 2007).

According to Rupert et al. (2009), Barker (2010), and Lawson and Myers (2011), family support is important to the counselor's wellbeing and thus serves as a form of burnout prevention. Resiliency also plays an important part in prevention. Clark (2009) defined resiliency as "remaining engaged and energized by the process of practicing therapy" (p. 232), and found that therapists who integrated themselves into practice, focused on personal growth, felt a calling to be a counselor, avoided isolation, were able to change uncomfortable situations, maintained professional relationships, and had the ability to compartmentalize work/home lives experienced the highest levels of resiliency. Harrison and Westwood (2009) found similar results in their qualitative work with "master therapists" (p. 203) known for being resilient. Key areas were uncovered that

therapists identified as being helpful in preventing burnout and vicarious traumatization. They included countering isolation, regular self-care, and clear boundaries, among others.

Compassion satisfaction could be another factor helping counselors guard against burnout. Kraus (2005) found that regular self-care positively affected compassion satisfaction. Support from supervisors, co-workers, friends, and family may also have a mediating effect in burnout prevention (Barker, 2010; Lawson & Myers, 2011; Rupert et al., 2009). Yildirim (2008) wrote that social support may act as a “buffer against burnout” (p. 613) and was thus important for therapists to consider. Research by Ducharme, Knudsen, and Roman (2008) confirmed this recommendation, stating that coworker support had a positive impact against emotional exhaustion, burnout, and turnover rate in substance abuse counselors. Lipschitz-Elhawi (2009) studied the positive effects of hope in social workers and reported how important this element is to bring strength to both therapist and client.

Burnout is not to be taken lightly. It results in difficulty for therapist and client alike as level of care is diminished. Self-care is an effective way to combat burnout in many instances and therefore, additional research is needed with specific populations such as rural Christian counselors regarding their experience of self-care.

Christian Counseling

“My job is to model Christ to my clients” (Ray, 2006, p. 75). Thus begins an investigation into the differences in attitudes, techniques, and theories of Christian counselors. As mentioned in Chapter 1, Christian counseling can be viewed as a distinct approach worthy of specific and equal representation in research (Skillen, 2009; VanWyk

& Ratliffe, 2007). Explicitly Christian practices include confession, forgiveness, personal prayer, deliverance ministry, and Biblical/Scriptural intervention, and may be used by various Christian practitioners (Hathaway, 2009). Benner (1987) argued that nearly any type of secular counseling approach (family, Gestalt, psychodynamic, etc.) could be competently practiced by a Christian therapist who could modify the theory to fit with personal beliefs and approach.

There are different types of Christian counseling including Biblical counseling, pastoral counseling, Christian psychology, and general Christian ministry (McMinn, Staley, Webb, & Seegobin, 2010). According to Hathaway (2009), pastoral and Christian counseling are not necessarily the same, although they use similar approaches. Pastoral counselors use both Biblical and psychological techniques in counseling, collaborating with secular psychologists when necessary (McMinn et al., 2010). Biblical counselors place the authority and authenticity of the Bible at the center of their counseling approach whereas Christian psychologists, while also relying on the authority of Scripture, generally do not make it a prominent part of their practice. Greenwald, Greer, Gillespie, and Greer (2004) compared pastoral counselors to Biblical or other Christian counselors and came to the conclusion that the terms were interchangeable but dependent upon schooling for the type and direction of counseling offered. Schultz (2010) argued that it was the Christian counselor's responsibility to help clients find God's plan for them and to then begin living out that plan. This would require the understanding and application of Scripture, prayer, interpretation, and other such interventions.

This understanding and ability to apply Scripture is not necessarily naturally inherent. Christian counselors are often trained at universities and colleges with specific Christian counseling training programs. According to Wolf (2011), Christian education helps shape students' worldview which thus helps shape their future work. "The consensus is that rather than blending faith and knowledge, faith precedes knowledge" (Wolf, 2011, p. 329). This faith leads to a well-developed worldview, defined as:

...how we perceive ourselves, how we relate to others, how we adjust to adversity, and what we understand to be our purpose. Our worldview helps determine our values, our ethics, and our capacity for happiness. It helps us understand where we come from, our heritage; who we are, our identity; why we exist on this planet, our purpose; what drives us, our motivation; and where we are going, our destiny. (Nicholi, 2002, p. 7, as cited in Wolf, 2011, p. 329)

Christian students develop Christian worldviews through Christian education. Worldviews then guide professional assumptions. A worldview serves as a sort of personal compass (Wolf, 2011). A distinctively Christian worldview is what sets a Christian counselor apart from a secular counselor. This mindset often is a result of "purposeful instruction" (Wolf, 2011, p. 330). Such instruction is carefully constructed to promote both the understanding of human nature and the process of change (Wolf, 2011). The primacy of Scripture is at the center of the Christian worldview (Greenwald et al., 2004) and Christian educators thus help students learn to adapt secular

psychological theory to fit their worldview rather than shuttering faith out of the equation.

According to Day (2006), the foundation of Christian counseling rests on a personal relationship with Jesus Christ following a salvation experience. Both therapist and client must be believers in order for true Christian counseling to commence. Day (2006) wrote that Christian counseling was holistic and had a special focus on the unique soul of each individual. If the soul would be healed, other healing would also naturally fall into place. Therefore, it was argued that true integration could never occur between Christian and secular counseling due to divergent viewpoints on soul-healing.

In general, professional counselors tend to use more research-based methods and theories while pastoral and lay counselors use more religion-specific interventions. Several types of lay ministry are also considered to be Christian counseling. These interventions include active listening, cognitive/solution-focused approaches, and inner-healing or theophastic counseling (Garzon et al., 2009).

Use of Scripture in counseling is somewhat of a trademark of Christian counselors (Weld & Eriksen, 2007a). Hathaway (2005) found three primary ways the Bible is used in session: as an “encyclopedia of revealed truths” (p. 89), as a source of theological truths and values, and as divine speech. Several factors may facilitate the use of Scripture or other spirituality-focused interventions in treatment. These include a strong therapeutic relationship, solid religio-spiritual assessment, informed consent, and avoidance of imposing personal religious values on the client (Garzon, 2005). Respect for the client and his/her beliefs is of utmost importance. However, integration of

Biblical truths with psychological science may result in ethical issues for the Christian psychotherapist (Swenson, Schneller, & Sanders, 2009; Weld & Eriksen, 2007b).

According to Weld and Eriksen (2007a), 50% of mental healthcare workers claim a religious affiliation and reported that prayer was the most frequently used spiritual intervention in counseling. Hook and Worthington (2009) found that religiosity does affect counseling approach and that specific differences do exist between professional, pastoral, and lay counselors. Walker, Gorsuch, and Tan (2004) identified important differences between religion and spirituality, arguing that while religion is organized and ritualistic, spirituality is personal and experiential. Walker et al. (2004) also found that although most counselors identify with a particular religious denomination, they reported being “largely inactive” (p. 76) and therefore may need specific training to implement spirituality in their practices. Christian counselors often receive this training as part of their schooling (Greenwald et al., 2004).

Clients coming for Christian counseling may have certain expectations of the experience which help promote the idea of this type of therapy as distinct from other approaches. These expectations may be as simple as presuming respect and understanding regarding religious beliefs (Belaire et al., 2005), to Biblical healing (Monroe & Schwab, 2009), use of Scripture, overt application of Scripture, use of prayer, and discussions about the supernatural (Garzon et al., 2009; Weld & Eriksen, 2007a). Eriksen, Marston, and Korte (2002) argued that Christianity should be viewed as a culture and that counselors were therefore ethically bound to be accepting and understanding, referring clients when necessary to provide the best treatment options.

According to Weld and Eriksen (2007a), “polls and surveys indicate the high value that the general population, including psychotherapists, place on spirituality and prayer” (p. 330). Results of this research also indicated that the most expected intervention from a Christian counselor was prayer and that the counselors themselves would take the responsible lead in this area. In general, psychologists felt that spirituality is important to explore during the therapy process and factors such as therapist’s personal religiousness, clinical training with religious clients, and intervention-specific training were cited as influential components in comfort levels when counseling religious clients (Walker, Gorsuch, & Tan, 2005). Tan (2003) found that the most frequently used techniques by Christian counselors included taking a spiritual history, discernment, forgiveness, solitude/silence, intercessory prayer, and Scriptural teaching. The ultimate goal of Christian counseling is the spiritual development of the client, which also sets this type of counseling apart from other therapeutic approaches (Tan, 2003).

Research in the area of spirituality and self-care is scant but poignant. Langberg (2006) wrote about the deeply affective work therapists do with clients on a regular basis and offered insights into how reflection and assimilation ultimately influence the therapist. “We become what we habitually reflect” (Langberg, 2006, p. 259), and for the counselor spending many hours with hurting individuals, this may be a grave sentence. The five areas of worship, truth, study, prayer, and obedience (p. 263) were offered as means of integrating personal spirituality with ongoing self-care for counselors. Collins (2005) wrote that spiritual self-care was as individual as any other type of care and encouraged activities that “induce inspiration, reverence, awe, meaning, and purpose” (p.

264), arguing that self-care “purifies the mind” (p. 265). Spiritual people may experience less anxiety and stress by proactively practicing spiritual coping methods (Collins, 2005). These coping methods may include Sabbath-keeping, finding holy silence, expressing gratitude and spiritual essence, developing a sense of compassion, and embracing the principle of stewardship (pp. 267-270). Puterbaugh (2008) referred to the importance of spirituality and self-care as a means of developing positive coping skills. Spirituality is thus “an indispensable source of strength and meaning for the psychotherapist” (Norcross & Guy, 2007, p. 183).

Rural Counseling

Rural counselors are another distinct group of individuals working in sometimes extreme situations with very little outside support and with a great variety of clients. Morris (2006) defined rural areas as communities with fewer than 2500 people. The United States Census Bureau classifies urban areas as spaces with a population density of at least 1000 people per square mile and surrounding areas with at least 500 people per square mile. All other areas are classified as rural (U.S. Census Bureau, 2011). According to the United States Census Bureau, all of Montana is federally classified as rural (U.S. Census, 2011).

Most rural therapists must engage in dual relationships which are typically considered unethical, but in rural areas are generally unavoidable (Endacott et al., 2006; Crowden, 2010). Rural counselors are living and working in smaller communities with greater visibility in the community. Support is small (if existent) and counselors must exhibit greater role diversity. This can result in personal mental health damage (Endacott

et al., 2006). Pugh (2009) identified such issues as lack of funding and infrastructure, thinly spread services, and therapists needing generalist skills. Additionally, rural counselors must combat the higher rate of stigma against therapy, social isolation/loneliness, and scarcity of supportive services (Pugh, 2009).

Rural Therapists

Rural counselors face boundary issues, limited resources, limits of competence, community expectations, and burnout. Schank et al. (2010) advised practitioners to decide how to handle these issues rather than avoiding their existence and argued that such overlapping relationships may actually have positive aspects in a small community. Thus, there are benefits to rural counseling as well. According to Morris (2006) these include lower cost housing, lower taxes, cleaner environment, and neighborliness. Surveys of rural marriage and family therapists (MFT) indicated their appreciation of “community friendliness...strong work ethic...and relationship to nature” (Morris, 2006, p. 57) as important aspects of their work.

Research also indicates that rural counselors must make different choices than their urban counterparts. Wihak and Merali (2007) found that rural Canadian counselors made changes concerning boundaries, dual relationships, and ethical considerations. However, Crowden (2010) argued that ethics violations in urban areas may not be considered such in rural areas.

Rural Clients

It is also important to consider the clients rural counselors treat as they too affect the overall experience of being a counselor in an isolated area. Sankaranarayanan,

Carter, and Lewin (2010) studied suicide in both rural and urban individuals in Australia and found rural suicide rates were higher and speculated that this may be due to socioeconomic factors and increased incidence of mental disorders. These circumstances, coupled with limited availability of mental health services, lower use of those services, attitudinal differences (stigma), and reduced mental health awareness, may have resulted in overall increased completed suicides in rural individuals.

Unemployment may also be a problem for rural clients. Fragar et al. (2010) found increased mental health symptoms among those unable to work or temporarily unemployed in rural areas. Ziller, Anderson, and Coburn (2010) researched the difference in urban vs. rural clients and found that rural clients were more likely to report poor health, had increased levels of chronic health problems, were less likely to be college educated, and more likely to be unemployed and un- or under-insured. Rural clients also appeared to have less knowledge about therapeutic services and higher stigma against receiving them (Jones et al., 2011).

Supportive Measures

Several ideas were offered regarding the best way to support rural counselors. They included referring clients as necessary (if possible), solid boundaries, and supervision (Endacott et al., 2006), informed consent, thorough documentation, and careful attention to confidentiality (Schank et al., 2010). Gill, Barrior, Minton, and Myers (2010) also suggested positive correlations between spirituality, religiosity, and wellness among rural women.

Telehealth is another burgeoning area in rural mental healthcare. Dollinger and Chwalisz (2011) argued that rural struggles such as social isolation and difficulty accessing services could be met by an adequate telehealth system. This system may include videoconferencing, phone calls, camera phones, email, MP3 players, and other handheld devices. Meyer (2006) reported a statistically significant relationship between technology use, expertise in technology, and job satisfaction in rural mental healthcare workers. Simms, Gibson, and O'Donnel (2011) found a mixed reaction from practitioners with concerns about technological ability and selecting appropriate clientele for the services. Specific apprehensions included suicidal, paranoid, or impulsive clients who may not be adequately served through such a system if it were the only means available. Telehealth may be a promising venture, but many technological issues like availability of internet, bandwidth requirements, and therapist/client training and confidentiality must also be considered before implementation (Wendel, Brossart, Elliott, McCord, & Diaz, 2011).

These supportive recommendations include useful ideas. However, some may be difficult or impossible to implement. Although Endacott et al. (2006) recommended rural counselors using referrals, creating strong boundaries, and obtaining frequent supervision, Crowden (2010) and Bodor (2009) both argued that these sorts of ethical requirements may need to be amended in a rural setting. Self-care techniques could address this discrepancy through personally-chosen, practical, and possible interventions for rural counselors.

Rural Research

Research with rural individuals is an important way of understanding what rural life and work is like. According to Aisbett (2006), interpretive phenomenological approaches may be best suited to this population. The overall goal of phenomenology is to explore and describe in detail about a specific experience rather than provide an overview of the greater population (Heidegger, 1962). Aisbett (2006) argued that any human experience can be qualitatively (and not necessarily quantitatively) analyzed. Rural healthcare needs are rising and rural healthcare workers are at risk for burnout as a result of remoteness, heavy caseload, scant referrals, and little supervision (Bodor, 2009). Sprang et al. (2007) also cautioned about the higher risk of compassion fatigue, burnout, and stress in rural workers. However, Rohland (2000) indicated that rurality and burnout are not necessarily related. More research is therefore needed in this area to uncover additional information about rural counselors and their experience with burnout, compassion fatigue, and self-care.

Phenomenology

Although a complete research design and plan will be presented in Chapter 3, some mention must also be made of the theory thereof and how it fits the current research plan. In general, phenomenology can be defined as research toward the essence of lived human experience (Flood, 2010; Gadamer, 1976; Heidegger, 1962; Lavery, 2003; Merleau-Ponty, 1945/1968; Standing, 2009; Vandermause & Fleming, 2011; van Manen, 1984) and is a dynamic, changing approach due to the nature of what is studied (Gadamer, 1976; Lavery, 2003; Merleau-Ponty, 1945/1968; Vandermause & Fleming,

2011). According to Flood (2010), “it is a research approach in the interpretivist tradition” (p. 7) and the focus is on revealing meaning. Pringle, Hendry, and McLafferty (2011) defined the Greek meaning of *phenomenology* as being “to bring into the light” (p. 8) or that which shows itself (Heidegger, 1962) and van Manen (1984) characterized phenomenology as the epitome of thoughtfulness (p. 38). According to van Manen (1984), phenomenology is a “deep questioning of something which restores an original sense of what it means to be a thinker, a researcher, a theorist” (p. 40). Phenomenology is an artistic endeavor, trying to capture in words that which cannot be described linguistically (van Manen, 1984).

Phenomenological research can lend much strength to quantitative studies and brings about an entirely different sort of knowledge than empirical-analytical studies can. Interviews are generally used to gain such information (Vandermause & Fleming, 2011), but are reflective rather than observational (as generally used in quantitative research) (Flood, 2010). Researchers must also remember that phenomenological themes represent only one interpretation of an experience, understanding that another time, place, or person may result in a different revelation (van Manen, 1984). This sort of inquiry is less focused on facts and more focused on experience and the search for what something is “really like” (van Manen, 1984, p. 44). It requires the researcher to “become the question” (p. 45) in an approach very different than traditional empirical inquiry. Phenomenology provides the true, base meanings of variables and themes, which may provide the foundation and framework for future quantitative studies.

Hein and Austin (2001) defended the usefulness of phenomenology as a research approach, arguing that it has a well-developed philosophical basis, well-developed methods of analysis, and a long history of research. Participants are considered co-researchers (Lavery, 2003). There is no one right way to conduct phenomenological research as the methodology must be adapted to the particular phenomenon being studied. However, initial steps are generally quite similar wherein researchers intentionally bracket the natural attitude (epochē), followed by a movement into the transcendental attitude, or reduction phase, where analysis occurs (Hein & Austin, 2001; Lavery, 2003). According to Lavery (2003), reliability and validity concerns are partially addressed for hermeneutic phenomenology due to multiple phases of interpretation, discussion of how interpretations arose from the data, and the interpretive process itself (p. 23). However, phenomenology is not a methodology (van Manen, 1984). It is much more complex than that. Rather, it is the process of “borrowing” (van Manen, 1984, p. 55) other people’s experiences so that researchers can better understand the overall human experience themselves. This may require concrete questions in the interview process, or a reflective working-together of co-researchers.

Cooper-White (2006) wrote about the need for “Thick Theory” (p. 47) when considering pastoral counselors in regard to pastoral self-understanding and theory-building. Thick theory searches for deep layers of meaning leading to more questions rather than definitive answers. It changes as the relationship grows and focuses on personal enlightenment. According to Cooper-White (2006), this type of theory-building is only accomplished when pastor and researcher work alongside one another in seeking

understanding. This type of research, especially suited for use with pastoral counselors, appears to be phenomenological in nature.

Finlay (2009) defined phenomenological research as including description, reduction, intentional relationships, and the search for essences. It exists on a continuum between rich description and subjective interpretation and is both a science and an art.

Groenewald (2004) also identified phenomenological research as including rich descriptions of a phenomenon as experienced by an individual. The essence of this experience is sought and is at the heart of this research approach.

Researcher subjectivity can play a large part in a phenomenology (Gadamer, 1976). Lowes and Prowse (2011) applauded this fact by focusing on the need for greater clarification of individual experiences rather than an ardent need to maintain total objectivity. The researcher and participant are considered co-participants in this process. Thomasson (2007) agreed, urging researchers to remember that human sciences involve individual people rather than psychological mysteries to be solved.

Hermeneutic Phenomenology

Hermeneutic phenomenology is an approach to research that involves learning about the essence of human experience, interpreting that experience through the lens of one's own foreknowledge, and creating meaning and understanding about the phenomenon as a result. Subjectivity is embraced and accepted as part of the equation and, indeed, an inescapable part of the reality of human nature. While Husserl (1931/1965) is the father of phenomenology, the philosophies of Heidegger (1962),

Merleau-Ponty (1945/1968), and Gadamer (1976) will also be used to further explore this research approach.

According to Heidegger (1962), phenomenology draws out what lies hidden in those things seen openly in the world. However, everything learned and described about the world must necessarily be interpreted since what actually occurs is an individual education and description. Thus, phenomenology is a “description of subjectivity, not of the objective world” (p. xvii) and researchers can only understand anything in terms of their own interpretation. This sets phenomenology apart because it is unlike any other scientific approach in that what is being studied is not necessarily previously defined or even known. Heidegger (1962) believed that “covered-up-ness is the counter-concept to ‘phenomenon’” (p. 60) and that it was the researcher’s duty to uncover or discover that which was hidden and thus find the true phenomenon. He also taught that anytime one comes in contact with others, one Dasein (being) meets another, and each one is constantly interpreting the experience. This interpretation is based on foreknowledge and is never simply an instantaneous understanding of the thing before the individual. Heidegger (1962) believed that nothing has meaning aside from what we give it. Dasein lives and exists in the world, and yet also alongside it, as a special, different entity, unable to be fully explained or adequately understood. Each one understands the world in terms of how he/she understands the self and no one is ever fully complete because to become so would mean to cease being.

Merleau-Ponty (1945/1968) held similar views about the role of interpretation in phenomenology. According to his research, our individual experience and perception

lays the foundation for all our understanding and thus “the world is what we perceive” (Merleau-Ponty, 1945, p. xviii). Perception is an interpretation of the signs given by the physical body and phenomenological research would thus entail seeking the essence of the perception of an experience of an individual. Merleau-Ponty (1945) believed that this would access the actual truth of that person, not the “presumed” truth (p. xviii).

Individual experiences and perceptions work together with others like a set of gears to form a working whole that we experience as the world. Therefore, every experience and understanding is based on subjectivity, a situation that cannot be escaped, but rather should be embraced. Merleau-Ponty (1945) argued that using a strict scientific method to complete a phenomenology would be counterproductive because science must use what it knows and, by definition, phenomenology seeks the unknown. This unknown is typically discovered or perceived with the senses, which “cannot be reduced to the objective” (Merleau-Ponty, 1968, p. xlv). Phenomenological researchers must therefore act as though nothing is known and everything is to be learned. Merleau-Ponty (1968) wrote that, in philosophy, “it is the things themselves, from the depths of their silence, that it wishes to bring to expression” (p. 4). The researcher uses this imposed naivety to allow hidden things to come to light, much like Husserl’s (1931) phenomenological reduction.

Merleau-Ponty (1945) strongly asserted the importance of the physical body and the self in perception. “We are experiences” (Merleau-Ponty, 1968, p. 115) wherein one part of the self perceives, another interprets, and a reflective self bridges the distance between the two, allowing understanding. According to Merleau-Ponty (1945), “all knowledge takes its place within the horizons opened up by perception” (p. 241).

Additionally, individuals interacting with one another exist for one another in an entwinement of perception, where each one interprets and depends upon others to create a livable world. This means a departure from total freedom because reality dictates our interdependence. Like Heidegger (1962), Merleau-Ponty (1968) believed that one can understand others only as well as one understands oneself. According to his understanding of philosophy, “everything one gives to Being is taken from experience, everything one gives to experience is taken from Being” (Merleau-Ponty, 1968, p. 122).

Gadamer (1976) also strongly believed in the hermeneutic tradition that focused on the interpretation of phenomena. These phenomena may be foreign or well-known but understanding does not come naturally. Rather, *mis*understanding does. Therefore, understanding must be sought-after and intended and “the task of philosophical hermeneutics...is ontological rather than methodological” (Gadamer, 1976, p. xi).

Gadamer (1976) also argued that subjectivity could not be avoided in phenomenological research and considered it “the productive ground of all understanding” (p. xiv) rather than something to be ignored or overcome. He believed that “only a neutralized, prejudice-free consciousness guarantees the objectivity of knowledge” (p. xvi) and truly attaining that state was impossible. Embracing subjectivity allows the researcher to find the differences in what is being said versus what the researcher already thinks or believes, thus strengthening the study. This takes risk on the researcher’s part because deep-seated assumptions or prejudices may surface and be challenged. However, Gadamer (1976) viewed this as another strength of the hermeneutic method. He firmly held that there could be no completely objective interpretation because no one can free themselves from

their own history and being. The universal task of hermeneutics is to bring to language that which is suggested but remains unspoken. This requires seeking authenticity, a task Gadamer (1976), Merleau-Ponty (1945/1968), and Heidegger (1962) could all agree upon.

Phenomenology can be a complex task searching for the meaning of abstract essences of experience. However, it also allows the researcher to look deeply into individual experience and foundational meanings which can bring understanding into places formerly dim. The experience of self-care in rural Christian counselors can be enlightened through this approach and hopefully unlock better education about this population.

Methodologies Represented in the Literature

There are several concepts found in the literature that prove to be central to my study. Placed together, they form an interesting question to which there is, as yet, no answer. The first concept is that self-care is important for mental health practitioners. Next is the theory that self-care can help treat and prevent burnout. The third major concept found in the literature is that rural counselors are unique and may experience higher levels of burnout than their urban counterparts. Finally, the literature also shows that Christian counselors are a distinct subgroup of a larger mental health treatment approach and are thus worthy of special consideration. These concepts lead to the central question of my study: What are the attitudes, perceptions, and experiences of rural Christian counselors with regard to self-care?

Human experience is a dynamic process. Unique individuals live in common community, yet each experience it differently based upon his or her past and present condition (Gadamer, 1976; Heidegger, 1962; Merleau-Ponty, 1945/1968). This process requires a variety of research methodology in order to access, uncover, and understand the variables of experience. The literature reviewed here contains examples from qualitative, quantitative, and mixed methods research. This variety helps broaden and deepen the current understanding of self-care, Christian counselors, burnout, and rural counseling.

Quantitative Research Analysis

Creswell (2009) indicated that quantitative research design stemmed from a postpositivist worldview and resulted in three overall types of research: true experiments, quasi-experiments, and correlational studies (p. 12). Experimental research typically uses a specific treatment and seeks to discover if this treatment has an effect on variables. In a true experiment, groups are randomly assigned and the treatment is given to one group and withheld from another. Pre-and post-tests are given. Quasi-experimental research retains the use of a treatment, but groups are not necessarily random (Creswell, 2009). Survey research is another popular form of quantitative research wherein “trends, attitudes, or opinions of a population” (Creswell, 2009, p. 14) are uncovered through the use of questionnaires or other information-gathering instrumentation. These studies may be time restrained or longitudinal and the data collected are analyzed in order to generalize information about a particular section of a population. Of these, the two most commonly used approaches are survey research and experimental research (Creswell,

2009). Both of these methodologies are utilized in the literature about self-care, burnout, rural counseling, and Christian counseling, with a moderately greater use of survey research.

Qualitative Research Analysis

Qualitative research can be quite different than quantitative research, but with the same pursuit: increased knowledge and understanding. According to Creswell (2007/2009), there are five major areas of qualitative research including ethnography, grounded theory, case study, phenomenology, and narrative research. Data can be collected through interviews, observation, or other documentation (Patton, 2002). The intent of grounded theory research is to develop a general theory of a “process, action, or interaction grounded in the views of participants (Creswell, 2009, p. 13). A case study involves a deep exploration of an individual(s), program, activity, or event (Creswell, 2009). Data is gathered longitudinally and the study is bound by time or activity. Narrative research is completed as the researcher studies the life of one or more individuals. This is different than a case study in that the narrative often covers an entire lifetime. Finally, phenomenology is a complex philosophical approach to research where the essence of lived human experience is sought through interviews, reduction, and analysis (Creswell, 2009; Husserl, 1931/1965; Moustakas, 1994). Participants are considered *co-researchers*. In this literature review, the most commonly used qualitative methodologies were grounded theory, case study, and narrative research.

Mixed Methods Analysis

Mixed methods research entails a mixing of quantitative and qualitative approaches in the attempt to produce well-rounded, informative research. According to Creswell (2009), some believe that inherent weaknesses in either quantitative or qualitative research can be addressed through the combination of these approaches. Two types of mixed methods research were apparent in this literature review: concurrent mixed method (existing quantitative and qualitative data are merged in order to create a comprehensive understanding of a research problem) and sequential mixed method (using both surveys and interviews in order to get the most complete picture possible of an individual or situation; Creswell, 2009).

Conceptual analysis

Self-care. Self-care is perhaps the most central concept of my study. Quantitative experiments indicated that self-care was shown to result in greater client alliances (Gold & Hilsenroth, 2009) and reduced overall stress in counselors (Shapiro et al., 2007). Additionally, several surveys corroborated the importance of self-care for mental health practitioners (Carroll, Gilroy & Murra, 2003; Deutsch, 1984; Emery et al., 2009; Hellman et al., 1987; Kramen-Kahn & Hansen, 1998; Lawson & Myers, 2011; Linley & Joseph, 2007; Mahoney, 1997; Orlinsky, Schofield, Schroder, & Kazantzis, 2011; Richards et al., 2010; Roland, 2000, Savic-Jabrow, 2010; Sprang et al., 2007).

Qualitative studies also addressed this issue. Grounded theories included information on the importance of self-care and examples thereof (Endacott et al., 2006; Greenwald et al., 2004; Puterbaugh, 2008) and the ethics involved with practicing self-

care (Barlow & Phelan, 2007; Williams et al., 2010). Hendricks et al. (2009) produced a case study emphasizing the need for holistic self-care focused on practitioner wellness while Grafanaki et al. (2005) used phenomenological research to explore the benefits of self-care.

Burnout treatment and prevention. A second major concept for my study is the idea that self-care can help treat and prevent burnout in mental health practitioners. Experimental research indicated that severe, ongoing stress could lead to burnout in this population (Sonnenschein et al., 2007), including physical implications such as altered cortisol and Alpha-Amylase levels in stressed practitioners (Miller et al., 2010; Mommersteeg et al., 2006). Quantitative survey research also indicated the seriousness of burnout (Lee et al., 2010; Malach-Pines, 2005) including vicarious traumatization (Deighton et al., 2007) and compassion fatigue (Kraus, 2005). However, Ducharme et al. (2008) and Rupert et al. (2009) found that self-care directly and positively affected stress and burnout in clinicians.

Several qualitative studies indicated a positive correlation between self-care and burnout prevention as well. According to the grounded theories of Barlow and Phelan (2007), Evans and Payne (2008), Clark (2009), and Harrison and Westwood (2009), self-care can effectively address burnout by increasing resiliency of the practitioner. A case study by Lipschitz-Elhawi (2009) concluded that attaining and keeping hope was a method of self-care that could help prevent burnout. Finally, two narrative studies (Langberg, 2006; Patsiopoulos & Buchanan, 2011) determined that self-care was a necessary component in burnout prevention.

Rural counselors. The third central concept in my study is the experience of rural counselors. Quantitative survey research indicated that rural clients experience unique and challenging problems (Fragar et al., 2010; Jones et al., 2011; Sankaranarayanan et al., 2010), but that counselors may also have unique benefits by practicing in a rural community (Meyer, 2006; Morris, 2006). One study linked higher levels of spirituality with both rural clients and counselors (Gill et al., 2010).

The unique situation of rural counselors has also been explored qualitatively. Endacott et al. (2006) developed a grounded theory about this population focusing on the risks involved with unavoidable dual relationships so common to rural clinicians. A case study involving the use of telehealth as a unique opportunity and challenge was also presented (Wendel et al., 2011) while Wihak and Merali (2007) and Atkin (2003) offered narrative studies on the unique life experiences and social constructs of rural counselors. Finally, in a mixed methods study, Sankaranarayanan et al. (2010) used a mixed methods analysis to explore the higher suicide rates reported in rural areas.

Christian counselors. The concept of Christian counselors being a distinct and under-represented subgroup of mental health practitioners is important to consider. Rosik et al. (2007) used a quantitative experiment to discover that Christian counselors are a higher risk for burnout due to feeling the need to be constantly available to their clients. Quantitative surveys also indicated that Christian counselors were unique from client expectations (Belaire et al., 2005; Weld & Eriksen, 2007a) to personal approach to therapy (Hook & Worthington, 2009; Swenson et al., 2009; Walker et al., 2004; Walker et al., 2005).

Greenwald et al. (2004) explored the Christian worldview through a qualitative grounded theory method, concluding that Christian counselors required specific training in order to practice, thus placing them in a verifiable subgroup of mental healthcare workers. Garzon (2005) used a case study in order to highlight unique Christian counseling techniques such as use of Scripture while Langberg (2006) used a personal narrative to highlight what the career of a Christian counselor looks like.

Integrated Phenomenon Rationale

The four central concepts to this study were self-care, burnout treatment and prevention, rural counselors, and Christian counselors/counseling. Each may be considered a phenomenon in its own right, according to Creswell's (2007) definition of "an object of human experience" (van Manen, 1990, as cited by Creswell, 2007, p. 58). However, the unified aim of this study was to uncover how rural Christian counselors experience self-care. Thus, the shared phenomenon of being a rural Christian counselor defined research participants and the method of inquiry invited open and honest discussion of the phenomenon of self-care. Scientific knowledge is valid when the description of an experience makes "possible an understanding of the meanings and essences of experience" (Moustakas, 1994, p. 84). Therefore, although the literature reveals quantitative, qualitative, and mixed methods approaches regarding the central concepts, a gap exists regarding the integration thereof.

This study entailed hermeneutic phenomenological processes wherein lived experiences were reduced, analyzed, and interpreted in the light of increased understanding (Creswell, 2007; Moustakas, 1994; Patton, 2002). I was unable to find any

literature about the understanding or practice of self-care in rural Christian counselors even though the research also suggests burnout is a near reality for rural counselors. Unfortunately, I was also unable to find any literature on the incidence of Christian counselor burnout. Phenomenological research searches for the essence of lived human experience which can then be interpreted (hermeneutically) and applied toward positive social change (increased education). According to Moustakas (1994), phenomenological research should precede other empirical works so that the subject matter is more fully understood before quantitative analysis begins. Therefore, while this study was beneficial for gaining information and understanding of rural Christian counselors and self-care, it also may serve as a foundation for future research in the area of self-care, Christian counselors, or rural counselors.

Conclusion

Mental healthcare workers are in a unique position, working with distressed clients and helping them make changes, take new steps, and work through various life events. The inherent stresses of this type of work may lead to burnout, compassion fatigue, and/or vicarious traumatization. Self-care has been shown to reduce the effects of these disorders and researchers have recommended the inclusion of self-care training in graduate school (Aponte et al., 2009; Farber & Heifetz, 1982; Patsiopoulos & Buchanan, 2011; Sprang et al., 2007; Theriault & Gazzola, 2006).

Rural Christian counselors are a distinct group of therapists who face additional challenges from physical environment, social isolation, and generalized client difficulties. According to Schank et al. (2010), the definition of small-community counselors should

be expanded to include those counselors who work with small client populations such as the deaf community, military counselors, or faith-based therapy. Deutsch (1984) recommended more research being completed with such specific groups and, according to Williams et al. (2010), more research is needed in the area of spirituality and self-care. Currently, literature on Christians and burnout is scarce, research on rural counselors is limited, and research on rural Christian counselors is non-existent. This is both unfortunate and unacceptable. My study will help fill this gap regarding a minority population (rural Christian counselors) serving a select group of clients (rural residents). Their voices deserve to be heard.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore and understand the lived experience of rural Christian counselors with regard to self-care. Information about self-care in this population may aid in burnout prevention efforts and education. I chose hermeneutic phenomenology as the method of researching this topic because I am seeking the essence of lived experience of rural Christian counselors and want to interpret their meaning-making about self-care and apply it to education advancement. This chapter will include a brief overview of the philosophy of hermeneutic phenomenology and the specific research plan for my study, including methodology, procedures, data analysis, and dissemination.

Rationale for Qualitative Methodology

The driving concern in this research was the experience of rural Christian counselors regarding self-care. Self-care was defined as any legal activity that promotes wellness and brings balance to one physically, emotionally, mentally, or spiritually. Personal experience does not necessarily lend itself easily to quantitative inquiry and, in this case, would not be appropriate due to extremely limited participants and the research focus on essence of experience. Qualitative research results in thick, rich descriptions (Cooper-White, 2006; Creswell, 2009; Finlay, 2009) of individuals or events and consists of a variety of inquiry methodology which is chosen based on subject matter. According to Creswell (2009), the most common characteristics of qualitative research include a natural setting, the researcher as a key instrument, multiple sources of data, inductive data

analysis, focus on participant's meanings, emergent design, theoretical lens, interpretive inquiry, and a holistic account (pp. 175-176). Research may occur through interviews, observation, documents, or audio-visual materials, and a key difference between qualitative and quantitative inquiry is that the qualitative researcher purposefully selects participants that best fit the research question.

Several types of qualitative inquiry exist. They include grounded theory, ethnography, case study, narrative, and phenomenology (Creswell, 2009). Each of these was considered as a research approach for my study, but I found hermeneutic phenomenology to be the best fit. A grounded theory method results in a "general, abstract theory of a process, action, or interaction grounded in the views of participants" (Creswell, 2009, p. 13). Although the hermeneutic tradition allows for interpretation of meanings, the intent was not to result in an overall theory, but rather a deepened understanding of the phenomena being studied. Ethnographic research focuses on a specific cultural group over a period of time with the intent being increased understanding of, and even participation with, that culture.

Although it could be argued that either Christian counselors (Eriksen et al., 2002) or rural counselors (Aisbett, 2006) have developed a culture unto themselves, my research question did not fit this method of inquiry well enough. I considered a case study wherein the researcher studies one individual in-depth, but decided that any results would not be able to be generalized. I also deliberated using narrative research because I want to gain information about individual lives. However, upon reflection, I decided that the specificity of my research question did not lend itself to the broader narrative inquiry.

I chose hermeneutic phenomenology for my research methodology because, according to Creswell (2009), it involves identifying “the essence of human experience about a phenomenon as described by participants (p. 13). My research question stated: What are the attitudes, perceptions, and experiences of rural Christian counselors with regard to self-care? Thus, self-care is the phenomenon being studied and rural Christian counselors are the individuals making meaning of this human experience.

Hermeneutic Phenomenology

Hermeneutic phenomenology involves the interpretation of themes uncovered during the interview process, which consists of contextualizing material and avoiding prior theoretical assumptions (Loftus & Higgs, 2010). It can thus be an interpretation of anything that is meaningful to humans and is, according to Moustakas (1994), “required in order to derive a correct understanding of a text” (p. 9). Phenomenological interpretation must occur because all experience is constantly being interpreted already (Hein & Austin, 2001; Laverly, 2003; Merleau-Ponty, 1945/1968). According to Laverly (2003), empirical phenomenology is descriptive and focused on the structure of experience while hermeneutic phenomenology is interpretive and concentrated on individual meaning. Outcomes between the two types of research are often similar, even though the methodology differs somewhat. Researcher bias is bracketed in traditional phenomenology while it is embraced and explored in hermeneutic phenomenology (Gadamer, 1976). Participants are specially selected for each research type and are considered *co-researchers* (Laverly, 2003).

According to Flood (2010), the freedom to make choices is limited by conditions of daily life. Hermeneutic phenomenology helps the researcher describe the lived experience of an individual or group and how their meaning-making influences choice-making. Thus, interpretive hermeneutic research includes a blend of ideas from both participant and researcher, resulting in a co-research situation. According to Flood (2010), specific steps can be taken when doing hermeneutic phenomenology. They include: naïve reading (reading text of interviews several times trying to grasp its meaning), structural analysis (penetrating themes are identified and condensed into sub themes and main themes), and comprehensive understanding or interpreted whole (themes are summarized and reflected upon in relation to the research question and context of the study and results are presented in everyday language; p. 12).

Role of the Researcher

The role of the researcher in a hermeneutic phenomenology is one of an interested, thoughtful, honest, respectful investigator, seeking the essence of experience of another individual(s). According to Heidegger (1962), the task of the researcher is to draw out what lies hidden in those things openly seen. This requires an investigative spirit of adventure. Merleau-Ponty (1945/1968) stressed the importance of holistic perception when researching a phenomenon. This means honoring and acknowledging bodily sensations as well as emotional and cognitive input when discerning information about a situation. Seeking true understanding is a contemplative, deliberate task (Gadamer, 1976) and must be approached with integrity and sincerity.

In this study, my role was that of an active interviewer, respectfully requesting information from participants about their life experiences and learning about these experiences with an open mind. I identified and embraced my subjectivity to the best of my ability, acknowledging my previous and current personal knowledge of the subject at hand, but also taking care not to allow it to interfere with the interview or analysis process. My primary role was that of student, learning from each individual participant as though he/she were the first. Moustakas (1994) used the term *horizontalization* (p. 122) to describe the researcher as remaining fully present in each interview, receptive to every statement made, giving every comment equal value, and “encouraging a rhythmical flow between research participant and researcher, interaction that inspires comprehensive disclosure of experience” (pp. 122-123). Thus, although I created the interview questions and invited participation, participants guided the interview with whatever personal and/or professional information they deemed appropriate in the moment.

I currently reside in rural Montana and intend on practicing psychotherapy as a Christian counselor here in the future. However, at the time of this study, I was not known in this capacity by those living and working in the area. Thus, any potential personal or professional relationships were non-existent and not expected to influence the study. I have practiced as a Christian counselor in the past, in other states (Maryland and Virginia), so I did carry some bias about the particularities of the profession. While this bias of understanding Christian counseling from the inside gave me unique insights into the community, I also understood the potential for inadvertently missing important information as a result. Additionally, I was raised in a rural environment for most of my

life and currently live in a very small town (population, 1200), thus creating potential bias about rural life. Finally, I personally practice self-care and encourage others to also do so. This mindset could result in bias toward this intervention.

Hermeneutic phenomenology includes the importance of researcher subjectivity as a reality (Gadamer, 1976; Heidegger, 1962; Merleau-Ponty, 1945/1968). It was imperative that I understood my potential bias so that I could clearly ascertain what participants were saying. At each point in the research process, I used a reflective journal to assess my own understanding and bias in order to identify and contain them as I sought new knowledge about this subject.

Co-Researchers

According to Lavery (2003), participants in phenomenological studies are to be considered co-researchers. This brings equality to the research situation and allows more power for individuals to take an active, dynamic role in the study. In my study, the terms *participant* and *co-researcher* were used interchangeably and denoted those individuals who consented to participate in the interview process.

Research Question

My research question was: What are the attitudes, perceptions, and experiences of rural Christian counselors with regard to self-care? Additional subquestions include: What are the actual practices of self-care among rural Christian counselors? How are these practices consistent with rural Christian counselor's attitudes and perceptions toward self-care?

Methodology

Context of the Study

This study involved participants/co-researchers from the Northwestern United States. These states are primarily rural areas and were chosen due to the proximity of my home. I met with participants either in their offices or at local coffee shops at their convenience, which required me to travel varying distances by car.

Sample

I used a convenience sample of nine participants from the Northwestern United States. I achieved saturation with this sample and did not need to recruit additional participants. Individuals consenting to participate in my study fit the criteria for being self-identified rural Christian counselors. The United States Census Bureau (2011) defines *rural* as spaces with a population density of fewer than 1000 people per square mile. Although some of the counselors participating in this study lived in more urban-like areas (i.e., Billings, MT or Casper, WY), they served, worked, and recreated in rural areas and were comfortable with their designation as *rural individuals*. Christian counselors were self-defined as such, with no limitations placed on licensure or denominational affiliation. I located potential participants by searches on the Internet, local phone directories, utilizing public information from local mental health centers, hospitals, and churches, flyers on public bulletin boards, and word-of-mouth, or the snowballing technique. Sixty three invitations were mailed to counselors in Montana and Wyoming, with seven invitations returned as undeliverable mail. I made follow-up calls to the remaining counselors wherein three counselors declined to participate. I left voice

mails for the others, but received no additional responses. Ten individuals indicated interest in participation, but only nine were actually interviewed due to my family emergency necessitating travel and the cancelation of the last interview. Each potential participant was sent an introductory letter containing my contact information, a definition of the scope and intent of the research (including terminology definitions), and was scheduled for an interview upon identification with the categories mentioned (see Appendix A) and agreement to participate. Follow-up calls and/or emails were used in recruitment and in establishing interview dates and times. My contact information included my name, affiliation with Walden University, phone number, and email address where participants could reach me with additional questions or to indicate interest. Non-responsive individuals received follow-up calls 10-14 days after initial invitation letters were sent in order to assess interest level or answer any questions. This intention was also included in the initial contact letter.

Upon receiving indication of interest, I personally and privately called each potential co-researcher to answer any questions, review procedures, and, if indicated, set up a convenient time for the interview to take place. Study participants were chosen based upon voluntary interest in the study, meeting eligibility criteria (self-identifying as an adult Christian rural counselor), and ability to participate in an interview within a reasonable time frame (approximately one month). Upon meeting these conditions, I verbally reviewed the intent of study and informed consent (audio-taping, confidentiality, and voluntary participation), received address and directions to the planned meeting place, and inquired as to whether a reminder call or email would be preferred.

Procedures

Data Collection

As aforementioned, my study was based on four central concepts: self-care is important for mental healthcare workers; self-care is known to treat and/or prevent burnout; rural counselors work in a unique situation which results in higher burnout rates in this population; and Christian counselors are an under-represented subgroup of mental healthcare workers. The central question of my study focused on the lived experience of rural Christian counselors regarding self-care. I sought the answer using in-person interviews of counselors from Northwestern states using broad, open-ended questions about the central topic. Each interview began with several general demographic questions (education level attained, current job title, length of time at current position, etc.). These questions were primarily intended as expected introductory questions used to gently enter the interview format and begin the process smoothly. However, the answers also assisted in my analysis as I included the information in coding and interpretation.

My primary source of data collection was face to face interviews conducted at either the participant's office or local coffee house. Moustakas (1994) and Rubin and Rubin (2005) urged researchers to use semistructured, broad-based questions in order to elicit rich, thick description while still allowing qualitative flexibility and exploration. Thus, the central inquiry was based from my research question: What are the attitudes, perceptions, and experiences of rural Christian counselors regarding self-care? My goal was to create a warm, safe atmosphere wherein each counselor was free to discuss the topic at-length. My initial question was broad and open-ended: Talk about your

experience as a rural Christian counselor. Follow-up questions included broadly guiding inquiries such as: Tell me what self-care means to you or What are your thoughts or experiences with self-care? In order to comprehensively address my research inquiry, targeted questions towards participants' attitudes, perceptions, and experiences with self-care included: How do you feel about self-care? (attitude), What do you think about self-care? (perception), What is your personal experience with self-care?(experience). I had broad, general definitions of self-care available if requested, but I was primarily interested in individual, personal definitions from participants as well. These questions were created by me for the purpose of this study.

Recognizing that each individual co-researcher may respond to questions differently, I also had alternate questions prepared according to models offered by Moustakas (1994) and Rubin and Rubin (2005). These questions sought the same information, but were worded differently in order to access variation in participant response (see Appendix C). Examples of such inquiry include: What dimensions, incidents, and people connected with your experience of being a rural counselor (and Christian counselor) stand out for you? If you were going to advise beginning counselors on what it's like to be a rural Christian counselor, what would you tell them regarding the overall experience? Additional questions were focused on stage or chronological information. I also used continuation, elaboration, attention, and clarification probes in order to elicit more information, ensure thorough understanding, and co-researcher comfort (Rubin & Rubin, 2005). I strove to make the interview a relaxed, comfortable time wherein participants were able to freely share the depth of their experiences while

also addressing the breadth of the research question. Thus, it is impossible to say beforehand exactly which questions would be used with which participant. However, every effort was made to uncover the personal lived experience (including perceptions, attitudes, and experiences) of self-care in these rural Christian counselors.

At the end of each interview, I asked participants for any additional information they would like to share, or if there was something they wished I had asked, but did not. I ascertained that each participant was mentally stable enough to end our time together, thanked them for their time, reassured them again of confidentiality, and obtained study follow-up contact information should they wish to know about results or obtain a write-up.

Data collection occurred primarily through oral interviews that I conducted, which were audiotaped as allowed by participants. In order to help assure successful recording, a backup recorder was utilized as well, with participant permission. Each interview lasted between 45-120 minutes in length. Interviews were in-depth and focused on the lived experience of self-care in rural Christian counselors. Clarification and follow-up questions were included as a means of fully exploring the topic.

After the interviews were completed, each one was transcribed and prepared for analysis. I submitted the first several interviews to my dissertation committee Chair in order to receive additional direction regarding style and form of the personal interactions. Although some phenomenological studies include member checking, research also indicates that the true phenomenological essence of the moment, captured in the interview, may be compromised if participants are allowed to check or edit their input at

a later date (Pringle et al., 2011; Vandermause & Fleming, 2011; van Manen, 1984; Webb, 2003). Therefore, I used a form of member checking during the interview process wherein paraphrase, restatement, and clarification were used to ensure thorough understanding of what participants were saying.

Data Analysis

Data analysis took place following the interviews and transcription thereof. According to Flood (2010), there are specific steps to phenomenological data analysis which include naïve reading, structural analysis, and comprehended whole (p. 12). Rubin and Rubin (2005) listed six steps in qualitative data analysis including recognition of themes, clarification and synthesis of themes, elaboration of ideas, coding, sorting, and a final synthesis/conclusion (pp. 207-208). Creswell (2007) also offered six steps in phenomenological analysis: data managing, reading, description, classification, interpretation, and representing/visualizing (pp. 156-157). In order to follow and merge these various approaches, I completed at least three readings of each transcript, first to get an overall sense of what the individual said, next to pull out themes and structure of meaning, and finally to understand what was said at a deeper, comprehensive level. I sought to use composite textural description wherein different themes were studied in the light of depicting the experiences of the group as a whole and composite structural description as a way of understanding how participants as a group experienced what they reported (Moustakas, 1995). I used the QSR NVivo (Version 10) [Computer software] to organize and help analyze the transcripts as well. No truly discrepant cases were found.

Verification of Quality and Trustworthiness

Quality research is extremely important. Without the assurance of quality, grave doubts may begin to surface about the integrity and reliability of the study. Several checks were in place to ensure the completion of quality research in my study. Credibility and internal validity were established using investigator triangulation. According to Patton (2002), investigator triangulation involves the “use of several different researchers or evaluators” (p. 247) which occurred as my committee evaluated and reviewed my work. Additionally, saturation of the topic of self-care in rural Christian counselors helped establish validity as similar ideas and concepts were uncovered and analyzed. Creswell (2009) also recommends multiple checks of transcripts for obvious errors, making sure no “drift in the definition of codes” (p. 190) is present, identification of researcher bias in order to create an open and honest narrative of my work, rich, thick description of the process, style, and research findings, and inclusion of negative or discrepant information. These procedures also helped make results more realistic and valid.

My dissertation committee members and the IRB of Walden University served as external auditors and their unbiased input helped strengthen the research. Finally, I used both a Researcher Journal and an Audit Trail to help establish specific steps and measures taken in completing this research. The journal shows my personal journey as a researcher while the audit trail helps establish validity as it outlines each step of the qualitative research process I undertook.

Although sample size may be regarded as small by some measures, small rural populations in certain Northwestern states help extend transferability. Participants were self-identified as Christian and identified as rural based on their state of residence. It is hoped that the research sample will be representative of the larger population and that some generalization will be possible.

Ethical Procedures

Ethical proceedings were crucial to the success of this research endeavor. Each aspect of the proposal was scrutinized from this perspective and every precaution was taken to ensure ethical compliance to the best of my ability. Before any potential participant was contacted or any research was completed with the chosen population, the IRB of Walden University assessed and approved the entire study plan. Additionally, my committee of three doctoral professors/professionals critically evaluated my research plan both before and after IRB approval, lending their expertise and advisement and helping to increase study validity.

Participants were considered co-researchers, in the phenomenological tradition (Lavery, 2003), and I approached each individual with a person-centered theoretical lens (Rogers, 2003/2007). This meant that I related to each person with great respect and genuine personal interest in the story he/she had to tell. The safety and confidentiality of co-researchers was paramount and precautions such as informed consent, permission to audiotape, and confidentiality agreements were included as standard procedure. Participants retained the right to withdraw at any time with no penalty. I had sole access to raw data and all files will continue to be kept locked and secure, including electronic

files. Data will be kept a minimum of five years, during which time it will be held securely and will be destroyed upon disposal.

Summary

My central research question focused on the lived experience of rural Christian counselors regarding self-care. To that end, I used a hermeneutical phenomenological approach to seek personal knowledge from study participants and interpret their responses toward instance and prevention of burnout in this population. Participants were considered co-researchers, and were self-identified rural Christian counselors. It is my hope that additional information in this area may lead to greater overall health in participants and future rural Christian therapists. In the following chapter, I will provide the results of this study, addressing each research question individually, and discussing evidence of quality research.

Chapter 4: Results

Introduction

This chapter includes an explanation of data analysis, study findings, and demonstration of quality research in this hermeneutic phenomenology that sought to understand the attitudes, perceptions, and experiences of rural Christian counselors with regard to self-care. I gathered data through semistructured interviews in order to answer the research questions and subquestions:

- What are the attitudes, perceptions, and experience of rural Christian counselors with regard to self-care?
- What are the actual practices of self-care among rural Christian counselors?
- How are these practices consistent with rural Christian counselor's attitudes and perceptions toward self-care?

As the research developed, it became apparent that additional areas could be explored in order to provide a clearer interpretation of the findings. Thus, I expanded the original research questions to also include:

- What is it like to be a Christian counselor?
- What is it like to be rural?

The addition of these questions is important to providing a well-rounded understanding of this population and will be addressed first under the Findings section.

After completing the interviews, I applied a combination of the Flood (2010), Rubin and Rubin (2005), and Creswell (2007) methodologies for analyzing qualitative

data. These procedures are quite similar and involve a naïve reading of transcripts, organization of data, theme-coding, description, and synthesized whole or conclusion-drawing. I also used the Saldana (2013) methodology of analysis of qualitative data that specifically focused on NVivo (participant's own words/phrases), Process, Emotions, and Attitude-Belief-Value coding. These overlapping methodology approaches resulted in additional assurance that the data were fully analyzed and led to the study findings. Themes and interpretations resulted from extended immersion in the data over a period of many months.

Methodology

Nine participants agreed to contribute to this study. Each one met the criteria of being an adult Christian counselor who lived and practiced in the rural Northwest. Interviews were completed at either the participant's place of business or in a neutral quiet setting (i.e., a coffee shop) and were audio-recorded with permission. Each interview lasted between one to three hours and was completed in one meeting. No member checking was completed in order to preserve the integrity of this phenomenology.

Interview data provided all the information necessary for the study results. I asked original questions based on Moustakas' (1994) and Rubin and Rubin's (2005) instructions to utilize broad, open-ended questions in order to elicit deep, rich responses. The interviewees were free to share their unedited thoughts about their experiences and I found a general openness and forthrightness apparent after initial and natural hesitancy. I began the interview sessions with simple demographics questions intended to gently open

the interactive process and allowed participants to speak freely with only minimal guidance toward the topics of counseling experiences, rural living, and self-care. All the data received from the interviews were intended to answer the research question(s) and aid in the hermeneutic interpretation of the lived experiences of participants.

After completing and personally transcribing the interviews, I used QSR NVivo (Version 10) [Computer software] and analysis methodologies prescribed by Flood (2010), Rubin and Rubin (2005), Creswell (2007), and Saldana (2013) in order to organize, understand, and interpret the data. I read each transcript in its entirety a minimum of three times, with themed coded sections being reviewed many additional times. This allowed a dynamic interpretive process whereby I was guided by both individual transcripts and specific themes as a comprehensive whole. Hermeneutic interpretation requires the researcher to consider not only emerging themes but also contextual and individual information while avoiding prior theoretical assumptions (Loftus and Higgs, 2010). Thus, I expanded the original focus on self-care alone to include experiences as a Christian counselor and as a rural individual.

In order to organize data and emerging themes and interpretations, I used two data systems. They include a researcher's journal and audit trail. My chronological experience as the primary researcher in this study is exposed in the researcher journal. The journal includes personal reflections, experiences, and thought processes from before submitting the proposal through the writing of the results. The audit trail illustrates my progression through the study as analysis and interpretation changed and evolved over time.

Participant Profiles

This study included the participation of nine individuals who generously gave of their time and experience to help answer the research questions. Of the interviewees, six were male, three were female, ranging in age from 34 - 70 and having between 7 - 45 years of experience in the counseling field. Five were from Montana, and four from Wyoming. Study initials were randomly assigned and carefully checked to ensure no link exists between either name or location.

Demographics

- **TP:** TP was approximately 45 years old, male, and had been working as a Christian counselor in Montana for 17 years. I interviewed TP in his private counseling office.
- **AL:** AL was approximately 35 years old, female, and had been working as a pastoral counselor in Wyoming for 12 years. I interviewed AL in her private counseling office.
- **BE:** BE was approximately 60 years old, male, and had been working as a pastoral counselor in Wyoming and other Midwestern states for over 35 years. I interviewed BE in his private counseling office.
- **TM:** TM was approximately 45 years old, male, and had been working as a Christian counselor in Montana for 10 years. I interviewed TM in his private counseling office.

- **IU:** IU was approximately 70 years old, male, and had been working as a counselor in Montana for over 40 years. I interviewed IU in a small local coffee shop.
- **SH:** SH was approximately 65 years old, male, and had been working as a pastoral counselor in Montana for over 45 years. I interviewed SH in his private counseling office.
- **BT:** BT was approximately 38 years old, female, and had been working as a counselor in Montana for 7 years. I interviewed BT in her private counseling office.
- **HA:** HA was approximately 46 years old, male, and had been working as a pastor in Wyoming and other Midwestern states for nearly 25 years. I interviewed HA in his private counseling office.
- **AE:** AE was approximately 45 years old, female, and had been working as a Christian counselor for over 20 years in Wyoming and other extremely rural areas. I interviewed AE in a local coffee shop.

Participant Personalities

Through our individual meetings, I got a fairly good impression of the personalities of my co-researchers. However, as I analyzed their transcripts, I gained a fuller understanding of their distinct personality traits. Each interviewee is, of course, an individual, and some traits may not be able to be generalized. However, other traits seemed to be shared across the group. For example, most of the participants had a bit of trouble getting used to the idea that they would be the primary talker during the

interview. I fielded numerous questions as to whether they were talking too much or if they were saying the right sorts of things or simply stating that it was odd for them to speak at length. However, they also universally agreed that it was a good experience and that they enjoyed participating.

Some of the interviewees self-identified as introverts. Although they genuinely liked people, regular respite and alone-time were also necessary. Many of them shared their struggle with wanting to fix people, or be able to tell them what to do and have them immediately do it. The idea of failure was nearly universally difficult to consider and several participants spoke of needing to repeatedly learn that they were not the Savior or Messiah, but only His helper.

Another typical characteristic of this group was a blunt straight-forwardness that not only was apparent during the interview, but was also reported as part of their daily interaction with others. This trait may be a culturally rural one, or it may be an adaptation to a straightforward, no-nonsense type of clientele that many participants reported working with. I also heard the word “intense” used by several counselors in describing themselves.

Interestingly, several participants mentioned either being diagnosed with or showing symptoms of Attention Deficit/Hyperactivity Disorder (ADHD). They reported not being terribly bothered by it, however, since their busy schedules required managing numerous activities at one time and they had found ways to productively use their energy and idea-flow. Another common personality trait was being completely devoted to an idea or project after agreeing to participate. Unfortunately, this all-or-nothing approach

may have contributed to symptoms of burnout in some participants. Anxiety and/or panic also played a dominant role in several participants' lives. This was explained as erupting from a situation wherein one might be expected to hold important life-answers yet still be struggling with his/her own personal issues. One (TM) described himself as a "walking contradiction" who may not "epitomize a Christian at times", and shared his hesitation at fully identifying as a Christian counselor.

Two of the nine outwardly admitted to enjoying play or downtime more than work time. Others alluded to the same idea, but it seemed tinged with feelings of guilt. This area of contradicting actions and feelings also showed itself in working with people, yet needing to be alone or being very constrained at work or with colleagues but completely letting down one's guard at home. Perhaps the most poignant area of contradiction for the purposes of this study was the idea that although participants agreed self-care was important, very few felt they adequately engaged in it.

Many of the interviewees spoke of knowing they would somehow wind up in the helping field since they had been natural listeners or advice-givers since childhood. Sometimes this was a result of family members modeling good listening techniques, but other times it was the result of being raised in a dysfunctional situation wherein being fully heard was a rarity. Some participants drew on life experiences that gave them a unique understanding of a painful or difficult situation wherein they could specifically minister to those undergoing similar circumstances and felt called by God to use their pain to help others.

Another personality trait that was quite common, but may surprise the participants with its universality, was an overarching sense of not being good enough to counsel, or being unsure how to do an adequate job. One (AE) described being driven to achieve excellence by her harsh superego. Both professional and pastoral counselors alike expressed this sentiment, which may have been due in part to the vast amount of information available to counselors on human behavior combined with the inevitable complexity of a single client. Nonetheless, it was important for most interviewees to feel that they were doing a good job and offering quality counseling services instead of 'just listening'.

When analyzing the personalities of this group, I found a key difference. Some seemed more forward-moving in their interactions, initiating decisions and actions, while others were less active in the process to the point where it seemed things were happening to them instead of by them. On the whole however, interviewees appeared to be introverts, happily settled in a situation wherein most of their work relationships are one-on-one and result in meaningful interactions. They felt accomplished and involved in their community in a significant way.

Findings

I have organized my findings in such a way that each research question will be both answered and expanded upon. Additionally, I used the QSR NVivo (Version 10) [Computer software] to help enhance my understanding about word choice and usage among participants. This section is titled Word Choice and Frequency and helps expand this hermeneutic phenomenology.

What is it like to be a Christian Counselor?

I interviewed two kinds of Christian counselors: professional (5) and pastoral (4). Professional counselors have attended graduate school and have passed state licensure exams required to serve in this capacity as a mental health expert. Pastoral counselors are usually seminary-trained and perform short-term somewhat informal counseling, typically with congregants. They may have taken advanced counseling courses but generally do not hold any sort of state counseling license.

In rural communities in Montana and Wyoming, both types of counselors are called upon to serve the community. While a congenial referral system may generally be in place, I sensed a slight hesitancy from some pastors (BE and HA) to refer their congregants to a professional counselor. This seemed to be mostly due to a concern over an undue cost burden, but there also seemed to be hesitation over exposing religious clients to secular psychology.

Professional Christian counselors stand in the gap between psychology and theology, a gray area they sometimes feel called to define and defend. While not all their clients are necessarily Christian and not every session includes a spiritual element, these counselors are in a unique position and fulfill a vital role serving the mental health needs of Christians. Pastors also often provide counseling to their parishioners or other individuals. Thus, in this study, both the terms *counselor* and *pastoral counselor* will be used and specified as required for clarification.

Definition of Faith.

Central to the experience of being a Christian counselor is one's definition of faith. Among those participants who discussed their personal faith-walk, there appeared to be a continuum from more to less traditional or religious practices, with the agreed understanding of God as a male or father-figure. Although not every interviewee spoke directly to this subject, those that did gave varied and honest responses, even those found to be struggling with the basic tenets of Christianity (i.e., Jesus as the Messiah, Scriptural authority). Participants were thoughtful individuals and their lived experience of defining their faith in the moment during the interview was one of both honest questioning and forthright statement of faith.

The emotions experienced during our encounter in this area ranged from difficult and painful places to feeling blessed and optimistic hope. I believe that the decision of those choosing to discuss their definition of faith was primarily voiced by those who were actively continuing to define their faith. Therefore, not everyone brought it up in conversation. Perhaps this was because it was either a settled part of who they are or they assumed we shared a mutual understanding of the belief systems of a Christian counselor.

Several phrases became clear when looking through participants' definition of faith. They include: *God is sovereign, God/Jesus speaks/directs and we can talk to Him, Personal response to God is required, Sin/darkness is a real problem, and Questioning/running/disobeying have been experienced.* Intertwined with these major themes were the ideas of craving balance and morality, dealing with sin in self and others, and grappling with the idea that humankind's truest need is a restored relationship

with God. Two participants (BT and TM) shared their personal struggle with the basics tenets of Christianity such as accepting that Jesus is the only way to God and the complete accuracy of the Bible. One (TM) spoke of how difficult it was to believe that Jesus is the only way when other faiths or religions also have good ideas and accomplishments. Others shared how their fundamental beliefs in the Bible, divine revelation, and a personal relationship with God directed their every move and thought and was an extremely important part of who they were. Still others appeared to be between the two, existing in relationship with God and believing the Bible, but unsure of how it directly applied to every situation or how to hear God personally. The responses here appear to be a fairly good representation of a continuum of Christian beliefs. Some comments were quite fundamental: sin is the biggest problem, we must be reconciled to God. Others revealed a less-structured approach to belief: spirituality is more important than tradition, other religions may also contain truth, and God is “whatever is beautiful and joyful” (B.T.).

There was a definite phenomenological process in place as participants shared their ideas about faith with me. They appeared to be fully in the moment, expanding their lived experience and creating social constructs even within the interview regarding faith and belief. There was questioning (Is Jesus the only way? Is the Bible to be taken literally?), worrying (feeling troubled that morality seems to have slipped away from current psychology), trusting (trusting God in confusing situations, trusting Him to forgive sin and love unconditionally, trusting the Bible and the truths found therein), believing (in God and in people, believing that God leads me personally), thinking (about

both personal lives and faith), decision-making (deciding to follow Christ and profess faith as a Christian), and meaning-making (using personal trauma and pain to help others in similar circumstances). Each of these processes was taken seriously and shared honestly.

God is sovereign. The idea of the sovereignty of God stands as the bedrock of Christian faith. God is acknowledged as the supreme authority and leader and Christians pray to Him for help and worship Him either as a congregation or as an individual, often both. Every pastoral counselor spoke of the sovereignty of God and most professional counselors told of their interaction with God as a sovereign leader as they shared about their prayer and worship time or when they spoke about making a decision to be submissive to His authority.

Sin is a problem. Although the idea of darkness or evil being a reality in the world is not limited to those of the Christian faith, interviewees commented on the negative impact sin has in individual lives of themselves, their colleagues, and their clients. Seven participants mentioned sin directly and one of the remaining two spoke of its repercussions indirectly. Several participants mentioned how continually surprised they felt at the depravity of the human heart and the depths to which it can sink. Another unwelcome aspect of sin or darkness was the idea that it was slowly encroaching into rural areas and where drugs or crime had not existed before, such troubles were beginning to be witnessed.

God speaks to us. Interviewees also shared their belief that God speaks and directs His people and, in return, allows them to speak freely with Him. This was

demonstrated through prayer and time spent listening to God, usually through reading the Bible or sitting in quiet meditation. Many interviewees voiced the strong belief that God desires to direct believers into His plan and therefore must be able to communicate this plan to them.

Personal response is required. The other side of the argument that God speaks to His people is the idea that His followers must, in turn, respond to Him in order to receive what He offers. Interviewees spoke of being called to the vocation of counseling and responding by going to school and seeking employment in the mental health field. I also heard stories about burnout and trying to quit the field only to be drawn back in by surrender to God's plan and being renewed and refreshed by His strength. This experience ties back into the idea of being in a personal, communicative relationship with God.

Questioning/Running/Disobeying. I appreciated the participants' candor as they spoke of their very human tendencies to question God, try to run away from His plan or His word, and sometimes outright disobeying Him. Some interviewees shared that they still openly questioned God and were continually defining their faith. Others were more hesitant to confess ever questioning God, but appeared to have previously done so as they worked out their personal faith. Some shared stories of what happens when they get out of step with God: they wrestle with Him in their mind, struggle with surrendering to His will, and even have felt physically ill upon choosing to disobey. In general, participants seemed to feel relaxed and happy when they obeyed God, and anxious and unsettled when they disobeyed. A sense of peace helped guide and assure them of their chosen

path. Thus, a simple, straightforward definition of faith was not to be easily found among this group. Although each one self-identified as a Christian counselor, the exact meaning of that terminology appears to be a highly individual decision and process.

Career calling. Most participants felt strongly called to being a counselor or pastor, although this was perhaps more vocalized by the pastors in the group. This calling is generally understood to come from God, but also came through friends, family, or faculty. One (TM) shared how his experience of a specific tragic event uniquely qualified and set him apart to be a counselor and that he felt very strongly that God would not allow him to do anything else. Several participants echoed the idea that one does not want to be a counselor or pastoral counselor unless he or she is specifically called to be one, but also that God equips those He calls. The calling includes the reality that the one being called must answer the call, thus making it a dual-decision/response situation. Interviewees in general felt called to the ministry of counseling, but also took personal responsibility for thinking and praying through it, making sound educational and career decisions, and choosing to remain in the profession even after burnout or other negative experiences. They seemed to value God's leading over most other things.

There was a fair measure of resistance to this calling, exhibited mainly by disbelief in the call and by trying to take other career paths. Eventually, however, each participant felt drawn to consider becoming a counselor or pastor. I heard stories about counselors finding themselves wanting to work with people in spite of their own fears of doing so. Others shared how they had shied away from being a pastor or counselor because of the reputation of the profession, but found themselves irresistibly interested or

drawn to it. One (AL) shared her story of being extremely forthright and blunt in an interview for a pastoral position because she thought such a position could never be hers. She was almost immediately offered the job. Ultimately, submission to the idea of being a pastor or counselor occurred with generally peaceful results. Some interviewees felt instant peace while others took longer to realize that they were truly doing what they felt created to do. They used words like 'happy', 'peaceful', and 'blessed' and are now typically enjoying the profession in spite of their initial response.

Another lived experience was the idea that being called to become a pastor or counselor was unexpected and the process of deciding to accept and beginning to fulfill the calling was long. Interviewees generally felt graced with adequate time to consider and obey. This process included careful thought, prayer, learning through external circumstances, realization, action, and development. Those interviewed often described their lived experience of realizing their life calling as taking years as opposed to it being a one-time experience.

The emotions of career calling were also quite varied and illustrate the idea of resistance, submission, and dawning realization. Most reported being happy and 'blessed' in their current position, but also having experienced exhaustion and sometimes burnout that caused them to question whether they desired to continue on in the profession. Expressed attitudes in this group included surprise that they were actually enjoying doing what they sometimes thought they had not wanted to do in the first place. I observed a valuing of God's leading and choosing His plan over personal plans as well as a firm belief in God as leader, director, and provider. Participants trust that He is

capable of completing His plan through their lives even if it seems beyond human understanding. Obedience to God was central to career decisions and was affirmed through specific actions. However, participants also personally believed that helping people was important and fulfilling work.

Pastoral counseling. “I’m afraid to fail” (AL). This simple, yet profound statement came from one pastoral counselor, but in many ways was echoed throughout several other interviews. I heard the pastors describe themselves as: sick with myself, inadequate, belittled, blind, unsure, overwhelmed, and scared. Some felt betrayed, taken for granted, used, and frustrated. They expressed continual shock at the depravity of the human heart, but also a feeling of responsibility, influence, and concern for people. Many pastors felt encouraged, strengthened, and interested in their work. However, some felt resistant, ground up, hesitant and frustrated with others at the church. Nonetheless, a relationship with God permeated all they were. Toward Him, I heard about emotions such as relieved, surrendered, and hopeful.

Being a pastor means being involved with both God and people. The lived experience of pastoral Christian counselors is unique in that they also pastor many of their clients as a separate interaction, which can lead to complicated dual relationships. Rural pastors may need to provide more counseling than their urban counterparts stemming from the simple fact that there is sometimes no one else to refer to. One pastor (HA) described counseling as perhaps primarily crisis-inspired, but believed that it was always a blessing to be invited into someone’s life, no matter the cause. In general, it seemed the pastors I spoke with considered themselves ministers first and counselors as

only a small part of their job description and felt somewhat unsure or guarded about providing mental health counseling to their parishioners due to their limited training. One (IU) stated that he often felt he did not know what he was doing, but felt welcomed and accepted by the people simply for trying. Some considered counseling as primarily “advice-giving” (AL). Counseling may be practical, mental, or spiritual and typically involves coming alongside people to encourage and direct them in their faith. Scripture is often used. Those I interviewed showed genuine care and concern for their congregations, even when personal pain and discomfort were experienced. Stark imagery was used in describing this relationship: “You bleed for your people...for your people, your church, and yourself” (IU).

Most of those pastors I interviewed agreed that people generally do not come in for counseling until they are in a crisis situation and every need is dire. However, the idea that much of counseling is simply listening was repeated by various interviewees and seemed empowering to them. Additionally, a reoccurring theme I encountered was that of the interviewee feeling different, and thus unsure, in regards to how he or she approached counseling. However, upon speaking with other pastors, I found that in general, counseling approaches were quite similar, a fact which may bring some relief and confidence to those feeling different and separate. There were some participants who confessed to still working through personal and professional ideas of mental health including acknowledging the biological factors at play in various diagnoses. Generally, those participants who were pastors seemed to believe that their job was to help people

get in step with God's plan for them, whether that came through preaching on Sunday or individual counseling during the week.

Pastoral boundaries.

One pastor (HA) made it a point to state that he prefers not to do long-term counseling and although he generally has not had that requested of him, it is a boundary he has in place nonetheless. He also shared his belief that if he was pastoring his church well from the pulpit, there should be less need for counseling. Two interviewees spoke of having a boundary around not doing one-on-one counseling with someone of the opposite sex. Another (HA) stated that one would have extreme difficulty in pastoring a church full time and being a full-time counselor because the demands of each position are too great. This seems to relate to the overall general pressure pastors report feeling. I learned that certain burdens come naturally to pastors, such as the pressure to know answers and to continually set a good example for others. This stress presents another balancing act for pastoral counselors to learn as several felt they were held to higher standards than other professions were. Several times I was told that it took concentrated effort to release problems and worries into God's care. The inability to escape these stresses can have serious negative effects, however. One pastor (AL) spoke of how the cycle of feeling overwhelmed and pressured led to needing to take time off from work. However, the feelings of worthlessness and guilt associated with taking time off led to feeling even more overwhelmed and pressured than before, thus resulting in a difficult cycle and ultimately, in burnout. Like other mental health therapists I spoke with, pastors seemed to be actively working toward solid boundaries to help protect themselves and

their families from the rigors of counseling. One (BE) spoke of how his priorities had changed over the years, especially in regard to his actively choosing his wife and family over the responsibilities of the ministry. He now counsels other young pastors to take the same approach.

Pastoral counseling approach.

Several pastors spoke of their reliance upon the Bible during counseling sessions. Additionally, I heard about reliance upon the Holy Spirit during sessions, and about being up-front with clients about these spiritual things. One pastor (BE) confided that he found it easy to snap-diagnose people and had to continually remind himself to approach clients as unique individuals. Another (SH) confided that although people can be difficult to work with because the human heart is depraved, as a pastor one must come alongside them, relying on God to give the ability to speak into their lives. Success is viewed as both knowing and doing God's will. I heard it expressed that a pastor generally tries to believe the best in people while never being surprised by the worst. Interviewees acknowledged the complications and uniqueness of individual situations, which sometimes led them to refer to licensed counselors.

Referring clients.

Pastoral counselors also explored the idea of redirecting or referring counselees when possible. While most pastors responded that it was rewarding to work with people, one pastor (BE) advises other young pastors not to counsel at all, but rather to refer. Another (HA) felt that counseling could lead to many problems or sins (sexual, pride, ego) and therefore only cautiously engaged in it. On the other hand, pastors also seemed

hesitant to refer parishioners to counselors because of cost concerns and valued the idea that sometimes counseling parishioners can lead to deepened relationships with them.

We also discussed another unique aspect of pastoral counseling: it is usually offered free of charge. While this may encourage more people to come in to talk, several pastors felt that it could also mean that clients were not as emotionally invested in the sessions. AL spoke of the importance of walking alongside clients through every aspect of life because that is how God walks alongside His people. However, this can also be difficult because after pouring oneself out for another, he or she may simply turn away, leaving hurt and confusion in their wake.

Pastoral burnout.

Rural pastors, like rural counselors, are also deeply involved in the community. This entails working with other churches and pastors in effective ways. While this collaboration can bring a welcome burden-sharing, it may also increase pressure to perform or give past the point of exhaustion.

Nearly all of the pastors had dealt with some sort of burnout or exhaustion over the course of their ministry. Unfortunately, it also seemed to be something they did not discuss with one another or their congregations until it reached a critical level. AL shared her concern about how pastors rarely talk about the realities of ministry, choosing instead to focus only on victories rather than on the process. This may be because the reality and process are “messy” (AL), but the avoidance thereof can result in creating the illusion of an impossible standard for pastors to live up to. She felt frustrated at experiencing the hard side of ministry yet sensing a need to only represent the good side.

The pastors involved in this study were generally and genuinely engaged in their counseling ministry. They felt blessed to be involved in parishioners' lives. As a group, they seemed to understand and agree upon the fact that each individual had unique circumstances and may require additional professional intervention. They want to offer people hope, to be available to do what God asks of them, and to walk alongside the suffering. There are frustrations against self, others, and perhaps even God. There are certainly hard parts to their lived experiences and I feel they shared many of them with me in the interviews. The pastors seemed truthful, straightforward, and candid. They admitted the pain and struggle that increases their dependence upon God to walk out their calling. People tend to expect pastors to have some (if not all) of the spiritual answers and several interviewees mentioned that they experienced this expectation as pressure. However, one (HA) said that it kept him humble and challenged in his own spiritual life. Several more accented the need to receive power to love and serve others from God rather than self.

Lived Experience of Christian Counselors

The lived experience of rural Christian counselors is difficult to define and even more challenging to lasso into a few pages of text. When asked about what their life has been like simply as a counselor, the broad range of responses fell generally into four areas: reconciling secular and Christian counseling, working with others, personal experiences of being a counselor, and rural counseling.

Reconciling secular and Christian counseling.

In one of the first interviews completed, I found a sense of frustration that then echoed among other therapists in subsequent interviews. There was frustration with existing in a sort of gray area between religion and psychology and feeling the need to continually validate that their practice filled a critical gap for people of faith needing mental health care. Participants genuinely valued Christian counseling and believed in its viability and importance. Frustration from continued defense of a profession not clearly defined led to a discouragement so profound that TP decided to quit the field as a whole several years ago. Although he eventually returned and now feels successfully settled into his role, hints of his previous struggle still seeped into our conversation. He described the difference between Christian and secular counseling as offering a qualitative heart change versus a head change. Christian counseling offers what secular counseling cannot: a fellow sufferer and sinner walking alongside clients in pursuit of the same Savior.

Confusion at how to combine psychology and religion began and was resolved in college for some interviewees while others seemed to relish philosophizing about the differences between secular and Christian counseling as a continuing practice. One participant (IU) shared how odd he found it to be taught psychodynamic theory in seminary considering Freud's atheistic viewpoint, but continued to find such discrepancies in his work as both a pastor and later as a professional counselor. Participants voiced the concern that a strictly traditional Christian approach may make it difficult for those seeking to serve the marginalized and oppressed, and that the role of Christian counselors was not necessarily straightforward. Thus, the lived experience of

interviewees included a continual learning process, focused on whether or how to successfully integrate religion and psychology or how to reconcile what one hears in the counseling office with his or her own personal faith and belief system. Perhaps surprisingly, one interviewee (TM) spoke of not feeling “Christian enough” to counsel from a distinctively Christian practice or out of a church. These feelings were likely related to earlier articulations about the continual struggle to define his own faith and how to converge that with his idea of good therapy.

Christian counselors work to learn how to hear from God for both themselves and their clients and how to best approach the rural client who may have serious personal mental roadblocks to the very idea of therapy. Diverse approaches to counseling even existed within the small participant group and included cognitive-behavioral, Scripture-based, energy field awareness, and psychodynamic. Included in these experiences are the sharpening and strengthening skills a counselor acquires over time such as how to alter approaches to reach different clients, learning not to do more work than the client does, and working around cultural norms.

Working with others.

Working with clients is perhaps the integral part of the life experience of Christian counselors. Interviewees described their job as walking alongside clients and connecting them to a Savior. Nearly every study participant voiced care and concern for their clients and as a result, the accompanying emotions were complex. When talking about working with others, whether clients or colleagues, interviewees spoke of feeling turned off by untrained Christian counselors, feeling connected with clients, being

amazed at the privilege to counsel, feeling challenged, amused, sad, fascinated, confused/lost, protective of clients, empathic, invested, frustrated, and enjoyment at knowing they were part of positive change in someone's life. While it was generally agreed that individual clients have unique problems, SH stated that most problems people experience are similar overall, but affect each one individually. This fact brings challenge and diversity into the counseling office on a daily basis. Counselors reported learning different counseling approaches necessary in order to care for people well. This means meeting the client wherever they are in their life-walk and being willing to pursue non-traditional counseling venues (i.e. outside in a pasture or in a bar ministry). Interviewees seemed less likely to have a specialty as their services needed to be flexible to meet community need. However, interviewees also tended to accept the idea that one person cannot realistically help everyone although it was a difficult idea to fully embrace personally. The general attitude among interviewees seemed to be the desire to serve others with the abilities God had given them. The reality of the situation is that clients will likely have differing views of God and be at unique points in their relationship with Him (if in a relationship at all), and these facts seemed to be understood and appreciated by interviewees. Interviewees varied in their practices relating to use of Scripture in the counseling room. Some (mostly pastors) counseled primarily from a Scriptural standpoint while others would only incorporate Scripture at the request of the client.

I was cautioned by participants that there is generally more individual struggle going on in rural communities than Christians care to admit and those strugglers (perhaps particularly) need good care to help them through. Unfortunately, some interviewees had

experienced other Christian counselors with less formal training inadequately treating complex problems and perhaps complicating the situation further. While a prevailing belief among this group of participants was that connecting people to a Savior was an important part of Christian counseling, they also felt strongly that proper training was necessary in order to adequately meet clients' mental health needs.

Personal experiences.

The personal experiences of being a counselor were also varied. I heard several counselors say they had wanted to help others since childhood and specifically wanted to serve fellow Montanans or Wyomingites. Interviewees mentioned they felt rewarded, blessed, refreshed, and privileged to be allowed into the personal lives of their clients. They wanted to do excellent work and found themselves seeking perfection right alongside clients. Others reported feeling discouraged, pressured, and frustrated at being a counselor. Not all interviewees always wanted to be counselors. One shared how she felt like "sitting around listening to people's problems all day sucks!" (BT) yet was happily involved in a more administrative role where she used her counseling skills differently than in a traditional therapy sense. Other participants openly questioned some aspects of their faith. Several felt they were directly serving God by serving others and that the calling to be a counselor came from God Himself. One (TP) spoke of counseling as being a "mercy" into his life, a unique situation where God spoke both to and through him. TP also considered the appropriate use of Scripture as vital to help touch the deeply painful areas in clients' lives and was ultimately drawn back into the profession after settling his approach as a Christian counselor as distinct from a secular counselor.

While continual personal growth and learning seem to be hallmark areas in Christian counselors' lives, interviewees firmly asserted that helping people should not become something only done for the counselor's own good feelings. However, as much as the counseling work meant personally to interviewees, the idea of needing to guard private and family time also surfaced repeatedly. Finding balance between work and family life was a reoccurring theme and I heard several mention the fact that having energy left over for family and/or friends was important to them.

Several emotions were expressed when interviewees spoke of their personal feelings about being a counselor. They included settled/accomplished, satisfied, determined, free, proud, intense, tired, unsure, replaced, unequipped, fulfilled, self-pressured, lonely, over-extended, frustrated, and out-of-my-league. Even a cursory glance at this list provides one with a broad range of relatable feeling. Some of the feelings were generated during the interview when a participant would happily speak of his/her current practice while others brought the melancholy of the past as a decades-old experience with burnout or failure was remembered.

Rural experiences.

Finally, the experience of rural counseling was unique unto itself and will be fully explored in another section. In addition to adhering to rigid mental health rules generally governed by hospitals, participants mentioned needing to work around the stigma against mental health counseling and encountering the "Cowboy up!" attitude of many rural individuals. (This attitude was described as being fiercely independent to the point of toughing it out alone through whatever comes.) It seems as though rural individuals want

direct, specific techniques rather than drawn-out talk therapy and one interviewee (IU) had even found that energy field therapy was quite useful with his clients who valued something succinct, concrete, and straightforward. Along with these stories came the realities of being a counselor in a small town. While being known in the community was a positive thing in terms of building trusting relationships with clients, it also created the vast potential for dual relationships, the brunt of which the counselors tried to bear. Those who spoke of dual relationships also mentioned how hard they worked to ensure client privacy and confidentiality. While supervision is greatly valued, counselors often experienced little support from colleagues or supervisors who either were similarly overworked, felt competitive toward one another, or simply were nonexistent. It was also difficult to create treatment plans for clients who lived far away and seemed unlikely to return for follow-up care. I heard the idea several times that it was humbling to realize that one cannot quickly fix attitudes and actions that have been in place for years not only in the client's life but also in the community at large. Interviewees mentioned feeling lonely and frustrated at the limitations of rurality yet also relished the benefits of rural living such as being close to nature and flourishing in a small community.

Summary of the Experience of Christian Counseling

It appears that the lived experience of being a Christian counselor involves having several processes going on at the same time. For example, a couple of participants said they felt unsure in the beginning, overwhelmed, and thrown into a new career yet were learning about being a counselor and applying different techniques and learning flexibility with clients all at the same time. Their surrender to God and desire to serve

Him in this capacity seems likely to have been a prior decision and one that needed to be reconfirmed as time went on. The idea of striving for perfection and becoming an excellent counselor may also be a personality trait that is found often in this population since several interviewees mentioned it affecting their life and work.

Overall, I noted a continuum of sorts in counselor attitudes. There were both positive and negative attitudes apparent as well as a couple of neutral ones. The negative attitudes included discouragement, pressured, “this sucks” (B.T.), and frustrated. I found the positive attitudes to be servant-hearted, wonder, appreciation, and lightheartedness. The neutral attitudes were ones of humility and having a rural mindset. I use the terms “positive” and “negative” in a general sense in that I believe someone would say being frustrated would be a more negative experience than being lighthearted. The neutral attitudes could not be easily fit into either a positive or negative light, but should not be discounted or diminished in importance in any way.

There also appeared to be four general areas of Christian counselor beliefs/focus: others-focused, self-focused, God-focused, and a mixture of the three. Others-focused beliefs included ideas about the importance of understanding the complexity of client problems, desiring to be the best possible counselor for clients, striving to understand others in their own context (including a focus on rural mentality), and noting that many individual problems are shared by many. Self-focused beliefs included needing to establish boundaries of influence and continual faith testing and defining. God-focused beliefs included the idea that connecting people to a Savior is an important part of Christian counseling, understanding that the counselor’s ability and love of counsel come

from God, and approaching clients from the understanding that they seek the perfection of Heaven in an imperfect earth. Counselors also expressed a mixture of these attitudes through approaching clients as fellow sufferers alongside one another in a life journey, choosing to meet people where they are (including spiritually), and the awareness that anything can become therapeutic.

Overall, there appeared to be a definite trend toward client care as central to the Christian counselor's attitudes and beliefs. This may include using Scripture effectively in session, searching for qualitative heart change in clients, walking alongside suffering clients, honoring God by helping others, serving fellow rural people, using the type of therapy rural clients are open to, learning from clients, allowing clients to come to their own understandings rather than forcing ideology upon them, and valuing individual interpretations/understandings of God. Additionally, the counselors I interviewed valued getting good supervision and leaving time/energy for family/friends. The values of rural and small town living were also appreciated and articulated. However, the overarching impression I received while talking with interviewees and subsequently analyzing their words was that they truly desire to help others, are interested in clients improving and living better lives, and believe that God entrusted them with this ministry.

Lived Experience of Rural Christian Counselors

'It's hard here, but I love it.' This idea, although not a direct quote, would seem to resonate with many of the participants. There are things about being rural that necessarily bring hard work and separation from larger populations, but there are also special blessings and privileges that accompany rural life. Several participants disclosed

feeling somewhat conflicted about working in a rural area, whether or not they had grown up rural. Feelings of trepidation at the reality of rural life were mingled with caution and some resistance to the idea of being a rural counselor. Paradoxically, I also heard about a longing to return when away from the rural-home, a fondness and refreshed feeling that results in the continued desire to stay there. However, participants also accepted the fact that rural relationships usually take time to build yet are often deep and satisfying.

Although certain ideas may need to be introduced slowly and persistently, both personal and professional relationships generally deepen over time and are certainly a worthwhile pursuit.

Rural counselors and pastors sometimes feel burned out, tired, ground down, and very different from their urban counterparts. They may experience guilt for not doing enough while concurrently learning to say no and creating boundaries. However, those I spoke with felt settled in their place, enjoying the rural life, and feeling supported by friends and family. They felt responsible to both God and others for helping people find God's plan while experiencing acceptance for their own faults among a small community. They feel blessed, marvelous, accountable, and concerned. Sometimes they feel stuck or frustrated, tempted and challenged. One counselor described it as "hanging on for dear life" (AE). In short, multiple and varied emotions are a part of the calling to be a counselor or a pastor in a rural area. Both rural individuals and the realities of rural living are unique and play an important part in gaining understanding into this population.

Rural individuals.

Rural individuals seem to be more independent, rugged, and colorful than their urban counterparts, at least in the experience of the interviewees. Big country attracts those who want or need more space. Montana and Wyoming are primarily populated with ranchers, farmers, cowboys, outdoorsmen, and small businessmen and women. Small communities mean collective knowledge of perhaps otherwise private experiences. One participant (BE) described small town life as being like a living organism where the healthy parts tend to the unhealthy ones in order to form a functioning whole. However, this should not lead one to believe that all rural lives are open gates. This same interviewee also gave an insightful analogy into how one should approach the private lives of other rural individuals: Treat them like any gate you might find on old back roads. If the gate is open, go ahead in, but proceed respectfully. If the gate is closed, one may request entrance, but it probably means they do not want trespassers.

Rural individuals tend to be straightforward, which can be refreshing in a complex world full of nuance. The independent spirit is “in the DNA” (HA) of rural Westerners and along with it comes the boldness to tell you their thoughts outright. However, ingrained within this independent streak is generally found a respect for others, especially for ministers. BE shared that he found rural people easy to give direction to and willing to amend their ways without going into deep counseling and soul-searching. In response, the pastoral counselors I spoke with focused on grace and acceptance, teaching the idea that God loves unconditionally and has a specific plan for individual lives. Both pastors and counselors valued walking alongside their clients, accepting their independent spirit as a strength rather than a hindrance. The goal seemed to be to meet

people where they are and work out life alongside one another, often influenced by the idea that all people, urban or otherwise, have the same essential need: reconciliation with God.

Rural life.

Rural life is generally tied to the land. Whether ranching, farming, or even planning a weekly supply trip into town, the rural individual in Montana or Wyoming must exist alongside bitter snowstorms, spring runoff, or dangerous wildfires. Spring planting, autumn harvest, and late-winter calving affect not only the rancher or farmer, but also the entire community, both socially and economically. Thus, the people typically operate with a natural faith, faith that the snow will melt, the crops will mature, and the hot summer dry spell will end. Peoples' hobbies also tend to be nature-related, whether hunting or fishing, hiking or camping, and several interviewees mentioned the idea that spending time in nature more easily brings one into the presence and awareness of God. As one participant suggested, it is better to go outside and find grass instead of pavement (HA). These unique opportunities are considered blessings to the rural individual and interviewees encouraged regular participation in them.

Rural living may be seen by some as a sacrifice, full of hard work and compromise. Granted, urban amenities may be few, but those I interviewed seemed to generally agree that they preferred the rural way of life and sought to strengthen connections with the culture there. Deeper friendships grow out of shared adversity while community relationship and support can be drawn upon in lean times. Loyalties run deep in rural Montana and Wyoming, a fact taken most seriously by those who

depend upon them. The pace of life is slower and more deliberate and individuals generally feel less pressure to conform or fit in with dominant peer groups than they expect urban individuals to experience. However, for the pastor or counselor, rural life can also be a lonely existence. Peer support and supervision is sparse, and dual relationships and complications may quickly multiply. A rural counseling assignment may lead to feeling drained or worn down by these struggles. One interviewee shared that the combination of poor supervision with her own harsh superego led to exhaustion and deep frustration (AE). Thus, participants sometimes had to learn how to look for and discover the rewards of rural work. Others felt refreshed by the slower rural pace and found it easier to escape than they thought they might find in an urban area, and the idea of escaping was valued by participants, if even for a few minutes a day. I heard the idea conveyed that while it is not the counselor's job to fix everyone's problems, in rural areas that line of thinking may be often challenged, both by self and by client and while it is all right to say no in theory, actively doing so may often be quite difficult.

According to interviewees, rural individuals are more likely to come see a counselor or pastor that they know from the community rather than go see a stranger. Thus, counselors and pastors realize they are being watched and perhaps scrutinized by community members and that their livelihood may depend upon a credible witness. They feel pressured to succeed and be accountable to both God and fellow citizens, both of whom are seemingly always watching. Sometimes, potential clientele need additional convincing that counseling may be beneficial or a viable tool. Several times interviewees spoke of dealing with the 'pull myself up by the bootstraps' mentality characteristic of

independent thinking and the rural way of life. This may lead to the experience of a few participants who felt suddenly dropped and ignored by those they had helped. This can weigh heavily on the counselor's heart and result in self-doubt and hesitancy to try again.

While rural life is tied to the land and the people are generally warm, connected, and caring about other community members, not every small community is the same and those new to the area may feel slightly left out, or put aside. This may occur even with those who have also been rural their whole life, but come from a different state or region. Several interviewees mentioned the value of pastors or counselors contributing to the idea that they are going to be in the community for a while (such as buying a house and making other visible efforts to settle in). Quick relationships and ministry-building generally does not occur with this population as complete trust develops slowly. Nonetheless, I was cautioned to be careful not to assume that all rural people are closed off or unaccepting of others. In fact, the realities of rural life and the physical necessity of neighborly help generally means tolerance, even in traditionally conservative areas. The church itself, functioning as a healthy entity, can be a great blessing for pastors, counselors, and parishioners in rural areas. Once community relationships are established, they are typically deep and impactful.

Summary of the Experience of Being Rural

Rural life is simple, but not easy. Here, people smile and wave, have different life habits than urbanites, and genuinely care about their neighbors. Participants reported that when in the city, they felt different, separate, and hurried and that there seems to be greater pressure for social status experienced by city-dwellers. Many things were

different: the lingo, the culture, and the crime-rates. While sometimes a welcome change, this sense of dissimilarity often led to a feeling of homesickness quelled only by returning to their quiet country life. It is also important to note that nearly all of those interviewed not only work with rural clients in rural areas, but also grew up rural themselves. Thus, they are familiar with cultural norms and the stigma against mental health. The frustrating limitations are a reality like many other rural realities which must be dealt with in order to survive there. Also a reality are the advantages of rural living such as not being overcome by a fast-paced city life, being able to get completely out of town within minutes, and developing deep and lasting relationships.

Thus, the answer to “What is it like to be rural?” is manifold. It is more an encompassing way of life than something one decides to try for a month or two. It is a way of being, of thinking, and of living. To be rural is to be separate, set apart from the busy city life, to be connected to the land and the people and the animals that roam the great West. The land and the people demand respect, simply for existing there. Those that serve here seem to enjoy it, and it is important to them even when emotions waver or strength falters.

What is your Perception of Self-Care?

Almost every interviewee knew what I meant when I spoke of self-care. However, few felt completely competent to discuss it. Perhaps this was due in part to being in a different position for them, that of being the primary speaker instead of the primary listener. Several times I had an interviewee ask if he or she was talking too much, mention how odd it was to be fully listened to, or try to redirect me into speaking

more. This was somewhat new territory for them, perhaps threatening, perhaps welcomed. Each one thanked me at the end of our time together, most commenting on how refreshing it felt to freely speak their mind in a safe environment.

Interviewees understood that self-care was an important part of being a counselor and that it may be tied to burnout prevention. Several participants used imagery in their explanation of burnout including the picture of a dry cup or well, a dead tumbleweed, or a used match. Interestingly, participants often connected lack of self-care to burnout, even acknowledging that self-care could help prevent burnout. Yet when asked about their personal self-care routine, some faltered. I heard about spiritual self-care such as spending time alone in prayer or worship, reading the Bible, listening to sermons or reading books, and cultivating a personal relationship with God. I also heard some about physical self-care such as exercise or eating healthy food and although there was general agreement that physical activity mitigated stress, these ideas seemed to be more theory than practice. Interviewees told me they used to run or play basketball, or they should eat better or workout, but life got too busy. This often resulted in a cycle of feeling tired or stressed that self-care took additional time that was already difficult to find, even though it addressed the problems of feeling worn down and exhausted.

Spiritual self-care was certainly important to interviewees. When speaking of their emotions toward God, I heard some say they felt His presence in their lives, were fearfully confident in Him, and encouraged by His word. One (AE) spoke of feeling happily insufficient, knowing her limitations would be fulfilled through Him. Another counselor (TP) shared how he felt empty and down when he did not spend adequate time

with God. Interestingly, the idea of spirituality as self-care would be perhaps foreign to this population. It appeared to be so ingrained in their daily lives it may not be considered intentional self-care at all. However, I heard about how interviewees prayed for help, gave and received help from coworkers by praying together, gave thanks and credit to God for blessings, and continued to nurture their relationships with God. These actions brought strength, encouragement, and the ability to bear up under difficult circumstances. Thus, for the purposes of this study, such spiritual practices fall under the definition of self-care.

Interviewees understood self-care as taking special effort to accomplish. Consistency in this area was difficult and approaching it as both a learning process and a discipline seemed to resonate with this group. Several times I heard about the need to give oneself permission to practice routine self-care and that the motivation to do so must come from within. This permission may be more easily granted as counselors come to know themselves better and accept their own needs. Interviewees mentioned the importance of knowing your role and identity, stretching yourself to try new things, practicing self-discipline, and understanding the self as a fully tripartite being. Self-care was generally understood as making sure the whole person was functioning well.

Guilt also seemed to be tied to self-care for some of those interviewed. Counselors told me about feeling guilty for needing self-care, especially when it appeared that others needed it less or were seemingly fully functioning on a completely packed schedule. Some counselors felt guilty for laying aside responsibilities, even temporarily, in order to practice self-care, and worried what might happen to clients or coworkers

when they were away. However, those who had been mentored or shown self-care by example seemed to struggle less with guilt around this topic.

Pastors seemed to have specific hindrances and experiences with self-care as distinct from counselors. From the pastors I interviewed, I heard that they have learned it is not acceptable to play and one generally should be working a 60-hour workweek, as taught in seminary. Ministerial examples are traditionally martyrs or others who have “worked themselves to death” (IU). One pastor firmly believes that if he is actively ministering in God’s strength, he should never have to worry about burnout or preventing it since God’s strength is all-powerful (SH). More broadly, however, I heard most of the pastors insinuate that they feel they must always be available and have all the answers their congregants may need. Thus, pastors may also be reluctant to admit self-care needs, which may lead to unhealthy behaviors (e.g. pornography, adultery, theft, drug/alcohol abuse) as witnessed and experienced by some of the study participants.

What is Your Attitude toward Self-Care?

An individual’s attitude toward something generally affects his or her response to it. Thus, it was important to gauge the attitudes, beliefs, and values counselors placed on self-care. Each interviewee agreed that good health was important both for personal and professional reasons. The attitudes I observed centered on knowing what self-care means for the self, the “why”, and the “how” of self-care.

A common idea among this group was that of walking alongside clients as fellow sufferers in need of a Savior. This role helped participants define themselves in relation to others and to themselves. As one counselor (TP) explained, knowing your role and

seeing yourself rightly can be considered self-care. Thus, each individual at some point would need to figure out what self-care means for him/her personally. For one it meant staying single, for another, it meant nourishing his marriage. Some liked to fish or hike while others preferred to stay inside and read or play on the computer. Thus, even within this small group, the definition of self-care was questioned and explored. Some felt it was part of a deep, almost philosophical movement wherein one's very foundation as an individual could be radically changed as a result of conscious care. Others simply relished the idea of having an afternoon off. Therefore, self-care was repeatedly understood as a uniquely personal undertaking.

There were varied responses to the question of why one might consider self-care. For some participants, the "why" was so they could relax and disengage from the constant pressures of work. Perhaps not surprisingly, although their profession primarily involves working with people, I heard several participants articulate the need to get away from people, to be completely removed from ministry or counseling and be alone or with a trusted loved one. A repeated idea was that a counselor or pastor needed to get away when he or she started not liking or enjoying people. Another idea offered in favor of self-care was to mentally stretch oneself regularly, thus maintaining a broad comfort zone in order to remain good clinicians. TM asserted that although stretching oneself may not feel like self-care in the moment, ultimately it would result in being more well-rounded and happier. Several counselors practiced self-care simply by reminding themselves that they are not the Savior, only the under-shepherd.

When speaking with pastoral counselors, I heard an overall agreement that they may need additional encouragement or justification to engage in self-care. Interviewees observed that often, pastors are not adept at being able to fully rest and disengage from ministerial duties, perhaps because they feel held to a different standard where they are not allowed to play. These factors contribute to the idea that it may be better for a pastor to refer counselees when possible in order to lighten their workload and redistribute responsibilities to trusted staff or board members.

The “how” of self-care can be as varied as the individual practicing it. One pastor repeatedly mentioned how important it was for pastors to focus on their family as part of self-care and not allow the ministry to become all-consuming (BE). In a similar, but slightly contrary manner, a counselor spoke of how vital a healthy church family can be to self-care wherein one finds love, accountability, acceptance, and support in life (TP). Another counselor offered a Biblical metaphor from the book of Jeremiah wherein the individual is instructed to sink his/her roots into God and not into the self or anything else. Yet another spoke of how simply keeping his house clean and uncluttered was self-care (TM). Others mentioned fly fishing, playing, creating good boundaries, getting good supervision, and physically leaving the town or state in order to practice self-care. With each of these, a recurring theme was the idea that the individual had to learn how to give him/herself permission to self-care and learn to do so without incurring guilt. This seemed to be an ongoing process in most of the interviewees’ lives. The idea of spiritual self-care was definitely predominant in both pastors and counselors as was the idea of developing self-discipline in order to practice quality self-care of all kinds.

It seems as though arriving at the realization that self-care is needed requires the admission that one is insufficient to do everything alone. This idea was, in general, readily accepted by interviewees, although some admitted an ongoing struggle against their own inner critic. Several participants seem to feel that Christians should be better at self-care because they generally want to be used as an instrument of God to help others, which sets up the hierarchy of strength from above instead of strength from within. It was important to interviewees to find a time to be open and honest with the Lord, which often meant spending time alone with Him.

How do You Feel about Self-Care?

The emotions surrounding self-care were as varied and complex as the interviewees themselves. Many emotions were associated with self-care. Overall, physically, interviewees felt everything from relaxed to completely drained, exhausted, tired, and like they were running out of batteries. Emotionally they felt weak, overwhelmed, and guarded, yet were peaceful, happy, and satisfied when self-care was a part of their regular routine. They felt mentally alert and self-aware, yet also “crazy” (TU) because they were not doing enough, taken aback at not getting an expected easy job, anxious, apathetic, and intrigued at the idea that it was acceptable to have a rich life outside of work. Some felt proud of their life and their work while others continued to be self-deprecating and harsh with themselves when considering self-care. I sensed a reluctance to practice self-care from some interviewees while others seemed carefree about the idea and able to gain much enjoyment from it. There was both a struggle to define self-care and then a struggle to practice it without guilt or other interferences.

Interviewees reported feeling refreshed as a result of self-care, but hesitant, which brought in additional frustration with themselves for not being able to easily practice it. Most seemed willing to stretch themselves and stated that they enjoyed physical movement or mental care, but also admitted to being afraid to ask for help in this area. I heard one counselor (AL) admit to feeling like a terrible person for needing self-care when others around seemed not to. However, after some additional discussion, this same counselor was glad to realize what self-care actually is and how personal it can be made.

Burnout.

The idea of burnout was not foreign to those interviewed. Some had experienced or nearly experienced burnout personally. I heard about interviewees quitting or trying to quit the profession, and trying to choose an easier career path but ultimately ending up back being a therapist. Repercussions of leaving the field under such circumstances tended to follow them into the next job, however, and I heard stories of shame and guilt over either not being hired or by not being able to keep an 'easier' job. Interviewees described becoming exhausted from working under difficult circumstances without adequate resources or from continual comparison with others who they felt were outperforming them. One (BT) spoke of her initial zeal to try to affect change resulting in burnout from being continually blocked professionally. In short, sometimes life and work became overwhelming and counselors were left feeling physically, mentally, and emotionally run-down.

Self-care may indeed lead to burnout prevention and can certainly help in the treatment thereof (Barlow & Phelan, 2007; Daw & Joseph, 2007; Evans & Payne, 2008;

Emery et al., 2009). Although this subject did not come up in every interview, in those where it did, an interesting trend developed. These practitioners understood burnout; many had either experienced it personally or seen someone close to them suffering. Different metaphors were offered describing burnout: an empty cup or well, a dried out tumbleweed, a used match. Yet what was perhaps most surprising and concerning was something I heard from both pastors and counselors alike, that the idea of burning out was nearly welcomed because it would mean a chance to rest. Even with the understanding of what burnout entails, there are still some who would choose to continue working at an exhausting pace until their body, mind, or both, breaks down to where they have an excuse to quit. This is terribly sad and alarming.

Inconsistency.

As cited in earlier literature (Barlow & Phelan, 2007; Carroll et al., 2003; Evans & Payne, 2008), a discrepancy exists in those who agree that self-care is important yet do not practice it themselves. I found a similar situation in those I interviewed. Across the board, interviewees felt that self-care was important and applauded the idea of taking time to practice it. I heard about how great sabbaticals were, how life coaching was a useful tool, and how open their workplaces were to employees practicing self-care. However, when asked about personal practice, I found that participants generally did not consider themselves to be adequately engaged in such activities. One “bristled” (HA) at the idea of receiving help while others argued that their schedules were much too busy to include one more thing. Several confessed that they were not practicing self-care the way

they know they should, and a couple seemed to be waiting until they had adequate reason (i.e. burnout) to establish good self-care habits.

What Have You Experienced Regarding Self-Care?

As I analyzed the interviews with these nine individuals, I looked at the processes they had experienced regarding self-care. Their experiences seemed to fall into four main categories: Self, Others, Rurality, and Spirituality. Under the broader heading of “Self” are the subcategories of Defining self-care for myself, Working to practice self-care, and Knowing my warning signs of burnout.

Self.

Perhaps the self is a logical place to start the discussion of the understanding, attitude, and experience of self-care in rural Christian counselors. Those I interviewed spoke of the need to know themselves better through self-discovery, self-examination, and growth. Sometimes this included the need to justify self-care and giving oneself permission to actively practice it. Seeking to understand their own needs sometimes brought resistance or a harsh inner critic. The idea of learning to be at peace with oneself was mentioned, especially as the interviewees spoke of personal limitations. Several participants spoke of their struggle to remember they did not need to be the savior or Messiah to everyone they helped and that failure was acceptable. These seemed to be particularly difficult, ongoing lessons for some of the pastors specifically.

Defining self-care for myself.

Most of those I interviewed were at least vaguely familiar with self-care. Some mentioned having learned about it from mentors (whether family members, professors, or

professional advisers), from seeing the repercussions of not self-caring (i.e. burnout, discouragement), or from the upcoming generation of counselors and ministers.

However, a couple of individuals confessed that the idea was new and/or foreign to them, but they seemed open to the idea and how it may work in their lives.

Several interviewees spoke of how self-care usually began with creating healthy boundaries in their lives. The idea of balance was also introduced when defining self-care, both at home and at work, which sometimes meant challenging long-held beliefs about faith, ministry, and self. I heard several pastors in particular mention that they were trained in seminary to give so fully of themselves to the ministry that there was nothing left. However, in spite of this, I sensed an overall understanding of the importance of boundaries and balance in the lives of both pastors and counselors.

Metaphors seemed to come easily to this group. As such, several interviewees compared self-care to either a cup or a well and the prevention of allowing that vessel to run dry. This is a poignant metaphor, particularly in a population so tied to the land and reliant on the spring thaw and summer rains to preserve the community existence. Rural people understand the importance of water and relate it to keeping their own selves physically, mentally, emotionally, and spiritually hydrated.

Working to practice self-care.

Interviewees acknowledged that self-care took effort. One (AL) mentioned that it must come from oneself directly in order to be defined as “self” care. This idea seemed simple in concept, yet difficult in practice for participants. It takes effort to understand what self-care means for one individually, effort to create the boundaries needed to

protect self-care, and may involve a struggle against the self to actively practice it. Sometimes this struggle was against the guilt that various interviewees experienced when considering or practicing self-care. Thus, self-discipline was required, not only in practicing self-care, but also in combatting the potentially accompanying guilt. However, this manner of willpower was not in the way typically practiced by these counselors. Often, I heard their experience of self-discipline as pushing themselves to work harder, working over-time hours, and extending their limits beyond what could generally be tolerated. Perhaps a gentler idea of discipline would be useful for this group to consider in terms of self-care.

Knowing my warning signs.

Interviewees also spoke of burnout, either their own or their observations of it. They acknowledged the importance of understanding the warning signs leading to burnout or depletion which included recognizing and discarding bad habits learned in school, at work, or in life. Some counselors shared their observations of how having no or poor self-care can lead to destruction in the lives of coworkers or mentors, experiences that seemed to have profoundly impacted interviewees understanding of the importance of healthy self-care. Other counselors spoke of the importance of getting good supervision for assistance in recognizing warning signs of depletion or burnout. According to interviewees, being a counselor is a continual learning process, and understanding how to intercept personal warning signs of burnout is very important. Self-care can play a role in this interception. Intercepting signs of personal depletion leading to burnout stemmed from both personal and observed experience. Examples of

warning signs included becoming utterly physically, mentally, and emotionally exhausted, wanting to quit the profession, feeling overwhelmed by personal and professional interactions, and continual unhealthy comparison with others.

Self-care and others.

Sometimes in a discussion of self-care the idea of others may be left out. However, I discovered that in this group of others-oriented helpers, the inclusion of others into self-care appeared quite logical. Some interviewees spoke fondly of learning about self-care from their families of origin or a particular teacher in school. Some had experienced the breakdown of a leader or close colleague and therefore understood how lack of self-care can lead to burnout and the resulting fallout. Others felt it was important to model self-care for their clients, who were learning self-care as part of therapy. Many interviewees spoke of their need to give back to the community and embraced the idea of teaching self-care to others, although this was not universally practiced. Some interviewees did mention seeing a change toward more acceptance of self-care in the next generation of counselors and pastors. The trend appeared to be more toward actively engaging in self-care and being more relational among peers by asking for help.

Rurality.

One of the main questions in this research was focused on the idea of being rural and how (or if) it affected individual experience or understanding of self-care. In general, I got the idea from participants that self-care may be easier to practice in an environment closer to nature where many hobbies and pastimes are outside and completely removed from the office. Rural culture may also be more accepting of the idea of taking time to

self-care than a faster-paced urban culture would be (AL). However, I also sensed from some participants that living in a rural area may mean less of a need for self-care.

Several participants spoke of the imagined pressures of life in an urban area with the headaches of traffic and a fast-paced lifestyle. They imagined a more regular need for escape from such a life whereas rural living was more laid back, community and family-oriented, and generally less stressful. Although the realities of isolation and feeling overwhelmed by work were also acknowledged, they seemed less connected to the need for self-care than the interpreted struggles of city-dwellers.

Spirituality.

Although spirituality is only one piece of the self-care examples that were uncovered, I believe it deserves special attention here because it was so widely well-received and perhaps was not even exactly considered self-care by this group. Some (particularly counselors) spoke of the struggle reconciling faith and career, but most spoke of being in a profession that can profoundly change a person by combining belief and personal impact. In response, maintaining a vibrant spiritual life was considered critical. Many interviewees felt led by God directly and personally and spoke of learning to relinquish control to Him instead of trying to solve the world's problems alone. The idea of spiritual self-care so permeated some conversations, it was almost difficult to find an area untouched by this discipline. Interviewees experienced being hurt by clients, having harsh inner critics, enduring through exhaustion, and other personal mental health struggles such as Attention Deficit Hyperactivity Disorder (ADHD), anxiety, and Obsessive Compulsive Disorder (OCD). However, their connecting factor was the belief

that God was important to their work, in whatever way they understood Him, and that without Him, it would be difficult, if not impossible, to fulfill their commission as therapists.

What are the Actual Practices of Self-Care among Rural Christian Counselors?

While a full and detailed list of every type of self-care mentioned would be burdensome, a varied example would be useful here. (See Appendix E for full list). The following activities were mentioned by one or more interviewees and include physical, mental, emotional, and spiritual examples of the types of self-care participants currently practice both at work and at home. Self-care activities were: family inclusion/marriage, stretching oneself, retreating from work/people, asking for/receiving help, learning to personalize self-care, working to maintain balance, spiritual practices (prayer, meditation, listening to sermons, attending church, etc.), physical exercise, life coaching, personal growth outside of work, submitting to authority, cultivating alone time, cultivating self-discipline, responsible living, seeking the good, playing, going to the movie, doing good/quality work, receiving good supervision, working as a team with coworkers, taking prescribed medications, attending conferences, recognizing priorities, fly fishing, building canoes, getting out of town for a weekend, playing basketball, hiking, sailing, reading, and riding motorcycles.

How are Self-Care Practices Consistent with Rural Christian Counselor Attitudes and Perceptions toward Self-Care?

I interviewed nine professional and pastoral counselors and every one of them practiced at least some form of self-care. Most generally, this self-care was spiritual in

nature and included such activities as prayer, Bible-reading, attending church, meditating, listening to sermons, playing worship music, and spending time alone with God. While some referred to their spiritual practices specifically as self-care, most spoke of them as necessary and welcomed habits intended to build and strengthen their relationship with God, from whom they received encouragement, strength, and wisdom. Many other forms of self-care were also mentioned by all interviewees except one (SH). They included activities such as building boats, family time, riding motorcycles, seeing movies, reading, working out, and travelling.

Overall, the perception of self-care seemed to be that it is a good practice and can be useful in preventing burnout. The attitudes toward self-care were also benevolent, agreeing that it was important and that current practices could and would stand to be increased in the future. Thus, although all participants did something in order to self-care, none would agree that what they did was enough. I sensed guilt on both ends of the issue, with some feeling guilty that they needed self-care and others feeling guilty for taking the time to practice it.

Self-care seemed to be viewed as preventative healthcare. This can be a difficult bridge to cross, getting people from the idea of 'someday' to 'now'. In light of this, participant practices *are* consistent with their attitudes and perceptions of self-care. They agree that self-care is important now and will be helpful one day. They practice some self-care now and plan to increase their practice in the future.

Word Choice and Frequency

During analysis of the transcripts, I looked into what types of words participants used in the interviews. Doing so provided me with both additional information on the content of their responses and also offered insight into the phenomenological processes occurring in the meetings. The researcher journal and audit trail provide a more detailed look into the exact process used, but a summary will be given here.

Overall, participants used the following types of words: cognitive, minimizing, explaining, action-focused, emotions, others-focused, and desires/goals. These types of words were used by all interviewees multiple times and each word represented at least 1% of the whole of our conversation. Counselors also specifically used words about insight while pastors used words about pastoral duties as separate from counselors, and personal gains words. While these word types do not necessarily represent themes in the interviews, they are important to acknowledge as words participants chose to use in the particular moment of the interview and thus represent their phenomenological lived experience. They also indicate the participants' thoughts and ideas about the subject matter at hand, and therefore are hermeneutic interpretation of their lived experience.

Interviewees shared their desires, goals, insights, and personal gains. They spoke of their cognitive processes and how they felt, sharing stories of personal action and the actions of others. They explained their experiences as Christian counselors, rural individuals, and people considering self-care. All this indicates that they felt fairly safe and were invested in the interview. Their phenomenological experience seems to have been fairly well-rounded, including elements of mental, physical, emotional, and spiritual

components. Although spirituality was not specifically a word type used in the interviews, the concept thereof appears to be infused into this population and may not necessarily be stated outright, but rather discussed indirectly as a matter of action, feeling, or cognition towards God.

Nonconforming Data

Although these nine participants were chosen due to some characteristics they shared, discrepancies and differences were also expected. Minor variances did exist among interviewees such as one (SH) not sharing anything specific about his self-care practices or another (IU) introducing the idea of energy psychology whereas other counselors or pastoral counselors did not. However, no distinct nonconforming data were uncovered and it can be reasonably assumed that the qualitative descriptive nature of the study allowed and encouraged a wide inclusion of participant experiences. The minor differences enrich and add depth to the research.

Evidence of Quality

In addition to multiple readings of each transcript, reaching saturation, and following various methods of qualitative analysis, I also created both a Researcher Journal and an Audit Trail to help establish study validity and demonstrate high quality research. The Researcher Journal allows readers to see my own process of reflection, learning, analyzing, and growth as I moved through this project. The Audit Trail provides a step-by-step overview of each stage of the research process and helps ensure validity and trustworthiness for this research. I chose not to use member checking as part of this research project in order to maintain as much pure participant phenomenological

experience as possible. All of the information for analysis was gained solely from individual interview sessions.

Summary

The lived experience of rural Christian counselors is distinct. They face specific challenges and enjoy certain blessings that come with being faith-based counselors in rural areas. The importance of self-care as a regular habit was undisputed by participants. They found it helpful in combatting the stresses inherent in working as counselors in rural areas and offered a varied and extensive array of such activities they practiced. These activities included physical, mental, emotional, and spiritual undertakings. However, to their own acknowledgment, none felt they participated in self-care to an adequate degree. This may stem from the underlying guilt associated with taking time to ‘indulge’ in enjoyable activities while work always waits to be done. It may also be a reality of living in a rural area where mental healthcare providers are few and far between. Other reasons were provided, such as feeling less of a need to engage in self-care in rural areas or in choosing not to take any down time when others did not seem to either. Thus, the idea of self-care was welcomed, yet seemingly held at arm’s length or regarded with suspicion by some participants.

There were also specific distinctions noted between professional and pastoral counselors. These differences extended beyond counseling approach into theological beliefs regarding responsibilities before God and client. Pastors in general seemed to struggle more with giving themselves permission to self-care and with feeling an ongoing sense of responsibility to continue working beyond typical work hours.

This chapter presented the study findings for the research questions associated with rural Christian counselors and self-care. The original research questions were expanded to include specific information on what it was like to be a Christian counselor and a rural individual. Additionally, this chapter included an overview of data analysis, a discussion on nonconforming data and presented evidence of quality in this research. Chapter 5 will include a hermeneutic interpretation of findings, implications for social change, and recommendations for current action and future research.

Chapter 5: Conclusions

Introduction

This chapter includes the interpretation of my findings in this research project, implications for social change, and suggestions for future research. I will conclude with some final comments and a section about my experience as the researcher. This phenomenological research was conducted by interviewing nine rural Christian counselors from Montana and Wyoming and seeking to learn more about their attitudes, perceptions, and experiences of self-care. Interviews were conducted using the semistructured interview approach (Appendix C) and were recorded, transcribed, and analyzed as the sole source of information used to answer the research questions.

Interpretation of Findings

This section will include an interpretation of my findings on the topic of attitudes, perceptions, and experiences of rural Christian counselors regarding self-care. My interpretations will be presented according to the research questions and from within the context of relevant literature as outlined in Chapter 2. In that chapter, I organized the previous research into the broad areas of self-care, Christian counseling, and rural counseling. My research study aimed to fill the gap left at the intersection of these three areas. I will first address each research question, then consider the areas mentioned in the literature review pertaining to my findings, including comments on the synthesis of the three areas.

Research Questions

The central research question for this project was, What are the attitudes, perceptions, and experiences of rural Christian counselors with regard to self-care?

Additional subquestions included: What are the actual practices of self-care among rural Christian counselors? How are these practices consistent with rural Christian counselor's attitudes and perceptions toward self-care? In order to affectively address these inquiries, I will further break the questions down into discreet parts, as follows.

What are the attitudes of rural Christian counselors with regard to self-care?

Participants in this research indicated that they believed that self-care was important because it promotes balance and rest in an often difficult profession. Generally, participants welcomed the idea of self-care and appeared to enjoy their various activities and looked forward to time off or away from usual work duties. However, individuals in this study also spoke of the guilt associated with practicing self-care. They often felt the need to justify self-care to themselves and to others (primarily to themselves) and had to learn to give themselves permission to practice self-care. This leads one to wonder whether the counselors themselves may be a substantial hindrance to practicing self-care. Some participants (particularly the pastors) also mentioned feeling guilt stemming from society's expectations regarding work schedule and availability. In their experience, it was difficult to justify taking time to practice self-care when much work was left to accomplish. In a similar, but more concerning vein, was the guilt resulting from underachievement at work due to symptoms of burnout. In this instance, the individuals felt guilty for taking additional time away from important work tasks

when they realized they were already working insufficiently, thus stymieing the very activity that could address and treat the burnout symptoms. Finally, a common theme among participants was that they often found themselves too busy to practice self-care. Schedules were often kept tight both professionally and personally

What are the perceptions of rural Christian counselors with regard to self-care?

The rural Christian counselors involved in this study understood self-care in a variety of ways. In general, it was agreed upon that self-care meant stopping or taking a break from regular work. It meant focusing on something different from stress and cognition related to work. Therefore, self-care requires boundaries that may need to be defended. Self-care was understood as including physical, mental, and spiritual care and as an individual pursuit that proceeded from knowing oneself well. Participants agreed that self-care can address both personal and professional problems and can help repair and rebuild the self after the difficult task of working with people daily. No self-care may result in burnout, which lends credence to the idea that self-care may be a burnout prevention tool (Barlow & Phelan, 2007; Daw & Joseph, 2007; Evans & Payne, 2008; Emery et al., 2009).

Rural self-care was also considered as distinct from urban self-care. Although not directly asked, participants seemed to assert that rural living more easily lent itself to being closer to nature and thus, being more simply connected to God. However, the independent nature and mindset of rural individuals may hinder self-care attempts. Although participants spoke candidly about observing the *Cowboy up!* independent-

mindful approach to life in their clients, it seems logical to presume they too may exhibit those tendencies.

According to some participants, self-care would be better termed as *soul care*. Soul care is given by God and involves growing in Him and receiving help and shepherding from trusted others. Participants likened the self to a cup or a well that needed to be continually refilled and refreshed (self-care) to overflowing in order to safely nourish others. The perception of what others were doing for self-care also affected participants. If they perceived that others either did not do or need self-care, participants reported struggling to do it themselves. In those cases, it seemed that self-care was viewed as an additional to-do item added to an already-busy schedule and therefore easily dismissed.

What are the experiences of rural Christian counselors with regard to self-care?

Participants in this study agreed that self-care takes effort to accomplish. They had learned about self-care from a variety of sources including personal mentors, through observing the effects of burnout in others, and from the next generation of upcoming counselors and pastors who have been taught about self-care in school. As Christians, several participants mentioned the importance of relying on God for strength, help, compassion, and understanding of both self and clients. Although indirect, this was viewed as a type of self-care in that burdens and stress were being removed from the individual counselor. As rural individuals, several participants spoke of how they felt that being far removed from the strain of city life may help self-care become easier

because nature was closer and solitude could be quickly found. However, another reality of rural work is that one may be the only mental health provider in a given area and thus bear additional responsibilities that make it harder to truly get away.

There appeared to be two types of self-care activities undertaken by participants: professional and personal. Professionally focused self-care included activities such as getting excellent supervision, receiving work-focused coaching, and choosing to refer clients as needed (if possible). Personal self-care tended toward pursuing personal interests that were completely separate from counseling, keeping God as the foundation for life, seeking balance, challenging oneself, asking for help, and accepting that one cannot do everything.

What are the actual practices of self-care among rural Christian counselors?

The complete list of self-care activities mentioned by participants is included in Appendix D. The broad list of examples includes physical, emotional, mental, and spiritual undertakings that address the various needs mentioned by participants. While not every participant engaged in each type of self-care (with the exception of spiritual care), each type was represented by one or more counselors.

How are these practices consistent with the attitudes and perceptions of rural Christian counselors with regard to self-care?

Overall, many of these self-care practices are indeed consistent with the attitudes and perceptions of rural Christian counselors. For example, participants understood self-care as doing something different than one's typical work routine in order to take a break from stress and cognition. The activities were intended to promote balance and rest. The

examples offered here are quite varied and most are completely separate from counseling work and appear to encourage healthy habits. Self-care was also believed to address both personal and professional needs by helping to rebuild what had been worn down through working with people. It was seen as a respite and the activities listed here in general appear to be restful and/or energizing.

Self-care was understood to be an individual undertaking that may include physical, emotional, mental, or spiritual practices. Self-care was also termed by some as soul-care. The varied examples of self-care offered by these counselors indicate that their own care was not limited to only physical, emotional, or mental activity, but also included spiritual and faith-based pursuits. The self-care activities participants engaged in were good examples of individual pursuits that address the whole person. Participants accepted the idea that self-care requires effort and the activities listed above certainly involve that.

Participants also addressed the idea of rural self-care as being distinct from urban self-care. Some of the activities undertaken by counselors were indeed different than an urban counselor may perform (i.e. building a kayak, hiking, fishing, varmint hunting), but many of the activities are certainly ones that could also be practiced in an urban area. The idea that rural self-care may be easier than urban self-care was also introduced. AL mentioned that urban individuals seemed to live a faster-paced life where they were not allowed to slow down lest they be run over or fall behind. In that vein, rural individuals may have an easier time practicing self-care. BT also mentioned that it was physically

easier to get away in a rural setting because of smaller towns and less traffic, which may assist in the accessibility of the type of self-care that requires physically being away.

Essence of Rural Christian Counseling

Phenomenological research seeks to uncover the essence of lived experience. Although it is difficult to pare all the diverse information offered here into a neat package, central concepts do exist. The essence of rural Christian counseling seems to rest on the principles of *calling, community, and individuality*. Most of the interviewees explored the idea of being not only called into the profession, but even being called back into it after trying something else. It became an important part of the answer to why they do what they do: they were called to do it and could not see themselves doing anything else right now. Rural Christian counselors also exist within a distinct community. They usually live in a small physical community where many clients or parishioners are known to them outside the counseling office. They also exist within their Christian community where individuals come together under the umbrella of shared beliefs and practices. Finally, the community of fellow rural Christian counselors exists even across hundreds of miles between offices. Participants in this study also identified themselves as unique individuals who have undertaken a challenging, creative career that calls upon them to use a wide variety of skills not only in ministering to clients, but also in ministering to themselves. This individuality is perhaps indicative of life in the West, where independence and a strong will are very nearly necessary components of daily existence.

Findings Relevant to Literature Review

Conceptual Framework

The conceptual framework of this study was based upon a psychological hermeneutic phenomenology (Giorgi, 2009; Husserl, 1931; Moustakas, 1994). I approached the interpretation and analysis using social constructivism theory (Creswell, 2007) with the two specific social constructs being Christian counseling (Wolf, 2011) and rurality (Atkin, 2003). Additionally, I used action theory (Shahan, 2006), self-care theory (Denyes et al., 2001; Söderhamn, 2000), and Christian counseling theory (Day, 2006; Garzon et al., 2009) to better understand the concepts introduced by participants.

Self-Care

Most of the existing literature on the subject of self-care was devoted to explaining what it was, how it worked, and the benefits of it. These definitions were helpful in directing my own understanding of self-care and were further enhanced through repeated affirmation by my study participants.

Barlow and Phelan (2007) defined self-care as an integration of mental, physical, and emotional wellbeing. While this idea appeared to be widely accepted among study participants and the examples offered of current self-care practices took into account all three areas, two additional findings bear mention. First was the argument by TP that Biblically, man is never understood as having three distinct parts. Instead, the Bible only rarely speaks of the distinction between body and soul and thus, when considering self-care as a Christian counselor, TP determined that we must approach the individual as such. To him, this would mean going deeper than looking for simple hobbies or

distractions in order to perform self-care, but rather to begin at the root system, so to speak, and work upwards, ensuring first that a firm foundation has been anchored in God, allowing everything else to stem from that. Second, Norcross and Guy (2007) included the idea of spiritual self-care alongside physical and mental care and my study participants certainly verified this. They universally involved themselves in spiritual self-care and repeatedly said it was important to maintain a relationship with God and receive strength and help from Him.

According to Catania and Zagonel (2009), in order to be effective in caring for others, one must first understand and embrace one's own humanity. Participants in my research would add to this idea that one must first come to rely on God to give help, compassion, and wisdom to counsel. The idea of being called into the profession of counselor or pastoral counselor was nearly universally shared by study participants. The awareness of embracing one's own humanity is included in this idea, but not directly stated. For example, the determination that one must first rely on God is thereby admitting that individuals are insufficient in their own humanity for the task ahead and need His help to complete it. Self-understanding is a part of self-care (Cummins et al., 2007; Danieli, 2005; Richards et al., 2010) and I repeatedly heard this idea echoed by participants.

Several studies (Barnett et al., 2007; Richards et al., 2010; Williams et al., 2010) and the ethics codes of both the ACA and the AAMFT noted that self-care is an ethical imperative. However, the idea of self-care as an ethical component of being a practitioner was not explored by my study participants. One counselor (TP) did stress the

idea that counselors are simply fellow sufferers walking alongside clients and that it was an ethical imperative to remember that no hierarchy of importance exists. It is intriguing to consider the possibilities behind why the phenomenological experience of an interview discussing self-care did not include mention of the practice as an ethical one. Perhaps participants were not aware that it was included in the codes of the ACA and AAMFT. Perhaps it was not considered of such great importance as confidentiality or practicing within the scope of one's expertise. Perhaps the very ideas of codes and best practices have been swallowed up in the distinct rural life where isolation and personal challenge are a routine part of being a Christian counselor, and where certain rules must be bent in order to practice effectively.

Webb (2011) stated that the stressful nature of being a therapist necessitated regular self-care as mental healthcare workers were found to be at particular risk for discouragement, anxiety, depression, emotional exhaustion, and disrupted relationships. Certain participants in my study experienced each of these areas at various times throughout their professional careers which validate the argument that these individuals should be routinely practicing self-care. In addition, Barnett et al. (2007) argued that since distress was inherent to the profession, counselors should practice self-care in both calm and stressful times in order to prepare and protect against burnout. Although study participants did not generally delineate between self-care in calm versus tense times, some explored memories about times when they knew they should increase self-care due to experiencing burnout symptoms. Related to this were the stories of how counselors

learned about the importance or absence of self-care when they observed a friend or colleague suffer from burnout.

Sprang et al. (2007) wrote about compassion fatigue and how it was generally higher in rural populations. The concept of compassion fatigue was discussed by participants in my study, although not necessarily using that terminology. AL described it as that she “got tired” and was referring to burnout symptoms including physical illness and reduced work efficiency. Others spoke about getting worn down and ceasing to care, of trying to quit the profession or take easier jobs. Theriault and Gazzola (2006) had earlier found that such disabling feelings were linked to stress, depression, burnout, sexual misconduct with clients, premature career changes, and general lowered efficacy. Additional research indicated relational difficulties and major physical illness have also resulted from compassion fatigue (Cummins, Massey, & Jones, 2007). Counselors in my study verified each of these struggles, including the knowledge of sexual misconduct by ministers in rural areas.

In a related vein, Stebnicki (2007) explored the idea of empathy fatigue and defined it as emotional, mental, physical, and occupational exhaustion resulting from repeated re-opening of personal wounds agitated by client stories. Self-care was the recommended course of treatment for empathy fatigue. Different participants shared stories of how they had been able to use their own personal pain to help a client cope, or how certain client stories triggered memories that were difficult. AE in particular stressed the importance of getting excellent supervision in order to help deal with the

accompanying stress or anxiety, and identified it as an ongoing form of professional self-care.

Warren et al. (2010) wrote about how the combination of client-based stress and personal stress such as feelings of incompetence or perfectionism could increase counselor tension and warned that prolonged bouts of this could result in burnout. Participants in my study confirmed this phenomenon as well. They spoke of being torn down and drained by clients while concurrently struggling against perfectionism or a “harsh superego” (AE). Several participants (both pastors and counselors) mentioned that they felt inadequate for the task, or feeling that everyone else had it all together while they did not.

Resiliency also plays an important part in the prevention of burnout. Clark (2009) defined resiliency as “remaining engaged and energized by the process of practicing therapy” (p. 232). Although pastors as a whole seemed to not enjoy nor be energized by practicing therapy, several counselors truly enjoyed their work, felt invigorated, and perhaps were experiencing compassion satisfaction as a result. Additionally, participants spoke about the importance of maintaining professional relationships both as a referral source and also as a personal resource for insight and support. These factors contribute to resiliency which in turn helps prevent burnout.

Many examples of self-care were offered in the literature. Evans and Payne (2008) found that solid work and home boundaries, diet, exercise, down-time, entertaining diversions, and family/personal time were important and each of these activities was represented by my study participants as current self-care activities. Warren

et al. (2010) and Harter (2007) both wrote about using creativity as part of the self-care process, and a few of my participants mentioned creative outlets like building boats or writing music as part of their self-care routines. Barker (2010) and Lawson and Myers (2011) described the importance of interpersonal/family relationships to self-care, which my study participants also indicated.

Norcross and Guy (2007) and Cummins et al. (2007) wrote about the need for taking a *Shabbat* (Norcross & Guy, 2007, p. 141) or refill day. To Christians, that would generally be known as a day of rest and can be found in the Bible (Genesis 2:3; Exodus 34:21; Mark 6:31). Interestingly, only two participants (AS and TP) mentioned a day of rest as something they specifically tried to take. Others spoke of enjoying a day off or taking time away from work. Collins (2005), Puterbaugh (2008), and Norcross and Guy (2007) wrote about the importance of making time for spiritual self-care, extolling the strength-giving attributes of having regular spiritual practices. Spirituality is thus “an indispensable source of strength and meaning for the psychotherapist” (Norcross & Guy, 2007, p. 183). This was certainly verified by my study participants. Spirituality was an important part of their daily routine and was mentioned in one way or another by each participant. Thus, many aspects of the literature review as it pertains to self-care and counselors were verified by this group of rural Christian counselors. Rural Christian counselors may now be better understood in the light of self-care approach and actual practice

Christian Counseling

The concept of Christian counseling as a distinct approach was also explored in Chapter 2. While this was not a central feature of the conversations I had with study participants, it did come up as part of their personal and professional experiences as counselors. There was good diversity among participants with representation from very traditional pastoral counselors to more liberal spiritually-focused therapists.

Hathaway (2009), McMinn et al., (2010), and Greenwald, et al. (2004) argued that pastoral and Christian counseling are not necessarily the same, although they use similar approaches. This fact was also confirmed by study participants. In broad terms, the main difference seemed to be that pastoral counselors primarily used the Bible as a guide and did Scriptural teaching as part of counseling. Professional counselors may have used Scripture or prayer as part of their sessions, but therapy was much more client-driven.

According to Hathaway (2009), explicitly Christian practices include confession, forgiveness, personal prayer, deliverance ministry, and Biblical/Scriptural intervention. These practices were mentioned by my participants, but primarily by the pastors, who tended to more often use Scriptural interventions than did the professional counselors. However, study participants represented practitioners who were on a continuum from quite conservative to fairly liberal. It thus seems logical that some would use more traditional Christian methods while others were open to the idea, but did not intentionally make it part of their practice.

According to Wolf (2011), a worldview serves as a sort of personal compass and therefore, a distinctively Christian worldview is what would set a Christian counselor

apart from a secular counselor. According to Day (2006), the foundation of Christian counseling rests on a personal relationship with Jesus Christ following a salvation experience. Both therapist and client must be believers in order for true Christian counseling to commence. While these ideas were mostly verified by my study participants, there were two outliers in this regard (BT and TM). BT identified her faith as primarily “spiritual”, but not necessarily completely Christian as she had some lingering questions and doubts about that faith. TM spoke about being a Christian, but also has ongoing serious doubts about certain foundational elements of the faith, so much so that he would feel uncomfortable working in a Christian church-based counseling center. Thus, the aforementioned idea about a Christian worldview being what distinctively sets a Christian counselor apart could be expanded to say that if a counselor self-identifies as a Christian counselor, they could be considered so. BT self-identified as a Christian counselor although she worked in a secular setting and was not fully committed to the Christian faith. TM also self-identified as a Christian counselor and advertised as such, but still held personal spiritual doubt concurrently. Additionally, the idea that both counselor and client must be Christian before true Christian counseling could occur would likely be argued against by study participants who provided therapy to all sorts of clients.

Day (2006) wrote that Christian counseling was holistic and had a special focus on the unique soul of each individual. If the soul would be healed, other healing would also naturally fall into place. This idea was verified by TP and his exploration of men and women as body/soul individuals instead of tripartite beings. It was also echoed in

other counselors speaking about the needs of the whole person and how a discussion of faith or spirituality was very often an element of holistic counseling.

Use of Scripture in counseling is somewhat of a trademark of Christian counselors according to Weld and Eriksen, (2007a). According to the participants in my study, this was sometimes true (especially for pastors), but other times not. Several factors may facilitate the use of Scripture or other spirituality-focused interventions in treatment. These include a strong therapeutic relationship, solid religio-spiritual assessment, informed consent, and avoidance of imposing personal religious values on the client (Garzon, 2005). Participants in my study agreed that individual sessions were very typically tailored to the client's unique need and that Scripture or Christianity would not be forced upon someone in any circumstance. According to the pastoral counselors in my study however, pastors may be more apt to use Scripture in every session regardless of content. It could also be argued that pastors may be expected to provide Biblical guidance whereas a Christian counselor may not necessarily function under that same expectation. This was also explored in the literature review by Garzon et al. (2009) and Weld and Eriksen (2007a), who wrote that use of Scripture, overt application of Scripture, use of prayer, and discussions about the supernatural are generally expected by clients when going to see a Christian counselor.

Rural Counseling

The realities of rural counseling can mean increased isolation and sparse supervisory support. Nevertheless, participants seemed to appreciate a slower pace and fewer pressures of urban life. According to Endacott et al. (2006) and Crowden (2010),

many rural therapists encounter dual relationships, which are usually considered unethical, but may be unavoidable in rural areas. This seemed particularly true for the pastoral counselors I interviewed who had to navigate having parishioners also as clients. In fact, BE stated clearly that he would like to always refer clients to see someone else in order to avoid these types of dual relationships. The professional counselors I interviewed spoke less on this topic, but AE did share about her approach to dual relationships as part of her informed consent discussion as she spoke frankly with clients about what would happen were they to meet outside of the counseling office. Schank et al. (2010) advised practitioners to decide how to handle the issue of dual relationships rather than avoiding their existence and argued that such overlapping relationships may actually have positive aspects in a small community. HA verified this idea by arguing that a counselor must understand that rural relationships (and businesses) grow slowly and thrive on the idea being offered that one has plans to stay for a long time. He believed that a counselor who allows him/herself to be routinely seen and involved in the community will ultimately have a stronger rural practice.

Additionally, rural counselors must combat the higher rate of stigma against therapy, social isolation/loneliness, and scarcity of supportive services (Jones et al.; 2011 Pugh, 2009). This was also confirmed by participants. Several (both pastors and counselors) spoke of the “Cowboy up!” attitude and the general stigma against mental healthcare. Some spoke of feeling lonely even in populated areas because other pastors/counselors seem not to be straightforward about their struggles. Participants also shared about times when they were truly the only one available and were called upon to

minister in areas they were not necessarily prepared to handle. They also mentioned the scarcity of local supportive services. There is often no one to refer to or from whom to get supervision.

The literature review included studies on two types of client stressors that may have an impact on rural counselors: suicidality (Sankaranarayanan et al., 2010), and unemployment (Fragar et al., 2010; Ziller et al., 2010). Although this was not the focus of our interview, these areas were mentioned by two participants. AL spoke of a recent suicide in their church and the difficult repercussions she had experienced as a pastoral counselor and IU spoke about unemployment and small towns dying as affecting both his counseling approach and work hours.

Dollinger and Chwalisz (2011), Meyer (2006), Simms et al. (2011), Wendel et al. (2011) each wrote about the future of telehealth and the potential positive impact it could have on rural counseling. None of my participants mentioned telehealth although a concern by one (BT) was that rural clients often had little or no follow-up to initial sessions or treatment plans due to their remote location, a situation which could feasibly be addressed by telehealth technology.

However, despite some of the hardships of rural counseling, surveys of rural marriage and family therapists indicated their appreciation of “community friendliness...strong work ethic...and relationship to nature” (Morris, 2006, p. 57) as important aspects of their work and this was also verified by my participants. I heard several speak of the hardworking independent ethics of their clients and others speak about how self-care may become easier in an area more connected to nature. The rural

Christian counselors in this study enjoyed their work and the impact they were able to make in their community.

Recommendations for Social Change

This research has the potential to create social change in individuals, families, businesses, and communities. As aforementioned, counselors are important community members who affect not only their own families, coworkers, and clients, but also potentially their clients' families, friends, and workplaces as positive change occurs. Small rural areas sometimes mean an increased dependence upon other community members for support, insight, and help. Thus, the rural Christian counselor exists in an influential position that must not be taken lightly.

Self-care does not necessarily come easily to this group, according to participants. However, it does come with benefits such as decreased stress and anxiety, increased energy and idea-flow, and increased compassion satisfaction. Thus, the counselor who practices regular self-care may indeed have more energy to give to clients, who in turn make positive changes which result in increased production at work or better relationships with family or simply a greater sense of wellbeing with the self and community.

Participants indicated they sometimes felt guilty about practicing self-care either because it meant time away from their clients or because they felt others did not need to practice it themselves. This stigma could be challenged simply by looking at the repeated responses of other participants who said they did indeed need time away from regular

work duties, times of intense prayer, or trips away from home in order to keep them balanced personally and professionally.

Time and again, it appeared that the counselors themselves were the biggest roadblock to practicing their own self-care. While challenging, this need not be discouraging. As information is offered indicating that other counselors are interested and involved in self-care, the stigma against it may begin to change. As AL argued, if pastors and counselors were willing to take the risk of talking about how difficult it is to work in such a capacity, others may feel less guilt or shame about needing some help to cope. Their observations of one another may begin to work toward a healthy, balanced, welcoming view of self-care and its regular practice.

Recommendations for Action

Much groundwork has already been laid. Rural Christian counselors understand what self-care is and the importance thereof. Many are already practicing it to some degree. According to both previously published literature and the co-researchers in this study, increased levels of self-care could mean decreased experience of burnout. Thus, it is strongly recommended that this population be increasingly urged and encouraged to engage in regular self-care practice. In order for this to occur, however, the community at large must also be made aware of the issue, a task perhaps not monumentally huge in small rural areas that flourish on interpersonal relationships and related information.

The idea of self-discipline was certainly not a new one to my co-researchers. Many spoke of the area of discipline as a way of being strict with themselves, or of restricting certain activities or behaviors. However, I propose that it would be useful to

encourage rural Christian counselors to develop a gentler idea of self-discipline when considering self-care. The practice of self-care takes time and effort, but produces quality benefits. Thus, considering such activities as important enough to require discipline to engage in, yet maintaining the idea that they be enjoyable and refreshing would be useful for this population.

Finally, the idea of accountability could also be quite useful with rural Christian counselors. Several participants mentioned how important supervision was as a form of professional self-care and this idea could be expanded to include other counselors or mental healthcare workers being accountable to one another in the area of self-care. This interaction could be as simple as a weekly phone call or email checking in with one another, encouraging and talking over how self-care activities are being practiced.

Dissemination of Findings

Rural Christian counselors make up an important part of the fabric of the rural communities they live within and serve. They often serve in multiple roles as community members, professionals, and personal friends. Thus, investing in their wellbeing affects not only the counselor, but also their family, friends, and community at large. I do not take lightly the fact that nine individuals chose to share their stories with me and trusted me to use their lived experience in order to learn more about what they knew, how they felt, and how they experienced self-care. Therefore, the research findings will not be left here, but rather used and expanded to help educate and encourage others.

First, I will write a brief overview of the findings and implications to be distributed to each of the co-researchers of this study. Each of them indicated they would

like to receive such a document and I look forward to sharing it with them. I also intend to use these findings to pursue publication in a professional journal with the intent of increasing awareness of the importance of self-care and sharing the experiences of rural Christian counselors as a distinct group. Additionally, I plan to use this research to create workshops or other brief presentations on self-care for rural and/or Christian practitioners. I will also be creating brochures and other physical handouts with a brief overview of findings regarding self-care in this population to be used in conjunction with workshops or similar presentations. Finally, I will use my own voice as part of the research dissemination as I continue to speak with others about my findings, the lived experiences of participants, and my interpretations of what self-care means to rural Christian counselors.

Recommendations for Further Study

The area of rural Christian counselors and self-care is ripe for both qualitative and quantitative studies. During this research, many interesting areas opened up that simply were beyond the scope of this study. Due to the phenomenological focus and the determination to allow participants to direct the content of each interview, specific follow-up questions were not utilized. For example, rural pastors and pastoral counselors emerged as a distinct group unto themselves, with particular habits and approaches to counseling that should be studied further. It would also be beneficial to uncover more information about the hesitation to practice sufficient self-care, as it seemed that participants did have self-care practices in place, but did not feel what they did was sufficient.

Other studies focusing on particular aspects of self-care in this population may also be beneficial. For example, many emotions were related to self-care, which could be an area of study. Further investigation into personality type or characteristics of the counselor as related to self-care could help deepen understanding on rural attitudes. Research could be completed looking into counselor-held stigma against mental healthcare as a form of self-care. Further research should certainly be done regarding burnout and self-care in this population. Many of the participants in this study spoke of burnout and their experiences thereof, but additional research is needed in this area to help pinpoint what types of self-care may be more useful in combatting burnout in rural areas.

Reflection on Researcher's Experience

According to Heidegger (1962), all experience is interpreted experience. Thus, everything that happened before, during, and after the interviews with participants was interpreted by both me and them. I do not doubt that we each affected one another's lives and I hold that truth with careful honor. Sadly, during the time period immediately following the interviews and during the analysis stage of this research, my life was marked by deep personal loss when my father passed away unexpectedly, an experience that has profoundly affected me.

I began the journey toward learning more about the lived experiences of rural Christian counselors and self-care long before I ever met a counselor or read a journal article about self-care. My education in this area began in childhood, when I was raised in a rural environment, and continued on into adulthood where I eventually became a

counselor myself and began to learn about self-care and the implications thereof. Thus, completely separating myself from prior knowledge and intense interest in the subject was difficult, if not impossible. However, to the best of my ability, I approached each participant as a complete unknown, with experiences and stories to share that could enhance my knowledge in the area of rural Christian counselors and self-care. It was exhilarating to make connections with the very people whom I had been learning and writing about during the research proposal stage. I felt deeply honored and humbled that they chose to share their stories with me.

Throughout the sometimes trying process of learning how to produce excellent research, I have remained fascinated and engaged with the subject. I believe it is very important to continue researching and working in this field so that the benefits of self-care can continue to be realized and implemented. I have learned how to listen and interact as an interviewer, even when the urge to work as a counselor rose up within me during certain interviews. I have spent considerable time and effort transcribing, reading, analyzing, and synthesizing the words, thoughts, and ideas of my co-researchers and am excited about the final product.

My time spent as a researcher of rural Christian counselors and self-care has been bittersweet. I have grown as an individual, having faced the terrible loss of my father and finding myself suddenly immersed in a different situation than I had anticipated. I have learned more about what self-care means for me personally and can appreciate those who struggle with justifying taking the time to engage in it. I am forever changed by the time spent with study participants, both in person, and through their wit and wisdom found in

the transcripts. I am very grateful to have been offered the chance to study this population and I feel hopeful at the future potential this research offers me and others interested in self-care and/or rural Christian counselors.

Conclusion

Although this research has been focused on the attitudes, perceptions, and experiences of rural Christian counselors with regard to self-care, it has gone deeper than that. Self-care is an incredibly individualized pursuit, complete with personal struggles and triumphs along the way. Rural Christian counselors are a distinct group who live and work in remote areas and generally would not choose any other place to be. The intersection between self-care, rural living, and Christian counseling is complex and colorful, marked by joy and hardship and freedom and guilt. Although a small group hoped to represent the larger population, chances are the variety and depth of what self-care means individually is as wild and independent as the western range, the only place these individuals truly call home.

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Appendix A: Invitation to Participate in Study

Invitation to Participate in Study

This study will help answer the question:

What are your attitudes, perception, and experience of *self-care as a rural Christian counselor*?

You are invited to consider participation in this study if:

1. You are a Christian counselor (no licensure requirement) and at least 18 years old
2. You live in Montana or Wyoming
3. You are willing to participate in a 1 hour to 3 hour, face to face interview about your life experience
4. You are willing to provide follow-up information (if needed by the researcher after the initial interview – this could be via email, phone or in-person)
5. You have an interest in expressing and understanding the phenomenon and a willingness to participate in the study as it is designed.

The researcher for this study is Theresa White; Theresa is conducting this research as her doctoral dissertation through Walden University's counseling and human services program. If you are interested in learning more about this study or becoming a study participant, please contact Theresa White by phone or email.

It is important that no one feels any type of pressure to participate in this study. Please know that it is certain Theresa will locate enough co-researchers to conduct her research.

Theresa White

Appendix B: Consent Form

Consent Form

You are invited to take part in a research study titled, “Attitudes, Perceptions, and Experiences of Rural Christian Counselors with Regard to Self-Care”. You were chosen for the study because you are a Christian counselor, more than 18 years old, and living in a Northwestern state. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Theresa White who is a doctoral student at Walden University.

Background Information:

The purpose of this study is to better understand how rural Christian counselors understand and experience self-care.

Procedures:

If you agree to be in this study, you will be asked to:

- Sign a consent form agreeing to participate in this study. With your permission, interviews will be audiotaped.
- Meet at a location convenient and comfortable for you to be interviewed about your life experience for 1-3 hours (15 minutes of this time will be for the “informed consent” process)
- Provide follow-up information after your interview (this may or may not occur and the information could be collected by email, phone or in-person)

Voluntary Nature of the Study:

Your participation in this study is voluntary. This means that everyone will respect your decision of whether or not you want to be in the study. No one will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind during the study. If you feel stressed during the study you may stop at any time. You may skip any questions that you feel are too personal and you may also request to keep any of your answers confidential. There is no penalty of any kind for refusing or discontinuing participation.

Risks and Benefits of Being in the Study:

Talking about ourselves can sometimes be uncomfortable, but you will have the option of answering or not answering questions throughout the interview. Many individuals also find the opportunity to reflect on their life to be an enjoyable and empowering life experience.

Compensation:

This study involves no compensation.

Confidentiality:

Any information you provide will be kept confidential (except in the case of threat to harm self or others, which the researcher is mandated by law to report to proper officials). The researcher will not use your information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in any reports of the study. All material relating to your interview will be kept secure for a minimum of five years, after which it will be destroyed.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via phone (xxx-xxx-xxx) or email (xxx.xxx@xxx.xxx). . If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-xxx-xxxx, extension xxxx. Walden University's approval number for this study is #02-15-13-0076836 and it expires on 02/14/2014.

The researcher will give you a copy of this form to keep.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, I am agreeing to the terms described above.

Printed Name of Participant

Date of consent

Participant's Written or Electronic* Signature

Researcher's Written or Electronic* Signature

Electronic signatures are regulated by the Uniform Electronic Transactions Act. Legally, an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically.

Appendix C: Semistructured Interview Guide

Semistructured Interview – Part 1 Demographic Questionnaire**Your Real Initials:** _____**Your Study Name** _____

Please choose a fictitious name. It does not have to be a traditional first name, you may choose any single term/word to represent you.

What is your highest level of education? (place a check mark by one)

Elementary/Junior High _____
GED/High School Diploma _____
Some college/trade school _____
Associates degree _____
Bachelor's degree _____
Some graduate school _____
Master's degree _____
PhD/MD/DO/JD _____

Describe your current work (include title):**How long have you been working in your current position as a counselor?**

Semistructured Interview Guide – part 2 Data Gathering

Below are broad, open-ended questions I created for this research study in order to learn more about the phenomenon of *rural Christian counselors and self-care*.

Talk about your experience as a rural Christian counselor.

Tell me what self-care means to you.

How do you feel about self-care?

What do you think about self-care?

What is your personal experience with self-care?

Following are additional questions based on the Moustakas (1994) general guide to interviewing (p. 116): I have customized them to this study's phenomenon of *rural Christian counselors and self-care*.

Moustakas questions

- What dimensions, incidents and people connected with your experience of being a rural Christian counselor stand out for you?
- What dimensions, incidents, and people connected with your experience of self-care stand out for you?
- How does the experience of being a rural Christian counselor affect you?
- How does the experience or non-experience of self-care affect you?

- How does your experience of being a rural Christian counselor affect significant others in your life?
- How does your experience of self-care affect significant others in your life?
- What feelings are generated by this experience?
- What thoughts stand out for you?
- Is there anything else that is important to you to share regarding your experience of the phenomenon?

Rubin and Rubin questions

In addition to using the Moustakas (1994) guide for interviewing, some of my questions may be based on Rubin and Rubin's (2005) suggestions for main questions, probes, and follow-up questions.

Main questions

- Tour question
 - In a typical week, how do your work and home life interact?
- Hypothetical questions
 - If you were going to advise beginning counselors on what it's like to be a rural Christian counselor, what would you tell them regarding the overall experience?
 - What would you tell them about self-care?
- Comparison or contrast questions
 - What can you tell me about the "best" and "worst" of being a rural Christian counselor?

- What can you tell me about the “best” and “worst” about self-care?
- Chronology questions
 - To enter this study, it is required that you are an adult, rural Christian counselor. Tell me about the chronology of how you came to this point?
How do you describe your arrival at this point in life?

Probes

- Continuation probes
 - Tell me more ...
- Elaboration probes
 - Tell me more about that
- Attention probes
 - Ok, I understand ...
- Clarification probes
 - You said _____, can you explain that to help me better understand ...
- Steering probes
 - We got a little off track ... you were saying _____.
- Sequence probes
 - Could you describe what happened in steps?
- Evidence probes
 - Could you describe a time that happened?
- Slant probes
 - What do you mean by _____ ?

Follow up questions

Follow-up questions will be based on information given to me by co-researchers and will be intended to elicit additional information, understanding, or clarification.

Rubin and Rubin (2005) listed several situations where follow-up questions are necessary including: oversimplifications, new ideas, missing information, and stories relevant to the research (pp. 173-176). Thus, the follow-up questions will vary depending on each individual participant.

Appendix D: Examples of Self-Care Given by Participants

Running away
Riding motorcycles
Playing
Getting good supervision
Reminding yourself that you're doing the best you can
Personal gritudes
Knowing you're fulfilling God's plan for you
Having good boundaries
Considering confession of sins one to another
Varmint hunting
Spending time with wife/family
Reading
Racing sailboats
Staying single
Being married
Writing songs
Watching classic movies
Hanging out with my dog
Keeping my house clean
Building kayaks
Hiking
Fishing
Studying the Bible
Working out with a trainer
Believing I'm making a difference
Long periods of alone time needed when stress levels are high
Believing in the great value of people regardless of what I see
Time with my wife
Spiritual self-discipline
Being open before the Lord
Being in nature
Time alone with God
Valuing helping others
Staying physically healthy
Searching for the good
Building things with my hands
Keep the good influences and discard the bad
Not working full time so I have energy left for my family
Having a good supervisor I can dump all my anxieties onto
Realizing I don't have all the answers and it's ok to mess up
Support from colleagues and family

Looking at the long-range big picture instead of just the here and now
Talking about the process of life with others, being open about the struggles

Curriculum Vitae

Theresa G. White, M.A., N.C.C.

Education:

Doctor of Philosophy, Human Services, Expected 2014
 Counseling specialization. In progress.
 Walden University, Minneapolis, MN
 Dissertation topic: Rural Christian Counselors and Self-Care
 GPA: 4.0

Master of Arts, Community Counseling 2005
 Regent University, Virginia Beach, VA

Bachelor of Arts, Community Counseling 2001
 Oral Roberts University, Tulsa, OK

Relevant Professional Experience:

Therapist 2006-2008
 Meier Clinics, Fairfax, VA

Direct individual, couples, and family contact through intensive day program and outpatient therapy sessions. I offered individual therapy, led multiple therapy groups, devised treatment strategies, implemented appropriate therapeutic techniques, and participated in weekly treatment team meetings.

Counselor 2005-2007
 Safe Harbor Christian Counseling of Southern Maryland

Direct individual, couples, and family contact through weekly client therapy sessions. I offered individual, couples, and family psychotherapy, diagnosed mental health disorders, devised treatment strategies, and implemented appropriate therapeutic techniques. I also completed and presented case studies and participated in general educational enhancement through monthly group supervision meetings.

Resident Counselor 2005-2006

Direct individual, couples, and family contact through weekly client therapy sessions. As a resident I offered talk therapy and individual intake assessment, completed case notes, monthly reports, billings, and file maintenance. I also completed individual intake assessments, case notes, monthly reports, billing, and confidential file maintenance. I participated in weekly residency group and individual supervision meetings, completing and presenting case studies and engaging in personal and group enrichment exercises.

Graduate Counseling Intern 2004-2005
St. Luke's House Back to Work Program, Bethesda, MD

Direct client contact through individual and group counseling sessions, job coaching, class instruction, and life-skills assistance to clients diagnosed with various serious mental health disorders. I offered supervised talk therapy, co-facilitated a weekly men's co-occurring disorders group, taught Back-to-Work classes, kept case notes, completed billing, and confidential file maintenance. I participated in weekly staff meetings, attended multiple trainings, and contacted numerous community agencies on behalf of clientele.

Graduate Counseling Practicum Student 2003
Homeless Outreach, Mt. Vernon Center for Mental Health, Alexandria, VA

Direct client contact through dialogue, interviews, and supply provision. I offered supervised talk therapy, intake assessment, case notes, distribution of personal care items to clients, maintenance of laundry facilities, access to and distribution of clothing and food items, and answering the telephone.

Undergraduate Counseling Practicum Student 2001
Catholic Charities, Waldorf, MD

Direct client contact through personal interaction, private meetings, and workshop presentation. I mentored teenage orphans and wards of the state through individual sessions and telephone contact. I created and presented a 4-hour workshop to clients regarding essential life skills such as bill paying, house maintenance, and self-care.

Other Experience:

Front Desk Clerk 2008-2009
Rock Creek Resort, Red Lodge, MT

Initial representative of exclusive alpine resort via telephone and personal interaction with resort guests. I created reservations, checked guests into rooms, and helped provide an excellent experience for each one by focusing on customer satisfaction and guest relations.

Graduate Assistant 2002-2003
Regent University, Counseling Department, Alexandria, VA

I provided professional and educational assistance to two professors and multiple adjunct professors by creating and maintaining a filing system of student records, class information, and other resources, corresponding and interacting with various students as required.

Administrative Assistant 2002
First Assembly of God, Alexandria, VA

I supervised one employee, assisted pastoral staff in sermon preparation, prepared weekly bulletins and monthly mailer, organized church-related events, scheduled

appointments for pastoral staff, organized weekly staff meetings and yearly church business meetings, maintained a large filing system, and held all church keys.

Receptionist 2001-2002

First Assembly of God, Alexandria, VA

I assisted pastoral staff and Administrative Assistant by answering telephones, receiving visitors, and completing various other office tasks including maintaining a benevolence food/clothing room, filing, typing, preparing sanctuary and chapel for weekly services, and completing weekly PowerPoint presentations for pastoral use on Sunday mornings.

Community Service:

National Christian Choir Member 2003-2008

National Christian Choir, Gaithersburg, MD

This auditioned semi-professional choir provided pro-bono monthly concerts and yearly tours nationally and internationally. Choir members provided for all travel and related expenses and adhered to a high standard of musical excellence.

Elementary School Music Teacher (clarinet) 2003-2008

Christ Chapel, Woodbridge, VA

I taught both individual and group music lessons to children in the third through fifth grade at a private Christian school.

Inaugural Ball Planning Committee 2000; 2004

American Indian Society, Washington, DC

I volunteered in the planning and execution of two Presidential Inaugural Balls as an active member of the American Indian Society.

Licenses and Certifications:

National Board of Certified Counselors/Certificate #205003
Certified

Honors and Awards:

Alpha Chi Honor Society member, Walden University, Minneapolis, MN 2013

American Indian Graduate Center Fellow 2008-2012

American Indian Society scholarship recipient 2008-2013

Coeur d'Alene Tribe scholarship recipient 2008-2013

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