

**BALANCING ACT PRACTICE (BAP):
An Embodied and Compassionate Way of Supporting Trainee Therapists in
Balancing Personal and Professional Demands Through Yoga and Guided
Journaling**

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ABSTRACT

The person of the therapist *matters greatly* in therapeutic success. In early career stages, trainee therapists experience more doubt and anxiety around professional demands and are more at-risk to a variety of hazards associated with the nature of their work. Helping trainee therapists cope with such demands and develop their reflexive capacity can benefit their professional growth and effectiveness as therapists. Research highlights that ongoing and preventative self-care practices support trainees in balancing personal and professional demands. Mindfulness and self-compassion particularly stand out for reducing stress, building emotional resiliency, and promoting wellbeing for trainee therapists. Yoga and guided journaling have been considered preventive self-care practices that enhance mindfulness. This dissertation will share the findings of a phenomenological study that examined the impact of self-reflective and mindful practice on trainee therapists participating in an 8-week yoga and guided journaling intervention, known as Balancing Act Practice (BAP). Fifteen first- and second-year trainee therapists studying in two Canadian graduate Counselling Program participated in the BAP intervention. Pre-intervention measures included a Demographic Questionnaire, a Personal Intentions reflection, and the Skovholt Practitioner Professional Resiliency and Self-Care Inventory. The last two measures were repeated post-intervention, in addition to a Personal Reflection. The analysis of participants' written accounts revealed that compassionate values and skills cultivated through embodied practice (such as yoga) and self-reflection through journaling, increased self-compassion in trainee therapists. In turn, these increased feelings of self-worth and trainee overall sense of wellbeing and adoption of healthier habits, like better sleep and more physical exercise. The study revealed that having a compassionate role model during these early years of psychotherapist formation seems to support novice therapists to reduce unrealistic expectations, perfectionism, and people-pleasing tendencies, and increase willingness to maintain appropriate boundaries and a compassionate approach to their challenges. The study contributes to the growing literature on trainee therapist

development, self-care, and burnout prevention. It also paves the way for the incorporation of embodied / experiential practices such as yoga and/or other embodied and reflexive practices in graduate programs to support trainees in their journey to become a therapist and be of help to those they encounter.

Keywords: trainee therapist development, yoga, journaling, therapist self-care, burnout prevention

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CHAPTER 1: INTRODUCTION

The shoe that fits one person pinches another; there is no one recipe for living that suits all cases.

- Carl Jung

Many of us know from personal experience that the search for a therapist is a search for the *right fit*, a *person* with whom the client connects. In fact, this *person* is so important that the last few decades have seen a dramatic shift in the appreciation and recognition of the central role of the person that is the therapist in client success (Nissen-Lie et al., 2013; 2017; Thériault et al., 2015). The literature suggests that the person of the therapist matters as much as the therapeutic alliance or any notable factor in therapy success (Nissen-Lie et al., 2017). Therapist personal characteristics, especially interpersonal skills, have been considered more important than experience, training level, and theoretical orientation (Nissen-Lie et al., 2013; 2017; Stefano et al., 2010).

Therapists who are perceived by their clients as warm, trustworthy, empathic, confident, open, honest, and interested can create better working alliances in comparison to therapists who are seen as distant, rigid, critical, tense, and distracted (Nissen-Lie et al., 2015; Rogers, 1958). However, therapist distress weakens the communication of these essential interpersonal skills and attitudes (Nissen-Lie et al., 2013; 2017; Stefano et al., 2010). The wellbeing and quality of life of the therapist is intricately linked to professional success and in fact, self-care is recognized as an ethical imperative; certainly not a lofty ideal (Dorociak et al., 2017; Thériault et al., 2015; Thompson et al., 2011). It is precisely in the context of therapist wellbeing, self-care, and quality of life that the question of finding balance between professional and personal life demands more attention. This is especially important during the early years of therapist development, when trainee therapists 'learn' the 'craft' of therapy and the factors that positively correlate with psychotherapy effectiveness. As the authors Thériault et al. (2015) reported "the quest to incorporate self-care in academic programs is unequivocal" (p.379).

Research indicates that there are a number of hazards on therapist wellbeing (e.g. anxiety, depression, addiction, emotional distress, physical isolation, suicide, etc.) associated with training (Christopher & Maris, 2010; Skovholt & Rønnestad, 2003; Thériault et al., 2015; Thompson et al., 2011). During the years of psychotherapy training, individual professors and supervisors may encourage students to take care of themselves considering the high rates of psychological distress, burnout, and compassion fatigue (Boellinghaus et al, 2013; Christopher & Maris, 2010; Dorian & Killebrew, 2014; Warlick et al., 2020). Despite this encouragement, not many programs formally and systematically implement courses/practicums in the curriculum on therapist development and self-care, leaving students to manage on their own the essential demands of self-care amid heavy academic and clinical workload (Christopher et al., 2006; Thériault et al., 2015; Thompson et al., 2011). The lack of formal educational structures to inform trainees about self-care issues and work-life equilibrium - let alone opportunities for practice - leaves most unprepared for the inherent emotional challenges of the work (Thériault et al., 2015; Thompson et al., 2011).

The literature suggests that occupational stressors can affect seasoned professionals, and even more so trainees who are beginning their career (Christopher & Maris, 2010; Rønnestad et al., 2019; Rupert & Dorociak, 2019; Skovholt & Rønnestad, 2003; Thériault et al., 2015). Therapist wellbeing varies across the lifespan of their career with a general trend leading to greater wellbeing, prioritization of self-care, and more effective strategies over time (Dorociak et al., 2017). Early in their careers, therapists appear to experience more professional demands and distress in a context where they have fewer resources (Rupert & Dorociak, 2019). This supports the imperative to bolster self-care resources in graduate training (Rupert & Dorociak, 2019). Without these resources and self-care skills, trainees may see their growth compromised as their cognitive functions get impaired, i.e., lower attention, concentration, and decision-making skills (Christopher & Maris, 2010). They are also more likely to experience emotional distress, anxiety, depression, burnout, stress, addiction, emotional depletion, physical isolation, psychic

withdrawal, and most tragically, suicide (Skovholt & Rønnestad, 2003; Thériault et al., 2015; Thompson et al., 2011). These hazards can cause premature abandonment of careers (Rønnestad et al., 2019; Thériault et al., 2015; Thompson et al., 2011). The high academic and clinical demands on trainee therapists represent a learning curve to balance professional and personal life. Finding this equilibrium is an essential resiliency skill for long-term wellbeing, quality of life, and self-care.

There have already been some promising developments as it relates to the incorporation of self-care practices in graduate curriculums (Christopher et al., 2006; Deaver & McAuliffe, 2009; Detrick, 2021; Forbes et al., 2011). For example, yoga, mindfulness, meditation, and journaling have been incorporated in the context of a semester long Mind/Body Medicine class (Christopher et al., 2006). This class had positive effects on personal and professional growth, self-care, mindfulness, stress management, and burnout prevention (Christopher et al. 2006).

Journaling alone has also been successfully used in multiple university settings with trainee therapists, nurses, and other medical training environments to facilitate self-reflection, learning, and growth (Deaver & McAuliffe, 2009; Epp, 2008; Mercer et al., 2010; Miller, 2017; Wedgeworth et al., 2017). As the authors Rupert & Dorociak (2019) state, “self-care is most effective when practiced proactively, as a preemptive measure aimed at reducing stress and thereby avoiding the progression to negative outcomes such as burnout and enhancing good outcomes such as life satisfaction” (p.343). Graduate training would represent an ideal time to monitor trainee therapist wellbeing/distress and build protective self-care practices and strategies that could last throughout their careers (Barnett, 2020; Warlick et al., 2020). Unfortunately, most graduate training programs usually teach only theory around the importance of self-care and burnout prevention without including a formal practical component in the curriculums (Christopher et al., 2006; Thériault et al., 2015; Thompson et al., 2011).

Existing studies on the impact of self-care practices in the training program are few in numbers and further research is needed to understand the ways in which structured self-care

practice can be incorporated in psychotherapy training. The integration of academic demands and self-care also requires creativity to find a natural fit. As such, this study implemented the Balancing Act Practice (BAP), an 8-week program that incorporates yoga and guided journaling to support and empower trainee therapists in balancing the demands of professional and personal life. By offering self-care practice in a group setting, this study aimed to leverage the power of community to engage in preventative action and wellbeing maintenance.

On a personal note, one of the main motivations behind this study was my personal experience as a trainee therapist. I have seen my peers and fellow trainee therapist colleagues suffer greatly from heightened anxiety, depression, addiction, burnout, grief, existential/spiritual turmoil, self-doubt, low self-confidence, physical health issues, and so much more that remains unseen. I witnessed this before the COVID-19 pandemic, and even more so during. The pandemic seems to have prompted many to prioritize mental health and has been an ideal time to improve mental health services, especially as “preliminary findings suggest adverse mental health effects in previously healthy people and especially in people with pre-existing mental health disorders” (Moreno et al., 2020, p. 62). Mental health professionals, including trainee therapists, are needed now more than ever, and they are needed to be *well*. Balancing personal and professional demands is a key preventative aspect of self-care. In my personal journey, I have noticed the protective impact of yoga and reflective practice on maintaining my wellbeing, which further inspired this project. It was a privilege to give back to the community and offer the Balancing Act Practice (BAP) to support trainee therapists in prevention of wellbeing decline.

The following chapters will present a relevant review of literature that sets the backdrop for the Balancing Act Practice (BAP) and its impact on trainee therapist to find an equilibrium between the personal and professional demands. The method will then be outlined, as will the results, and finally, a discussion will follow.

CHAPTER 2: LITERATURE REVIEW

“He said, ‘You become. It takes a long time. That’s why it doesn’t happen often to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don’t matter at all, because once you are Real you can’t be ugly, except to people who don’t understand.”

- The Velveteen Rabbit, p.48

Therapist Development in the Early Years

The hazards of being a therapist can be observed at all stages of the therapist lifespan; however, trainee therapists appear to be more at risk (Christopher & Maris, 2010; Rønnestad et al., 2019; Rupert & Dorociak, 2019; Skovholt & Rønnestad, 2003; Thériault et al., 2015). Rønnestad and colleagues (2019) have pointed out the need for closer attention to the factors that contribute to therapist development throughout their career- an area of systematic study that has only emerged in the last 25 years. They have identified five phases of therapist development: novice student, experienced student, novice professional, experienced professional, and senior professional (Rønnestad et al., 2019). The authors stress that the novice student phase is when anxiety levels are the highest and many struggle with feelings of incompetence, self-doubt, and insecurity (Rønnestad & Skovholt., 2003; Rønnestad et al., 2019; Skovholt & Rønnestad, 2003; Thériault & Gazzola, 2010). At this phase, trainees face challenges everywhere (Skovholt & Rønnestad, 2003). They are seeing their first clients, they are under the scrutiny of peers and supervisors, and they are beginning to conceptualize their experience in a theoretical framework (Rønnestad et al., 2019; Skovholt & Rønnestad, 2003). They are also learning to embody, integrate, and question cultural conceptions around the role of a therapist, i.e., how a therapist *should* think and behave according to cultural norms (Rønnestad et al., 2019). The ambiguity of therapeutic work represents a major element that would compound other stressors (Skovholt & Rønnestad, 2003; Thériault & Gazzola, 2010).

Skovholt and Rønnestad (2003) defined this ambiguity as not knowing what will actually help clients and not having clear measures of success (e.g., Did an intervention work or not?). The process of establishing a therapeutic alliance is also filled with ambiguity and uncertainty. The authors go as far as identifying ambiguity as the origin or “genesis” (Skovholt & Rønnestad, 2003, p.46) for all the other major novice stressors.

The major catalyst for the intense stress faced by the novice is the inherent, but often unknown to the novice, ambiguity of professional work. The microscopic examination, understanding, and improvement of the emotional life of human - the most complex of all species - is much more difficult than the novice can imagine. To understand the ambiguity of the human condition, practitioners must use thinking patterns that are not linear, logical, or sequential. Expertise within the web of ambiguity takes years to master. (Skovholt & Rønnestad, 2003, p. 45-46).

Novice trainee therapists are also faced with the complex task of finding their own voice and confidence as a therapist, amidst the multiple - and sometimes conflicting - perspectives of professors and supervisors. It is no surprise that this can lead to a sense of uncertainty and additional stress (Orlinsky & Rønnestad, 2010; Skovholt & Rønnestad, 2003).

Equally important to recognize is the difficult repetition of the cycle of caring, client after client, where trainees create empathic attachments, are actively involved, and then separated (Skovholt & Rønnestad, 2003; Rønnestad et al., 2019; Thériault & Gazzola, 2010). Learning this advanced set of skills is very demanding. Trainee therapists also need to learn, integrate, and apply a large amount of information, which can be exhausting, and can't yet rely on their intuition like experts do (Orlinsky & Rønnestad, 2010; Skovholt & Rønnestad, 2003; Thompson et al., 2011).

Finally, trainee therapists must experience an identity shift in order to craft and integrate a practitioner-self (Orlinsky & Rønnestad, 2010; Skovholt & Rønnestad, 2003; Rønnestad et al., 2019). The formation of a new identity requires considerable resources as it

involves core existential and spiritual questioning. As novice students may also hear difficult client stories for the first time, their ideals and beliefs about humanity can also be challenged (Thompson et al., 2011). It is important to recognize that it takes time and practice to 'bloom' and become comfortable in this new role and new identity.

Trainee Therapist, Burnout, and Compassion Fatigue

Mental health professionals of all kinds, including trainee therapists, are subject to burnout and compassion fatigue (Barnett, 2020; Raab, 2014; Thompson et al., 2011; Turgoose & Maddox, 2017; Warlick et al., 2020; White, 2020). Burnout is a response to a stressful work environment, and it refers to psychological and emotional exhaustion, hopelessness, and difficulty with accomplishing work effectively (Turgoose & Maddox, 2017; White, 2020). Burnout sometimes occurs where the work environment is non-supportive or in the case of a high volume of workload (Barnett, 2020; Thompson et al., 2011; Turgoose & Maddox, 2017; Warlick et al., 2020). With burnout, the emphasis is put on work stressors, as opposed to compassion fatigue where distress arises from the interactions with others (Turgoose & Maddox, 2017). The authors Turgoose and Maddox (2017) describe compassion fatigue as a consequence of consistently dealing with people in distress, which results in difficulty to feel empathy and a general feeling of exhaustion. As such, like burnout, compassion fatigue refers to physical and emotional exhaustion that is also accompanied by a significant reduction in the capacity to feel compassion and empathy for clients and others (Turgoose & Maddox, 2017). Compassion fatigue can also be conceived as a multi-component construct consisting of burnout from helping others and secondary traumatic stress (Paiva-Salisbury & Schwartz, 2022). It has been known for a long time that mental health professionals, including trainee therapists, can be negatively affected by their efforts to help others in distress (Barnett, 2020; Turgoose & Maddox, 2017).

There is only a small body of research that focuses on balancing professional and personal demands (Rupert & Dorociak, 2019). In burnout literature, poor professional and

personal life balance is considered one among the four most frequent stressors for trainee therapists; the other three are academic responsibilities, finances/debt, and anxiety (Warlick et al., 2020). In addition, there have been analyses that link the wellbeing outcome to different types of self-care (Rupert & Dorociak, 2019). These suggest that life balance - especially daily balance - and cognitive awareness are key for therapists' wellbeing and professional resiliency (Rupert & Dorociak, 2019). An American study by Warlick et al., (2020) comparing burnout between graduate-level and professional clinicians found that all clinicians were more at risk for personal burnout compared to workplace burnout and client-related burnout. Personal burnout was conceptualized as a general feeling of fatigue and physical exhaustion (Warlick et al., 2020). In this study, 48.9% of trainee therapists (n=88) and 39.5% of therapists (n=119) reported personal burnout (Warlick et al., 2020). This high percentage of burnout is alarming and highlights the importance of closely attending to the 'person' of the therapist during training.

A growing body of literature exists on the hazards of the profession and self-care for practicing psychotherapists and psychologists, yet very little pays attention to trainee therapists who experience intense stressors as previously described (Maranzan et al., 2018; Rokach & Boulazreg, 2020). The paradox of graduate school is that this is a time where trainee therapists need to be at their peak academic performance for producing research, all while learning clinical skills and behaviours necessary to practice the profession, such as self-care and life balance (Maranzan et al., 2018).

Trainee Therapists & Self-Care Practices

Graduate training programs in psychotherapy and counselling are responsible for training students who represent the future of mental health care (Maranzan et al., 2018). In training programs, self-care is presented as a professional and ethical responsibility (Maranzan et al., 2018; Norcross & Phillips, 2020; Thériault et al., 2015). So much so that it has been flagged as both an ethical and competency training issue by the American Psychological Association, and it warrants systemic change within graduate programs (Warlick et al., 2020).

In fact, self-care is not optional for therapists, it is *necessary* for them to remain ethical (Maranzan, et al., 2018; Norcross & Phillips, 2020). For example, self-care is directly linked to the principle of Integrity and Responsible Caring in the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017; Maranzan et al., 2018). However, there is a lack of emphasis on self-care in graduate training programs for trainee therapists despite the evidence that it has direct benefits on their wellbeing, performance, resiliency, career longevity, and effectiveness for their clients (Detrick, 2021; Maranzan et al., 2018; Rokach & Boulazreg, 2020). Self-care is often pushed to the side as an optional practice to make sure academic productivity and performance don't deteriorate (Detrick, 2021; Maranzan et al. 2018; Thériault et al., 2015). There has been a long-standing stigma around self-care in the mental health field, as in many other areas of Western society (Rokach & Boulazreg, 2020). The idea that self-care is selfish, self-indulgent, a waste of time, and unacceptable - to name a few - is part of the inherited cultural beliefs (Rokach et Boulazreg, 2020). This explains why the notion of self-care as a non-negotiable part of a therapist's life needs to be pushed forward and supported at length by research.

The COVID-19 pandemic has negatively affected the mental health of every therapist worldwide, especially when it comes to increases in anxiety (Norcross & Phillips, 2020). Therapists are needed now more than ever, and the demand for their services puts pressure for them to work near peak performance (Norcross & Phillips, 2020). With the increasing demand, self-care has always been, but becomes even more so today, a personal and professional non-negotiable (Maranzan et al., 2018, p. 361). There are many ways that therapists can take care of themselves, which will benefit not only them but also their clients (Detrick, 2021; Norcross & Phillips, 2020; Rokach & Boulazreg, 2020).

To create a solid foundation, let's start with an understanding of what self-care is. The concept of self-care is broad and generally refers to engaging in behaviours to maintain and enhance physical, mental, emotional, social, and spiritual wellbeing (Detrick, 2021; Maranzan et

al., 2018; Norcross & Phillips, 2020). Maintaining a sense of balance on all these aspects involves bringing life balance to the center of the stage (Maranzan et al., 2018). Self-care is essential and preventative against stress and refers to a wide array of activities such as sleep, nutrition, exercise, prioritizing time in nature, connecting with family and friends, practicing some form of mindfulness or meditation where one is fully engaged in the task (even if just a two-minute mindfulness pause), and practicing hobbies outside professional responsibilities (Maranzan et al., 2018; Norcross & Phillips, 2020). Keeping a routine, being careful with through, practicing daily gratitude, and limiting exposure to media and social media are other important aspects of self-care (Norcross & Phillips, 2020; Rokach & Boulazreg, 2020). The authors Maranzan et al., (2018) suggest that self-care is a proactive and continuous process, as compared to a one-time intervention after a crisis. Thus, self-care as a proactive and continuous set of behaviours and decisions rests upon one's self-awareness and ability to acknowledge weaknesses and blind spots, and plan to take these into consideration (Detrick, 2021; Maranzan et al., 2018). Lastly, the presence of self-compassion is necessary for self-care, "the ability to be caring toward oneself is essential to take the time necessary to actually implement self-care behaviours" (Maranzan et al., 2018, p.362).

For trainee therapists, positive outcomes are associated with the presence of self-care behaviours, like better mood, increased wellbeing, enhanced self-compassion, deeper life satisfaction, and more success in academic and clinical training (Maranzan et al., 2018; Rokach & Boulazreg, 2020). This continuous, proactive, and self-reflective process of self-care goes beyond preventing issues, but helps an individual thrive in their professional and personal life (Maranzan et al., 2018). As such, self-awareness is an extremely important tool for trainee therapist self-care (Rokach & Boulazreg, 2020).

When self-care is neglected, several very real consequences can happen that shift the balance of a therapists' disposition of beneficence towards maleficence (Maranzan et al., 2018). Therapist distress is an important factor that can negatively impact the quality of therapy

offered to clients (Maranzan et al., 2018; Nissen-Lie et al., 2013; Thériault et al., 2015). Personal wellbeing has an impact on a therapist's emotional reserves as well as their capacity to be emotionally attuned to clients who are experiencing various levels of psychological distress and interpersonal difficulties (Nissen-Lie et al., 2013; Rokach & Boulazreg, 2020). This could lead to negative impacts on the length of therapy, the timing of interventions, emotional detachment from clients, loss of authenticity in the therapeutic alliance, disengagement, withdrawal, and use of avoiding coping strategies with clients (Nissen-Lie et al., 2013; Thériault et al., 2015).

Therapists who are tired and exhausted (e.g., symptoms of burnout) can find it hard to maintain high respect for their clients and may have difficulty maintain appropriate levels of empathy and compassion, as indicates symptoms of compassion fatigue (Maranzan et al., 2018; Turgoose & Maddox, 2017; White, 2020). Their perspective on their work may shift and they may view it as repetitive, empty, devoid of meaning, losing interest, commitment, and excitement for the profession (Maranzan et al., 2018; Nissen-Lie et al., 2013).

Typically, educational programs for trainee therapists leave the requirements of teaching about the emotional demands of the profession and self-care practices as an informal responsibility to supervisors and individual trainees (Detrick, 2021; Maranzan et al., 2018; Thériault et al., 2015). A Canadian study on self-care for therapists completed in 2015 found that opinions from professionals were divided as to whether self-care should be incorporated formally in counselling curriculum (Thériault et al., 2015). The results showed ambivalence around the question of ownership, i.e., "who owns the responsibility of imparting self-care knowledge and practices?" (Thériault et al., 2015, p.396) Participants pointed out that the most useful things for trainee therapists to be aware about self-care were: time management, boundaries (e.g., dual role), avoiding isolation, and realistic expectations with clients (e.g., who is responsible for change). In terms of coping mechanisms, seeking emotional support (e.g., friends, family, therapist), professional and peer supervision, being mindful of physical health

and wellbeing (e.g., healthy lifestyle), and respecting one's own limits were considered the most important priorities (Thériault et al., 2015).

Self-care practices help trainee therapists cope with the stress of graduate training and support to thrive in their new profession. Learning to consistently, proactively, and continuously engage in self-care has a direct link to the success and longevity of their future careers (Detrick, 2021; Maranzan et al., 2018; Rokach & Boulazreg, 2020). A study by Detrick (2021) compared the self-care knowledge and practices of doctoral students in clinical and counselling psychology. The findings of this study suggested that trainee therapists need more support during training (i.e., self-care related knowledge), as well as a climate that goes beyond encouraging self-care practices, and actually promotes self-care as a non-negotiable part of training (Detrick, 2021).

Mindfulness, Wellbeing, and Yoga

In the past two decades, psychological research has evolved, and Third Wave Psychology has been emerging with cutting-edge findings to support wellbeing (Hayes & Hoffman, 2017; La Torre et al., 2020). Evidence-based Third Wave Psychology heavily supports the importance of practicing mindfulness (Hayes & Hoffman, 2017; La Torre et al., 2020) and promoting a holistic view of health and wellbeing that focuses on concepts such as acceptance, mindfulness, personal values, and spirituality (Hayes & Hofmann, 2017). Third Wave therapies include but are not limited to Mindfulness-Based Stress Reduction (Kabat-Zinn, 2011), Mindfulness-Based Cognitive Therapy (Frostadottir & Dorjee, 2019), Acceptance and Commitment Therapy (Hayes et al., 2006), Compassion Focused Therapy (Gilbert, 2014), Mindful Self-Compassion (Neff, 2011), and Dialectical Behaviour Therapy (Linehan, 2018). In this third wave, there is a deeper and more critical focus on groups and organisations, i.e., looking beyond the individual person (Lomas et al., 2020). This wider lens is relevant in seeing trainee therapists' self-care embedded in the broader academic training context and not as an isolated act.

Yoga and mindfulness have already started to be incorporated in graduate training programs (Forbes et al., 2011; Christopher et al., 2006). Christopher and colleagues (2006) conducted a qualitative study to address self-care following a Mind/Body Medicine course that utilized yoga, mindfulness, and journaling in trainee therapists. This course offered students opportunities for personal and professional growth through self-care practices and skills aimed to promote mindfulness and help trainee therapists manage stress, and prevent burnout and compassion fatigue (Christopher et al., 2006). A personal account from a participant of this class (Maris, 2009) highlighted that such practice increased trainee therapist's ability to tap into her observing mind - mindfulness - and capacity to show an intentional therapeutic response with clients as opposed to an automatic reaction (Maris, 2009).

A review of qualitative research conducted between 2001 and 2010 demonstrated that mindfulness practices implemented within academic counsellor training programs increased the physical and psychological wellbeing of students (Christopher & Maris, 2010). Since then, systematic reviews have offered strong evidence on the positive effects of yoga in healthcare workers as it relates to stress management and burnout prevention (La Torre et al., 2020). Such interventions are a direct and practical way to address psychological distress, burnout, and compassion fatigue (Christopher & Maris, 2010; Dorian & Killebrew, 2014; Forbes et al., 2011). Mindfulness practice, such as the 'Loving-kindness meditation', has also been successfully used in research with psychotherapists and has contributed to increases in therapist empathy (Bibeau et al., 2016; Boellinghaus et al., 2013). Mindfulness is emerging as a protective factor for compassion fatigue, helping mental health professionals manage their stress levels (Turgoose & Maddox, 2017).

Among healthcare workers, there is strong evidence supporting the positive and preventative effects of yoga as it relates to stress management, anxiety, and burnout (Bischoff et al., 2010; Cocchiara et al., 2019; La Torre et al., 2020). Such impacts in turn allow workers to perform more effectively during stressful situations (La Torre et al., 2020). Additionally, yoga

and mindfulness interventions have also been used on nursing students with similar positive benefits (Moore et al., 2021). Among medical students, yoga practice has been associated with decrease of perceived stress and stress markers like cortisol, all while increasing physical health, mental health and wellbeing, cognitive processes, and positive emotions such as empathy, compassion, and self-regulation (Saoji, 2016).

Sat Bir Singh Khalsa (2013) from Harvard Medical School has argued, “the strongest contribution to mental health would be the preventive application of yoga in society in general, given what we know about the excellent benefits of yoga practice on risk factors for psychiatric conditions” (p.336). According to Kishan (2020), yoga would help increase wellbeing in a holistic way, encompassing physical, mental, emotional, and spiritual aspects.

Yoga practice has demonstrated preventative benefits on risk factors for physical and mental disease (Khalsa, 2013; Kishan, 2020; Warlick et al., 2020). Scientific research on yoga indicates positive correlation with emotional regulation, improvements in mood, wellbeing, cognitive and respiratory function, flexibility, strength, and neuromuscular performance (Khalsa, 2013; Khalsa & Gould, 2012). Yoga has been associated with better regulation of thoughts, emotions, aspects of personality, life experiences, and future goals (Kishan, 2020; Kumar, 2016). Research has pointed out the impact of yoga practice in helping increase self-esteem and sense of control in life (Diers et al., 2020; Kumar, 2016; Telles et al., 2012). Furthermore, it supports relaxation and reduces daily stress (Kumar, 2016).

These benefits of yoga have been observed in clinical populations and a wide range of mental and physical illnesses, such as anxiety and depression (Balasubramaniam et al., 2013; Kishan, 2020; Kumar, 2016; La Torre et al., 2020), eating disorders (Diers et al., 2020), sleep disorders (Balasubramaniam et al., 2013; Khalsa, 2013) schizophrenia (Balasubramaniam et al., 2013; Kishan, 2020; Khalsa, 2013), obesity (Kumar, 2016), breast cancer (Cramer et al., 2017), posttraumatic stress disorder (Khalsa, 2013; Telles et al., 2012), obsessive-compulsive disorder (Kishan, 2020; Khalsa, 2013), addictive behaviours (Khalsa, 2013), attention-deficit disorders

(Khalsa, 2013), autism (Kishan, 2020; Khalsa, 2013), chronic pain, hypertension, heart disease, asthma and diabetes (Kishan, 2020). In addition, in a meta-analysis of 24 studies on women with breast cancer, including 2166 participants, yoga has been found to improve health-related quality of life, to reduce fatigue when compared with no therapy, to reduce depression, anxiety and fatigue when compared to psychosocial and educational interventions (Cramer et al., 2017).

A study of particular interest is one conducted by Diers et al., (2020) on a group of 67 participants who were clinically diagnosed with an eating disorder. This mixed-methods pilot study explored the effects of an 8-week yoga intervention on body image and demonstrated promising results related to improved self-acceptance, self-awareness, confidence, emotional and physical strength, and as a positive form of release (Diers et al., 2020). As the authors Diers and colleagues (2020) wrote, “yoga, by nature, calls for a curious, reflective, and caring connection to one’s body” (p.478). It is well known that yoga practice translates to daily life, i.e., how one speaks to themselves on the mat (e.g., “I must get this pose. I’m not good at this.”), hints strongly to how one speaks to themselves in daily life. Yoga practice is a space to increase one’s awareness and to cultivate a kinder, warmer, and more generous way of being.

Its tenet relies on balancing body and mind to contribute to maintaining the being in a homeostatic state of health (Kishan, 2020; Kumar, 2016). This balance supports contemplative states of consciousness, i.e., mindfulness (Khalsa, 2013).

In terms of the physical aspects, the postures help increase flexibility, strength, and lubricate the joints (Kumar, 2016). Breathing and meditation that are usually embedded in yoga practice help calm and focus the mind, increase awareness of self and the environment, reduce stress, and lift depression, insomnia, and fear (Kumar, 2016). Yoga also stimulates neural pathways, “glands, muscles and parts of the body related to emotional reactivity” (Kumar, 2016, p.11), which correlate to increased emotional regulation. Also observed is a down regulation of the hypothalamus-pituitary-adrenal axis and sympathetic nervous system (Kishan, 2020), an increase in GABA, oxytocin, serotonin levels, and a decrease in cortisol (Kishan, 2020). Regular

yoga practice is also associated with increase cognitive abilities such as memory, attention and focus by its effects on neuroplasticity (Kishan, 2020; Kumar, 2016). For example, the simple practice of yoga postures requires a student to fire up their mirror neurons, which are involved in social cognition, (Kishan, 2020). This contributes to improvement in rumination in anxiety and depressive disorders (Khalsa, 2013).

These positive effects of yoga as a holistic practice can be beneficial for trainee therapists in the integration of difficult professional and personal experiences during training as well as integration of their new identity as a practitioner-self. The positive effects on stress reduction, mindfulness and on balancing different aspects of professional and personal lives support its implementation as a potential practice for the improvement of trainee wellbeing in alignment with the ethical requirement of self-care (Dorociak et al., 2017; Theriault et al., 2015; Thompson et al., 2011).

It is important to note that studies with yoga use different types of yoga. Yoga offers a vast array of postures (asana), breathing techniques (pranayama), and meditative practices that can be combined in various ways (Satchidananda, 2012). It sometimes also incorporates values and ethics, known as the yamas and niyamas (Satchidananda, 2012). Yoga practice is dependent on the yoga teacher itself, their lineage, what they have learned and practiced, and what they choose to teach.

Potential risks and contraindications: There is a potential risk of physical injury with the practice of yoga (Stephens, 2010). Furthermore, some yoga postures are contraindicated for pregnant women and people with high blood pressure (e.g., inversions) (Stephens, 2010). The practice of yoga should always be done in the presence of a trained yoga teacher who is aware of any other contraindication for specific yoga poses (Stephens, 2010). Further, guided imagery and visualizations (often used in meditations and/or yoga classes) are contraindicated for individuals who struggle with severe dissociation and/or psychosis and/or other related severe mental health conditions (Bauckhage & Sell, 2021).

Journaling, Growth and Self-Care

As mentioned previously, self-awareness is an extremely important tool for trainee therapist self-care (Rokach & Boulazreg, 2020). Journaling has been used in research with trainee nurses, therapists, and other medical professionals to promote self-reflection and growth (Deaver & McAuliffe, 2009; Epp, 2008; Mercer et al., 2010; Wedgeworth et al., 2017). In addition to increasing self-awareness, research indicates that journaling provides many mental health benefits such as coping with stress, expressing, and processing stressful emotions and experiences (Asbury et al., 2018; Gibson, 2018; Mercer et al., 2010; Miller, 2017; Ullrich & Lutgendorf, 2002).

Journaling can be done in a variety of ways, e.g., reflective journaling, visual journaling, guided journaling, and gratitude journaling. Preliminary research findings indicate promising effects of journaling on self-reflection, self-awareness, growth, clinical judgment, stress reduction and experience integration, but more research is needed to understand its perceived impacts and long-term effects on wellbeing and self-care (Epp, 2008; Mercer et al., 2010; Wedgeworth et al., 2017)

A study on nursing students in both undergraduate and graduate levels demonstrated that journaling supported a better integration of experiences in clinical settings in addition to helping students become more active in their learning (Wedgeworth et al., 2017). Gratitude journaling, as researched on management students, increased levels of meaningfulness and engagement in their studies (Flinchbaugh et al., 2012). Journaling also facilitated an increase in compassion for those struggling with mental illness (Wedgeworth et al., 2017). In 2010, a study by Mercer and colleagues on the impact of a visual journaling practice for medical students found that its use diminished anxiety, negative affect, and stress among most research participants (Mercer et al., 2010). As it relates to trainee therapists, a qualitative study by Deaver & McAuliffe (2009) showed that visual journaling could facilitate the process of reflection for trainee therapists. Lastly, a study by Gibson (2018) explored the potential of visual

journaling for therapists working with trauma in a paediatric hospital. This research pointed out that journaling is an effective way to promote resiliency, process difficult events, and maintain boundaries between professional and personal life (Gibson, 2018).

Journaling could be an easy and cost-effective strategy to help trainee therapists process and integrate heavily charged training and clinical sessions, while maintaining clinical judgment. The reflexivity facilitated by journaling could also support better life balance between personal and professional responsibilities, as well as offer an opportunity to master the habit of continuous self-reflection and introspection (Rønnestad et al., 2019). This increase in self-awareness is crucial for engaging in proactive and continuous self-care behaviours (Rokach & Boulazreg, 2020). Thus, journaling practice is in line with the ethical requirement of self-care and could offer multiple positive benefits for trainee therapist self-care, and prevention of burnout and compassion fatigue to name a few (Dorociak et al., 2017; Rønnestad et al., 2019; Thériault et al., 2015; Thompson et al., 2011).

Potential risks and contraindications: There is a potential emotional risk with journaling, specifically, the risk of 'backdraft', i.e., an experience of emerging distress when contacting suffering mindfully and compassionately which could be in the form of uneasiness, sadness, sense of vulnerability, body aches, other forms of emotional, mental, and physical symptoms (Neff & Germer, 2018).

Combining Yoga and Journaling: A Reflexive Approach

Yoga and journaling address different aspects of the person. Combining both practices allows exploring the effects of a holistic approach to self-care, where the benefits of one practice potentially enhance the benefits of the other. The yoga practice is highlighted for its calming and grounding effect, for connecting with the body and breath, reducing stress, and promoting relaxation, i.e., helping participants find a sense of calm in the present moment (Khalsa, 2013). This sets the stage for the guided journaling practice, where words and reflection can potentially flow more easily after having calmed the mind and connected with the body.

Reflexivity is an essential skillset for the longevity of a career in this field. It helps professionals to remain ethical, responsive, and active in their roles (Dixon & Chiang, 2019; Rønnestad et al., 2019). Reflexivity is defined as “a practice of observing and locating one’s self as a knower within certain cultural and sociohistorical contexts; it leads to self-awareness, scholarly accountability, and recognition of a range of human truths” (Dixon & Chiang, 2019, p.15). Reflexivity invites mental health professionals to practice, teach, and do research in a collaborative, developmental, multicultural, and holistic way (Dixon & Chiang, 2019).

Reflexive skills are important muscles to develop to engage in continuous reflection on one’s own values, biases, assumptions, and cultural and spiritual heritage. It is through a reflexive stance that a therapist can grow and learn, making sure they are not imposing their own perspective on the client (Dixon & Chiang, 2019). This is especially important, when considering cultural competency and cross-cultural interactions between therapists and clients, to not perpetuate colonist dynamics embedded in 21st century western society, i.e., not to reproduce oppression from the dominant culture towards minorities (Constantine et al., 2004; Singh et al., 2020; Tuck & Yang, 2012). It is also through this lens that collaboration with the client is truly possible (Dixon & Chiang, 2019). As the saying goes, therapists want to work *with* the client and not *for* the client (Dixon & Chiang, 2019; Singh et al., 2020).

According to Dixon & Chiang (2019), a warm and collaborative space empowers graduate students to become active agents in their reflexive practices and engage in critical thinking. The creation of such a space is where the role of self-compassion enters the scene.

Self-compassion

Research on self-compassion has exploded since the beginning of the 21st century. It is a way to relate to oneself, especially during times of suffering (Phillips & Hine, 2019). The authors Neff & Germer (2018), pioneers in the field of self-compassion, share that people who are more self-compassionate experience a wide range of positive benefits such as deeper happiness and life satisfaction, increased motivation, better physical health (Phillips & Hine, 2019) and mental

health (e.g., less anxiety and depression), and tend to have more satisfying relationships (Raab, 2014). Individuals who are more self-compassionate tend to be more resilient and hence more able to manage stressful life events (e.g., divorce, death of a loved one, career changes, health crises, academic failure, even combat trauma) (Neff & Germer, 2018; Phillips & Hine, 2019; Raab, 2014). Self-compassion has been proven to help with a wide range of mental illnesses (Luo et al., 2021; Macbet & Gumley, 2012; Mistretta & Davis, 2021) and it can also provide a buffer for people experiencing suicidal thoughts and behaviours (Per et al., 2022). Among health care workers, self-compassion has the potential to reduce perceived stress and increase clinical competence (Raab, 2014).

Self-compassion is about embracing one's imperfection and enhances resilience in the face of difficulties (Neff & Germer, 2018; Phillips & Hine, 2019; Raab, 2014). The three main components of self-compassion are self-kindness, common humanity, and mindfulness (Neff & Germer, 2018; Phillips & Hine, 2019). Self-kindness involves being kind to oneself, as opposed to being harsh or critical with our human shortcomings. Common humanity refers to this sense of interconnectedness, where one recognizes that suffering is a common experience for all humans (Neff & Germer, 2018). It is also an acknowledgment that all humans fail, make mistakes, have flaws, and experience difficulties (Neff & Germer, 2018; Phillips & Hine, 2019). Further, self-compassion holds an intimate relationship with mindfulness, as described in Neff & Germer's *Mindful Self-Compassion Workbook* (2018):

Self-compassion emerges from the heart of mindfulness where we meet suffering in our lives. Mindfulness invites us to *open* to suffering with loving, spacious, awareness. Self-compassion adds, *be kinder to yourself* in the midst of suffering. Together, mindfulness and self-compassion form a state of warm-hearted, connected presence during difficult moment in our lives. (p.2)

Mindfulness is needed for self-compassion as we need to *be* with our pain to respond in a kind and caring manner. By practicing self-compassion, trainee therapists can better engage in self-

care practices that can support them to become more engaged and active in their learning (Dixon & Chiang, 2019; Raab, 2014).

Gaps in the literature

The review of the literature pointed out the need to pay closer attention to the factors that contribute to therapist development throughout their career, especially at the novice stage where anxiety and stress levels are at their highest (Rønnestad et al., 2019). There is only a small body of research that focuses on balancing professional and personal life demands (Rupert & Dorociak, 2019). As life balance is considered one of the four most common stressors for trainee therapists (Warlick et al., 2020), it requires further attention and understanding to help prevent burnout and compassion fatigue, and enhance wellbeing (Turgoose & Maddox, 2017).

Third wave psychology therapies urge us to look at not just the individual, but rather the individual within its environmental context (Lomas et al., 2020). This wider lens is relevant in seeing trainee therapists' self-care embedded in the broader academic training context and not as an isolated act. Currently, the message received by trainee therapists around this essential component of training is conflicting and often pushed to the side, i.e., academic performance is prioritized and valued above personal wellbeing and self-care (Thériault et al., 2015).

Great individual efforts and resources are needed to thrive in a graduate clinical environment, while staying healthy. Creative solutions are needed for graduate programs to support trainee therapists strengthen, develop, and maintain self-care habits that will support their wellbeing and those of their clients (Detrick, 2021).

There is only a small number of studies that look at how yoga and/or mindfulness could be weaved in graduate programs for trainee therapists. Despite their limited numbers, these studies are very promising, and these practices show great potential in increasing trainee therapists' physical and psychological wellbeing (Christopher & Maris, 2010; Maranzan et al., 2018). This is especially true for their preventative and protective effects (Khalsa, 2013; Kishan, 2020; Warlick et al., 2020).

Reflective practices, such as journaling, need more research to help us understand the perceived impacts and long-term effects on therapist wellbeing and self-care (Epp, 2008; Mercer et al., 2010; Wedgeworth et al., 2017). There is also a growing need to include the process of reflexivity not only in clinical practice, but also in psychotherapy research (Dixon & Chiang, 2019).

This study attempted to fill the gaps in the literature by exploring the impacts of integrating yoga and guided journaling practices to support trainee therapists in their efforts for self-care, professional development, and life balance during their training.

To study the impacts of such practices an intervention was created, the Balancing Act Practice (BAP), that aimed to offer a meaningful and consistent way for trainee therapists to practice reflexivity and self-care. First, by increasing their awareness and mindfulness skills through engaging in yoga practice. Second, by putting pen to paper as a mean of reflecting on their inner experiences to further practice essential reflexive skills that the literature suggested were paramount for growth and longevity in their professional careers (Rønnestad et al., 2019).

The goal of the study was to gain access to the lived experience of novice trainee therapists during the Balancing Act Practice (BAP), an 8-week yoga and guided journaling program and identify the perceived impacts of such practice. Specifically, this study explored the ways in which the BAP supported novice trainee therapists in balancing the demands between their personal and professional lives. The next chapter outlines the details of the BAP program. Furthermore, this study aimed to contribute to the literature on burnout prevention and self-care for trainee therapists and gain understanding about the potential benefit of integrating such practices in professional training programs.

Research Questions

The study tried to answer the following questions:

1. What is the perceived impact of the BAP (an 8-week yoga and guided reflexive journaling practice) on novice trainee therapists in balancing the demands of professional and personal life?
2. What is the perceived impact of the BAP on participants' approach and outlook towards therapist self-care practices?
3. What is the perceived impact of the BAP on novice trainee therapists in reducing the key stressors and challenges noted in the literature (i.e., anxiety, self-doubt, ambiguity of professional work, academic responsibilities, finances/debt, etc.) during the early years of professional training?

CHAPTER 3: METHODOLOGY

“In order to discover meaning in the data, one needs an attitude open enough to let unexpected meaning emerge.”

— Chan et al. (2013, p.1)

This chapter will first present the Balancing Act Practice, a self-care intervention that was created for the purposes of this study. It will then cover the details about the research design and key methodological choices that guided the data collection and analysis of findings.

The Intervention: Overview of the Balancing Act Practice (BAP)

The Balancing Act Practice (BAP) is an 8-week hatha yoga program with integrated self-reflection through guided journaling, created by Chantal Riel, who is the researcher and a certified hatha yoga teacher. The BAP aimed to provide opportunities for self-care practice in a safe space for trainee therapists to reflect about their effort to find balance between academic demands, clinical workload, and personal life responsibilities.

Both yoga and guided journaling are self-reflective practices that enhance mindfulness (i.e., present moment awareness) and support embodied practice (Cramer et al., 2017; Diers et al., 2020; Gibson, 2018; Khalsa & Gould, 2012). Although, trainee therapist could learn about the necessity of self-care through lectures and readings, practicing is what helps to build the necessary skills for resiliency throughout their careers. The BAP aimed to provide the opportunity for self-care *in action*, rather than only in theory.

Logistics of the BAP

The length of the BAP is 8 weeks (details in Appendix A and Appendix B). It was offered once a week and the sessions were 90 minutes. This length was chosen because 8-weeks are a standard for mindfulness-based interventions, such as Mindfulness Based Stress Reduction (La Torre et al., 2020). This was also the proposed length in previous yoga studies, which showed promising results (Diers et al., 2020). Each practice consisted of 60 minutes of practicing the asanas (physical postures) of hatha yoga, followed by a short meditation, and a 5-minute break.

The guided journaling followed in the remaining time. At the end of the 90 minutes, participants had the option to stay for a few minutes and share about their experience.

Due to the current climate related to the COVID-19 pandemic and social distancing, the BAP was offered virtually via the platform Zoom. Given the online nature of the BAP, the option to share was offered to foster a sense of community and replace organic conversations, which may have happened between participants if it were offered in-person, as they were rolling up their mats and gathering their belongings.

Developing the BAP

The BAP was developed in a spirit of honouring the eight limbs of yoga. The eight limbs offer guidelines to live a meaningful and purposeful life. Namely, on the combination of yoga postures (asana), breathing techniques (pranayama), social ethics (yamas), personal practice (niyama), withdrawal of the senses (pratyahara), concentration (dharana), meditation (dhyana), and absorption (samadhi) (Satchidananda, 2012). The BAP also drew from the philosophy of yoga as presented by Patanjali in the Yoga Sutras of Patanjali (Satchidananda, 2012). Many parallels can be made from yoga philosophy to the field of compassion in psychology. For example, one of the yamas (social ethics) is *ahimsa*. Ahimsa means 'to do no harm' and cultivate compassion and kindness towards self and others. Cultivating ahimsa on the yoga mat can help cultivate ahimsa off the mat, in daily life.

The BAP was developed with a compassionate approach in mind. Compassion and self-compassion were modelled by the teacher in multiple ways, based on concepts and principles of Compassion Focused Therapy (Gilbert, 2014) and Mindful Self-Compassion (Neff, 2011). For example, the teacher communicated with participants in a warm and compassionate tone both verbally and in writing (e.g., e-mails and questionnaires). During the practice, invitational language was used in cueing yoga postures (e.g., "I invite you to move into tree pose"). The content delivered during the BAP also included many reminders to move gently, to be generous and kind towards the body and oneself, and to prioritize listening inwards as opposed to

listening to the teacher's suggestions. For example, when guiding participants into a more active yoga posture (e.g., Warrior pose), they were reminded that they could choose an easier option (e.g., Warrior pose with knee on the floor, or with arms down), or that they could opt out of the pose entirely if their body was telling them to rest. With ample time and space in between postures, participants were invited to try again if they didn't get a posture the first time. This communicated that there is room for failure and growth, and that it can all actually be playful and fun. Participants were also offered many self-compassion reminders, called 'permission slips'. They were reminded that they did not need to show up and perform in any particular way (e.g., 'You have permission to be just as you are, without needing to change or improve anything in this moment').

In addition, the question '*What do I need right now?*' was central to embracing self-compassion (Neff, 2011). Self-compassion skills were nourished during the guided journaling prompts by inviting participants to identify their current needs (e.g., 'Today my mind needs...', 'Today my body needs...', 'Today my heart needs...'). Participants were also asked to write an intention for the week. Working with intentions helps develop self-compassion because an intention is a direction in which one wishes to move, as opposed to a goal (D. Tirsch & L. Silberstein, personal communication, March 2021; Neff & Germer, 2018). A goal is fixed and contains an inherent dichotomy of success vs. failure. Please see Appendix C for more details on the difference between an intention and a goal.

Each session of the BAP had a specific theme and the sessions built on one another from week to week. The first session was an introduction to a compassionate and intentional approach. The following seven sessions each focused on a specific chakra (energetic center in the body), starting at the root chakra, and moving all the way up the spine to the crown chakra. The chakras were chosen because they offer a map to specific themes and life lessons and would help cover a broad range of life areas in the BAP as outlined in Appendix B. Using the chakras as a map also honoured the Eastern roots of yoga.

As mentioned, each session was accompanied by a guided journaling practice. The guided journaling format was chosen because it has been suggested to provide participants with clear guidelines in this outlet for ongoing self-reflection (Miller, 2017). Both the yoga and the questions for the journaling were related to the themes (see Appendix A and B) as were the short meditations. The last few minutes of the practice were dedicated to allowing participants to share on their experience or their intention for the week.

Potential risks and contraindications: The Balancing Act Practice is not free of minor risks. As indicated in the literature, there is a potential risk of physical injury with the practice of yoga (Stephens, 2010). Furthermore, some yoga postures are contraindicated for pregnant women and people with high blood pressure (e.g., inversions). The practice of yoga should always be done in the presence of a trained yoga teacher who is aware of any other contraindication for specific yoga poses (Stephens, 2010). There is also a potential emotional risk with journaling, specifically, the risk of 'backdraft', i.e., an experience of emerging distress when contacting suffering mindfully and compassionately which could be in the form of uneasiness, sadness, sense of vulnerability, body aches, other forms of emotional, mental, and physical symptoms (Neff & Germer, 2018). Lastly, guided imagery and visualizations (often used in meditations) are contraindicated for individuals who struggle with severe dissociation and/or psychosis and/or other related severe mental health conditions (Bauckhage & Sell, 2021).

Disclaimer: In the West, the chakras can be seen as a spiritual teaching in the practice. With a sensitivity and awareness not to impose any spiritual belief, participants were reminded on multiple occasions that if the concept of chakras did not resonate with them and their values, they could leave them aside and simply focus on the theme of the week. It was repeatedly made explicit that the concept of chakras as energetic centers in the body comes from a different worldview and there was no pressure to adhere to this worldview. However, it remains that some participants may not feel comfortable participating in yoga practice because of their

personal spiritual or religious beliefs, (e.g., some Christian practitioners) (Bourgeois et al., 1998).

BAP facilitator characteristics

The researcher, Chantal, was leading the BAP sessions as she is a hatha yoga teacher with a 200-hrs Hatha Yoga teacher certification approved by a registered yoga school and has multiple years of experience teaching in an inclusive, trauma-informed, and compassionate way. She also has experience in offering virtual yoga sessions and has worked with school boards and organizations in offering online yoga classes to various groups. As she has designed the BAP with a compassionate approach in mind, it is fitting that she led the program. She is also trained in Mindful Self-Compassion and Compassion Focused Therapy. Chantal, being a trainee therapist herself, has experienced first-hand the challenges and hazards of the profession and has seen many of her colleagues deeply suffering and struggling to maintain wellbeing during their graduate studies. In her view, it shouldn't be 'the norm' to fall into deeper and deeper levels of distress to reach graduation. It was meaningful to offer the BAP to trainee therapists and give back to the community in this way.

Qualitative Research Design

Phenomenology is a form of qualitative research that attends to the lived experience of a person or a group. This study used an interpretative phenomenological framework. Phenomenology was considered the most suited methodology as it aims to describe the meaning of an experience shared by a small group of people, which was the case for the BAP study (Creswell, 2013; Dickson et al., 2008). Phenomenological inquiry is exploratory, descriptive, and interpretative in nature (McLeod, 2011; Miller & Barrio Minton, 2016). It invites the researcher to immerse themselves in the experience and the deeper meaning of an experience shared by multiple participants (Creswell, 2013). Phenomenology requires a group size between 3 to 15 participants, which was suitable for the scope of the BAP study (Creswell, 2013; Miller & Barrio Minton, 2016). The intent of phenomenological inquiry is to describe the experience from the participant's point of view as well as highlight any common and underlying themes in the individual experiences shared by a group of participants (Creswell, 2013). This method has been described as seeking to understand the meaning that lies beyond words (McLeod, 2011) and invites the researcher to carefully consider the underlying meaning of participants' experiences (Shi, 2011).

Phenomenology seeks to understand a phenomenon as interpreted by and through human consciousness (Creswell, 2013; Shi, 2011). In other words, phenomenology assumes that a phenomenon cannot and should not be separated from its context, i.e., from the person who experienced it (Creswell, 2013). The description of the essence aims to stay as close as possible to the experience of the participants (Creswell, 2013; Shi, 2011; Miller & Barrio Minton, 2016). However, there is an interpretative component to this description as the researcher must synthesize and therefore interpret the meanings from individual participants' experience into a description of the nature of the experience for the group (Creswell, 2013). For this reason, interpretative phenomenology - as opposed to descriptive phenomenology - was used in this present study. Interpretative phenomenology focuses on understanding the complexity of

meaning in the participants' experience (Chan et al., 2013). Creswell (2013) calls the process of phenomenology "a return to the Greek conception of philosophy as a search for wisdom" (p.77).

Staying true to the participants' experience is not an easy task. It requires the researcher to put aside their beliefs, values, and past experiences (Chan et al., 2013; Creswell, 2013). This is where phenomenology is described as a philosophy without presuppositions, since it calls the researcher to remain curious and faithful to what the participants experienced, not what the researcher had hoped for (Creswell, 2013; Miller & Barrio Minton, 2016). The term *epoche* or *bracketing* refers to the exercise where the researcher *brackets* their presuppositions about the phenomenon under study by exploring and identifying their own experiences with the phenomenon (Chan et al., 2013; Creswell, 2013; Miller & Barrio Minton, 2016). This reflexive activity is most effective when performed from the beginning of the research process all the way through to data collection and analysis (Chan et al., 2013). However, it would be impossible to completely remove the researcher from the study and the method of bracketing does not seek to do this perfectly (Creswell, 2013; Shi, 2011). Rather, bracketing helps the researcher identify personal beliefs, values, biases, and past experiences to *partly* set them aside (or become aware) and in this way focus on the data (Creswell, 2013). Bracketing can be facilitated with a reflexive journal in which the researcher writes thoughts, feelings, and perceptions throughout the research process (Chan et al., 2013; Miller et al, 2016). This feature of phenomenology was considered of the utmost importance as the main researcher of the study also led the BAP practice and as such, was immersed in the co-creation of the experience.

The study looked at the individual experience of several trainee therapists during their participation in the BAP. Specifically, what was like to participate in the 8-weeks of yoga and guided journaling practice and the impact on balancing the demands of their personal and professional lives. It was expected that looking closely to such practice could offer valuable insight for graduate training in seeing if such self-care programs could be relevant for

supporting trainees to better cope with the demands of training and clinical practice in the early years of professional development.

Ethical considerations

Prior to recruitment and data collection, this study received approval to be carried out by the Research and Ethics Boards of Saint-Paul University (Appendix D). Participants' informed consent was obtained prior to data collection. Participants were informed of the low level of potential risk. These risks involved minimal risk of physical injury during the yoga practice as well as minimal emotional risk given the invitation to reflect on challenges in balancing professional and personal life during the guided journaling practice. The small group size allowed for better monitoring of yoga postures. To mitigate the emotional risks and given the online nature of the study, participants had the opportunity to share about their experience each week after practice.

Anonymity and confidentiality were protected by using pseudonyms instead of real names and by keeping all data in a safe location. Participants were invited to choose an identifying pseudonym to use on all pieces of data. Data was kept separate from the demographic questionnaires containing both real names and pseudonyms. A master file that contained both pseudonym and name was also kept separately. Participants were also informed that their weekly personal journals were not going to be collected. Previous studies on journaling interventions suggested sharing the journals could lead the students to not write as truthfully as they would if the journals were kept private (Miller, 2017). As such, "students would prefer anonymity or report a distrust in sharing the journals (...) the writer may feel vulnerable or embarrassed and may not write truthfully if they do not trust the reader" (Miller, 2017, p.40-41). Since the BAP aimed to support trainee therapists as much as possible in their wellbeing and self-reflection, this further explains the choice not to collect participants' private journals. Instead, participants were asked to provide written reflections about their intentions and experience at the beginning and end of the BAP process (see Appendix C, E, F, G and H).

Consent Form

The main researcher met with each participant individually by videoconference to review the contents of the consent form (Appendix I). The consent form described the study, its purpose, what participation entails as well as all potential risks. Participants were informed of available resources (i.e., debriefing and community counselling) in case of distress arising from the process. The voluntary nature of the study was highlighted. The consent form also contained participants' rights and contact information for the researcher, research supervisor and the university's Research and Ethics Board. Participants were given many opportunities to ask questions. After this meeting, participants were asked to sign and return the consent form.

Participants

Characteristics

In the study participated fifteen trainee therapists from two Canadian University Masters programs in Counselling, i.e., the Master of Arts in Counselling, Psychotherapy, and Spirituality from Saint-Paul University and the Master of Education in Counselling Psychology from the University of Ottawa. Ten participants were in their first year and five participants were in their second year of study. Their demographic information is detailed below in Table 1. Pseudonyms were used in all data files and analyses, instead of actual names to preserve anonymity. All pseudonyms were chosen by the participants.

Table 1*Participant Demographic Information*

Pseudonym	Age	Gender	Year of Study	Status	Dependents	Lifetime client contact hours	Experience with yoga	Spirituality / Religion
Lex	22	F	1 st	In a relationship	None	None	Occasional	Catholic
PeskyMetal	23	M	1 st	In a relationship	None	None	Occasional	Agnostic
Fuzzypeaches679	23	F	1 st	Common-law partnership	None	None	Occasional	Spiritual
Hazel	23	F	1 st	In a relationship	1 cat	None	Occasional	Islam
Dexter	24	F	1 st	Single	None	150 hrs	Experienced	Catholic
Kiwi	25	F	1 st	In a relationship	None	450 hrs	Occasional	Undefined
Cotton Candy	28	F	1 st	Single	None	None	Occasional	Christian
Key	30	F	1 st	Single	None	None	None	None
Helena	48	F	1 st	Divorced	1 child, 1 cat	None	Yoga teacher	Protestant Christian
PassionR	56	F	1 st	Single	None	None	Yoga teacher	Catholic
Applecrumble	23	F	2 nd	In a relationship	None	90 hrs	Occasional	None
Mochi	26	F	2 nd	Single	1 cat	12 hrs	Experienced	Islam
Neutral Mug Hotel	26	F	2 nd	Single	None	30 hrs	Occasional	Anglican/Buddhist
MA22	34	F	2 nd	Single	None	60 hrs	Occasional	Catholic
Viking	45	M	2 nd	In a relationship	2 children	None	Occasional	Catholic

The sample of participants included thirteen female and two male participants, between the ages of 22 and 56. The median age was 26 years old. The participants were of various cultural backgrounds such as Canadian, French, American, Lebanese, Haitian, Croatian, and of

Palestinian heritage. Their religious and spiritual backgrounds were also mixed. Most participants (73%) identified with religion/spirituality whereas 13% reported identifying with no religious affiliation. The rest 14% identified as agnostic and undefined.

Roughly half of the participants were single, and the other half had a partner in their lives. Approximately three quarters of the participants did not have any dependents whereas the rest were taking care of children and/or pets. As it relates to clinical experience, 60% of participants had not started seeing clients whereas 40% had prior client contact hours ranging from 12 hours to as many as 450 hours. It is to note that participants with client contact hours were mixed between first- and second-year students as some gained experience in previous jobs or volunteer work.

In terms of prior experience with yoga, one participant had no prior experience with yoga, ten participants engaged in the occasional practice of yoga postures whether in a live class or with videos (e.g., YouTube videos), two participants had extensive experience with yoga, whereas the last two had completed a yoga teacher training. In all of the participants, 25% of them specified engaging in a regular yoga practice (i.e., daily, or weekly).

Inclusion Criteria

For the purpose of this study, trainee therapists in first and second-year of their graduate program were selected. Trainee therapists in this stage correspond to the novice student phase of therapist development as identified by Rønnestad et al. (2019). It is to note that the participants in second-year of their program would only reach the experienced student phase later in the year. Participation in the study took part in the first semester of each academic year. As it was mentioned in the literature review, the novice student phase was selected for this study as it is when anxiety levels are the highest and many struggle with feelings of incompetence, self-doubt, and insecurity (Rønnestad & Skovholt., 2003; Rønnestad et al., 2019; Skovholt & Rønnestad, 2003; Thériault & Gazzola, 2010). As such, this population was deemed most

suitable to explore the impacts of the BAP. Furthermore, selection of these cohorts ensured ethical distancing between the researcher and participants.

Participants of all ages, genders and religions/spirituality were welcomed. Participants were not required to have previous experience with yoga and journaling to participate. However, participants were required to be fluent in English, both written and spoken. The study involved a total of 15 participants (N=15). This sample size stayed within the recommended 5 - 25 participants for phenomenological inquiry (Creswell, 2013). In addition, this sample size allowed a diverse picture of participants' experience in the BAP.

Measures

For this study, the participants were asked to complete a total of four questionnaires, approved by the university's Research and Ethics Board.

The measures included:

1. A Demographic Questionnaire (Appendix E)
2. A Personal Intentions Reflection (Appendix C & F)
3. The Skovholt Practitioner Professional Resiliency and Self-Care Inventory (Skovholt & Trotter Mathison, 2016) (Appendix G)
4. End of Study Personal Reflection (Appendix H)

The Demographic Questionnaire (Appendix E) was a brief two-page questionnaire created by the researcher to gather basic demographic information on the participants, including but not limited to name, country of origin, marital status, education, clinical experience, wellbeing practices, etc. It was also on this questionnaire that participants were asked to choose a pseudonym to identify themselves on all other pieces of data.

The Personal Intentions Reflection was administered once pre-intervention (Appendix C) and once post-intervention (Appendix F). It was a three-page questionnaire created by the researcher that begun by explaining the difference between a goal and an intention and was followed by four open-ended questions on why they joined the study, and their current sense of

balance between personal and professional life. Lastly, participants were asked to write down as little or as many personal intentions for the BAP. Intentions were chosen as opposed to stating goals because intentions are softer and kinder in nature. They usually have to do with *how* and *why* we do things, rather than focus only on *what* we do. By stating an intention, one decides in which direction they would like to move towards, regardless of the time it takes to get there, if they get there at all. Compassionate intention setting is also one of the choices available to us as suggested by the philosophy of Compassion Focused Therapy in the face of suffering (D. Tirsch & L. Silberstein, personal communication, March 2021). It is like offering oneself a wish of self-compassion (Neff & Germer, 2018). For example, the self-compassion phrase 'May I remain patient and loving' is very similar to 'My intention is to be patient and kind'.

The Skovholt Practitioner Professional Resiliency and Self-Care Inventory (Appendix G) was created by Thomas Skovholt (Skovholt & Trotter Mathison, 2016) and assesses four life domains: professional vitality, personal vitality, professional stress, and personal stress. This inventory was developed as a tool for self-reflection for professionals in the helping professions (Skovholt & Trotter Mathison, 2016). It has been used in multiple educational contexts. For example, it was used with nursing students in a study that promoted in-class resilience for stress management (Moore et al., 2021).

It consists of four subscales and a total of 38 questions that are scored on a Likert scale. There are three open-ended questions at the end to foster self-reflection on the results. This inventory was administered once pre-intervention and once post-intervention to support participants' reflexivity. The analysis of this study focused primarily on the three open-ended questions which invited participants to reflect on their scores of the four life domains, pre and post BAP.

The End of Study Personal Reflection (Appendix H) was administered once post-intervention and was created by the researcher. It consisted of 14 open-ended questions that covered a range of topics related to life balance and the impacts of the BAP (e.g., clinical

work/professional life, health habits, relationships, spirituality/religion, quality of presence, boundaries, wellbeing, etc.).

Procedures

Recruitment

Recruitment was focused on trainee therapists attending two Canadian universities in the Capital region. Two separate periods of recruitment took place, one in the Summer 2021 and one in the Fall 2021. The recruitment poster (Appendix J) as well as the recruitment e-mail (Appendix K) were sent electronically. The researcher also did a number of brief, in-class presentations, both virtually and in-person. Lastly, the recruitment poster was also posted on the university's internal website. Prospective participants were asked to express their interest to the researcher by e-mail.

Data Collection

Data collected employed different measures, which allowed for increased flexibility and triangulation in the interpretations of the results and more in-depth understanding of the meaning behind trainees' experience of the BAP (Creswell & Clark, 2011). The questionnaires were filled out using SurveyMonkey, a secure online survey platform. Participants received a link by email to access the questionnaires and used their chosen pseudonym to identify themselves while maintaining their anonymity. All pre-intervention questionnaires were completed before the first practice of the BAP and the post-intervention questionnaires were completed in the two following weeks after the end of the BAP. According to the university's regulations, all data was stored in a safe location and will be kept for a period of five years, after which it will be securely destroyed. More specifically, all data and research documents were kept on an encrypted, password-protected file on the main researcher's computer and on a password protected USB kept in a locked cabinet in the supervisor's office. This included the master list of

participants' names and codes/pseudonyms. Only the researcher and her supervisor had access to the data.

Data Analysis

This study used Interpretative Phenomenological Analysis, also known as IPA (Creswell, 2013). IPA is the most frequently used method for a rapidly growing number of qualitative research studies related to counselling, counsellor education, and supervision (Miller & Barrio Minton, 2016). IPA invites the researcher to look closely at individual experiences, and to examine similarities and differences between them (Dickson et al., 2008; Miller & Barrio Minton, 2016). The intention is to highlight and value equally each participant's experience. This emphasis on the individual is where IPA goes beyond traditional phenomenology with "a distinct commitment to idiography" (Miller & Barrio Minton, 2016, p.2), that its focus is primarily on the individual versus the group.

IPA is particularly well suited for research in counsellor education and development because its methodology is flexible and encourages researchers to bring their unique perspective and creativity to address their specific research question (Miller & Barrio Minton, 2016; Shi, 2011). It is typically more concerned with *how* a phenomenon was experienced rather than *what* the phenomenon was (Creswell, 2013; Miller & Barrio Minton, 2016). Further, IPA works best when research questions are open and exploratory and seek to grasp a holistic view of the phenomenon, which was the case in the BAP. As such, IPA allowed ample room to explore the affective, cognitive, physical, behavioural, social, and spiritual dimension of participants' experience in the BAP. The following sections will explain in detail the steps of data analysis.

Bracketing of Personal Assumptions and Reflexivity

During the first step in the data analysis process, the researcher proceeded to meticulously acknowledge ('bracket') her personal assumptions, expectations, biases, values, and past experiences with yoga and journaling. She did so by writing a Narrative Biography

(Appendix L) which will be discussed at the end of this chapter. As it was mentioned in the literature review, there is a growing need to include the process of reflexivity not only in clinical practice, but also in research (Dixon & Chiang, 2019). Qualitative researchers are co-creators of meaning as they analyze the data (Dixon & Chiang, 2019). For this reason, it was crucial to adopt a respectful, curious, open-minded, and reflexive stance during the research process (Dixon & Chiang, 2019). As the human experience is ambiguous, a researcher who is humble can recognize that there are many possible interpretations and that their own values, assumptions, biases, and past personal experiences may impact on the meaning they derive from the data (Dixon & Chiang, 2019). The reflexive stance adopted by the researcher increased awareness on her own identity, assumptions, values, bias, past experiences, and worldview.

Immersion in the data

Data analysis then continued with an immersion in the data (Braun & Clarke, 2006). This involved reading through the entire data at least once to gain familiarity. Immersion in the data also required the researcher to read in an active way, where she was taking notes in a reflexive journal of initial meanings, ideas about potential themes, and patterns across participant responses, before the coding process began (Braun & Clarke, 2006; Miller & Barrio Minton, 2016). These notes were an important part of the reflexivity process, as they allowed the researcher to further reflect on emotional reactions and personal bias and assumptions (Miller & Barrio Minton, 2016). As the literature recommends, an attitude of curiosity and open-mindedness was cultivated throughout the immersion in the data (Creswell, 2013). As the authors Braun & Clarke (2006) point out this phase “provides the bedrock for the rest of the analysis” (p. 17) and it is important for it not to be rushed.

Coding process

The entire dataset was coded, and a list of significant statements was created with the use of the NVivo software. The coding process is the initial phase of organizing the data into meaningful groups, i.e., the themes and subthemes eventually become broader categories than

the initial codes (Braun & Clarke, 2006). The data immersion allowed identifying initial categories of codes and the three research questions also served as codes. As the coding process unfolded, more categories emerged, which created the space for possible themes and subthemes to emerge from the data. During the coding process, equal attention and weight was given to each statement and great care was taken to view each as important as another (Braun & Clarke, 2006).

Themes

The list of significant statements and data codes were then grouped into larger groups or 'meaning units' (Braun & Clarke, 2006; Creswell, 2013). This action of grouping required a complex and active process of analysis and viewing the data from multiple perspectives. These meaning units allowed for subthemes to emerge, and from these, came overarching themes (Braun & Clarke, 2006; Creswell, 2013). To note, there were no pre-determined categories. Rather, the themes emerged from the data itself as it is recommended (Dickson et al., 2008).

The candidate themes were reviewed and reassessed and a *thematic map* (Appendix M) was created for visual representation and confirmation of chosen themes (Braun & Clarke, 2006). It was also at this stage that the researcher triangulated and reviewed the data with her research supervisor and an independent researcher. A description of each theme was written with an emphasis on *what (textual description)* and *how (structural description)* participants experienced them (Creswell, 2013). Representative verbatim extracts were used to support the themes and to share an interesting narrative with the reader (Dickson et al., 2008).

Developing the essence

The final step consisted of writing a few paragraphs sharing the essence of the BAP (Creswell, 2013). The aim of the essence is to meaningfully and succinctly give readers a clear understanding of what it was like for participants of the BAP (Creswell, 2013). The steps of data analysis are summarized below in Table 2.

Table 2*Steps of Data Analysis (Adapted from Creswell, 2013)*

Steps of Data Analysis		Applications in the BAP
1	Bracketing personal experiences and reflexivity	The researcher engaged in personal journaling throughout the research process. She also specifically wrote about what she expected to find in the data, which is describes further in this chapter.
2	Immersion in the data	The researcher immersed herself in the data by reading the entire data once and writing down notes, reactions, and ideas. She then allowed time for reflection and read the data again.
3	Develop a list of significant statements	With the use of the NVivo software for qualitative data analysis, the researcher coded significant statements.
4	Group statements into meaning units	Following complex analysis, the significant statements were grouped under larger umbrellas (meaning units), creating subthemes and themes.
5	Review of themes and <i>thematic map</i>	The themes were reviewed and reassessed. A <i>thematic map</i> was created for visual representation and confirmation. It is also at this stage that the researcher triangulated and reviewed the themes with her research supervisor and with an independent researcher.
6	Description of themes	A thorough description of each theme was written, capturing <i>what</i> and <i>how</i> the participants experienced them. This is also referred to as the textural and structural description. This includes verbatim extracts from participant responses.
7	Developing the essence	A final description capturing the essence of the BAP emerged from looking at the abovementioned steps with a larger perspective. Capturing the essence of the BAP involved looking for the deeper and underlying meaning behind the themes.

Quality Control of the Research

Triangulation and Validity

Internal validity is usually strong for qualitative studies as the group itself acts as the point of reference (Lowhorn, 2007). Even though external validity is typically low for qualitative studies, this is not problematic because this study did not seek to generalize the results. Rather, true to its exploratory nature, it sought to gain an in-depth understanding of participants' experience with the BAP and its impact on trainee effort to balance personal and professional demands (Creswell, 2013; Lowhorn, 2007).

Triangulation was one of the ways to increase the quality of this qualitative study (Noble & Heale, 2019). Triangulation refers to collecting data through different measures (Carter et al., 2014). This allowed gaining a better and multifaceted understanding of participants' experience of the phenomena (Carter et al., 2014). As the authors Noble & Heale (2019) wrote, "triangulation is also an effort to help explore and explain complex human behaviour using a variety of methods to offer a more balanced explanation to readers" (p.67). It also helps reduce bias in the research findings (Noble & Heale, 2019). Triangulation is a commonly used strategy in qualitative studies to increase validity by combining data from different sources (Carter et al., 2014). There are different types of triangulation. This study used investigator and data source triangulation, and method triangulation through different measures and inventories (Carter et al., 2014; Noble & Heale, 2019).

Investigator triangulation refers to using many researchers in the same study (Noble & Heale, 2019). In the BAP study, the main researcher, her research supervisor, and an independent researcher reviewed the data analysis. Investigator triangulation helped confirm the findings by combining different perspectives (Carter et al., 2014).

Data source triangulation refers to collecting data from various types of people, groups, or communities (Carter et al., 2014). To achieve this, this study collected data from trainee therapists from two different universities. Further, participants were in both first and second

year of their respective programs. Data source triangulation further helped increase the validity of the research by gaining multiple perspectives and validating findings (Carter et al., 2014).

Method triangulation refers to using “multiple methods of data collection about the same phenomenon” (Carter et al., 2014, p.545). Method triangulation can be seen in this study with the use of multiple measures and questionnaires. Specifically, the Personal Intentions Reflections (Appendix C & F) and the End of Study Personal Reflection (Appendix H) were mainly open-ended questions. Whereas the Skovholt Practitioner Professional Resiliency and Self-Care Inventory (Appendix G) offered participants the opportunity to rate four life domains (professional vitality, personal vitality, professional stress, and personal stress) using Likert scale types of questions and open-ended reflections at the end (Skovholt & Trotter Mathison, 2016). It is to note that due to the qualitative nature of this study, the analysis primarily focused on participant’s accounts on the three open-ended questions that invited them to reflect about their scores on the four life domains.

Other methods used to increase the quality and validity of the research were bracketing as explained earlier in the data analysis section (Chan et al., 2013), and following recommendations that “the literature review be delayed until after data collection and analysis, so that the researchers do not phrase questions or analyze data for themes that they know exist in the literature” (Chan et al., 2013, p.2). This procedure was respected in the BAP study. As recommended, a short literature review was conducted upon writing the research proposal to have a good general grasp of the subject and main gaps in the literature, but the comprehensive literature review was delayed until after data analysis. This helped mitigate the impact of the researcher’s pre-understanding of the phenomenon (Chan et al., 2013).

Researcher bias and bracketing assumptions

As mentioned, the researcher engaged in a reflexive journaling process throughout this study. This helped reduce researcher bias during the data analysis and increased validity and quality of the research. From the insights that emerged from the reflexive journaling process,

the researcher wrote an extended Narrative Biography, which can be found at Appendix L. The Narrative Biography focuses on the researcher's assumptions for what she expected to find in the data.

In the Narrative Biography the researcher outlined her biases and emotional reactions to participants' responses. She explained how she did her very best to bracket (or be mindful of) her views and be open and receptive with the data, treating each statement as important as the next.

The themes extracted from the data and presented in the next Chapter are the results of the researcher's analysis and have been reflected upon with her supervisor and an independent researcher. As is true with every human experience, however, there remains an imprint of her personal lens as it would be impossible to remove herself entirely from the process.

CHAPTER 4: FINDINGS

“Next to love, balance is the most important thing.”

- John Wooden

This chapter presents the findings that emerged from participant self-reflections and accounts on the inventories during their 8-week engagement with BAP. The descriptions below are written in a way to capture *what* and *how* participants experienced the BAP, and the themes that captured the essence of their engagement in this 8-week program. Verbatim extracts (i.e., quotes) from participant responses have been included to bring to life the information in a way that captures the complexity of the BAP transformation process.

The Chapter of Findings is divided into three sections: Part 1 begins by reporting how participants entered the practice. It provides the background information that helps to paint the picture of the ‘participants’ sense of balance as they were ready to launch in the BAP, their biggest challenges, stressors, protective factors, and intentions for the self-care practice. A brief overview of how participants’ intentions shifted throughout the practice is also included. Part 1 represents an attempt to better understand the person of the participant and the personal conditions and readiness for change that helped them commit to a self-care program, i.e., the Balancing Act Practice (BAP).

Part 2 details the most significant elements (i.e., building blocks) of the BAP self-care program, as reported by participants. Specifically, its five most significant elements: yoga, guided journaling, presence of a compassionate role model, sense of community, and accountability.

Part 3 presents the three core, overarching themes that represent the overall impacts of the BAP and lay the foundation for building practices that support balancing life demands for trainee therapists. The three overarching themes are: Self-Compassion, Mindfulness, and Reflexivity. Finally, the Findings chapter ends with a summary that highlights the essence of the BAP and its benefits on trainee therapist wellbeing.

PART 1:**GETTING READY TO LAUNCH:****THE 'CORE CONDITIONS' FOR PARTICIPATION IN THE SELF-CARE PROGRAM
OF BALANCING ACT PRACTICE (BAP)**

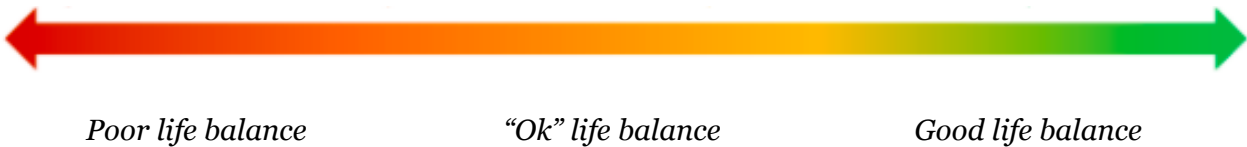
“When the student is ready the teacher will appear. When the student is truly ready... the teacher will disappear.”

- Lao Tzu

The trainee therapists who participated in the Balancing Act Practice (BAP) demonstrated certain core attitudes in common. The first thing that stood out about them was their commitment to show up to the weekly BAP practice, a commitment that was symbolic of the commitment to their own wellbeing, self-care, and life balance. The commitment to the practice was, in fact, a commitment to the betterment of themselves. In order to make this decision, they already had a certain readiness for change and an awareness of their own suffering. In other words, a person who commits to a program about life balance is aware that their life is imbalanced in some way, that this is a source of suffering, and they are ready to do something about it. Participants came in the practice from different levels of life balance, they all were experiencing challenges and stressors, but they also had a set of protective factors already in place.

Overall sense of balance prior to BAP

At the start of the study, participants were asked to describe their current sense of balance between professional and personal life demands. Participants were at different places on a continuum of balance (see Figure 1).

Figure 1*Continuum of life balance*

Half of the participants, 8 out of 15, were really struggling. They were in the red on the continuum. For example, Helena shared that her current sense of balance was “very challenging right now.” Five other participants stood at an average place, in the orange. Applecrumble said that her current sense of balance was “average but could be better” as she highlighted that as she got caught up in school and work and gets very stressed”. The last two participants were actually in a good place, in the green. Neutral Mug Hotel said she was “currently in a great place of balance, but this is quite new for [her].”

Interesting to note, participants also spoke of the act of keeping balance as a difficult skill. Kiwi used a metaphor for this: “My current balance feels like I’m on a seesaw, always putting weight more on one or the other in an effort to keep everything balanced, but never finding that mid-ground”. It stood out that the felt sense surrounding life balance was fragile, ambivalent, and well represented by the metaphor of the seesaw.

Biggest challenges to balance personal and professional life demands

Prior to the start of the program, participants were asked: “What is your biggest challenge in balancing professional and personal life demands?” A summary of their answers is listed below in Table 3, in no order of importance.

Table 3*Biggest life balance challenges for trainee therapists*

Biggest life balance challenges for trainee therapists
<ol style="list-style-type: none">1. Time management2. Organizational skills3. Prioritizing4. Staying present in the task at hand5. Boundaries between personal and professional life6. Attending to personal needs

It was reported that time management and organizational skills were a challenge, and that work demands often tended to take priority. MA22 pointed out, “I believe I overwork and tend to prioritize my work [...] my challenge is my outlook on how much work is enough to be able to step away for the day.”

More than half of the participants, 9 out of 15, also shared they had difficulty staying present in what they were doing, and often felt guilty while tending to their personal lives. For example, Lex shared on her biggest challenge:

“[...] Managing my time, and I have trouble knowing what is really a priority. When I do something from my personal life (like go out for breakfast with a friend), I regret it afterwards because I tell myself I should have used that time to study. So, instead of enjoying things from my personal life, I find myself thinking of school or work while doing it.”

Another challenge seemed to be putting other people's needs first. Helena wrote, “I feel a lot of guilt as a single mom when I am not fully present with my son. I have the habit of dropping everything if a friend or family member is in need.” This excerpt highlighted about the tendency

to put personal needs last. This was explained as attending to personal needs and responsibilities after professional demands, and after other people's needs. In addition to these challenges to achieve good life balance, trainee therapists also experienced a variety of stressors.

Main stressors faced by trainee therapists

Trainee therapists reported being under a lot of stress. Their main stressors are listed in Table 4, in no order of importance.

Table 4

Main stressors faced by trainee therapists

Main stressors faced by trainee therapists
<ol style="list-style-type: none"> 1. Anxiety / emotional regulation 2. Stress management 3. Heavy professional / academic workload 4. Finances 5. Physical health and energy levels (especially sleep and physical exercise)

The key stressors reported by participants were anxiety and emotional regulation related to their new role as therapist in training, managing stress and the heavy load of academic and professional demands of the program, finances, and finding time to take care of their physical health, especially exercise and sleep.

Applecrumble shared that what stood out the most was how she had “a hard time managing stress and emotions”. Kiwi wrote about the stress of constant academic pressure: “My procrastination, my energy levels and my anxiety are all my biggest challenges, and they often go hand in hand. It is difficult for me to find a moment where I’m really at peace because I always feel there is pressure to fulfill every demand.” Dexter added, “I do not prioritize my mental and physical wellbeing. My professional duties take precedence to my own wellbeing.”

As it related to finances, twelve out of fifteen participants reported their finances felt out of balance. Most participants, ten out of fifteen, also reported they were not physically active and did not have the time to engage in a physical activity and receive the benefits of exercise. Furthermore, most participants, ten out of fifteen that reported their sleep did not feel restorative or sufficient. Neutral Mug Hotel clearly stated, “My two biggest areas of struggles are my finances and my sleep.” Similarly, Cotton Candy reported that she would like to work on her “physical health, activity level, and financial stability.”

With these verbatim extracts from pre-BAP surveys, it became clear that the participants in this study all started at a different place on the continuum of balance. Whether they felt they had a good sense of balance, or whether they felt their sense of balance needed work, they had common stressors to juggle. On the flip side, participants also came in the practice with protective factors.

Protective factors for trainee therapists

The protective factors for trainee therapists were factors that were already in their lives and represented a source of strength and resilience. They were factors that helped them cope with the demands and contributed to their wellbeing and self-care efforts. They are listed below in Table 5.

Table 5

Protective factors for trainee therapists

Protective factors for trainee therapists
<ol style="list-style-type: none"> 1. Self-reliance (ability to take care of themselves) 2. Inner resources & capability 3. Strong social network (personal and professional support system) 4. Deriving meaning from clinical work 5. Good health 6. Self-care practices and wellness activities

Most participants expressed confidence in their ability to take care of themselves. In fact, fourteen out of fifteen participants wrote that should they be in need or distressed, they would know where and how to resource themselves.

Kiwi wrote “I have many personal resources from which I can pull strength and access wellness, and I am also aware of my capabilities and what avenues are available to me if I’m not doing well.”

This confidence seemed to be strongly rooted in their support system, as eight out of fifteen of them made this reference. It would seem these participants highly valued the personal and professional relationships in their lives, and these were a source of resilience. Another source of strength was derived from the meaningful work they were undertaking as trainee therapists. Four participants mentioned this. For example, Helena shared: “I am loved and in good health. I am also fortunate to have many good supports in place such as fun friends, a caring family, a mentor, and meaningful work to help me.”

All fifteen participants also came in the program with a variety of existing wellbeing habits and self-care practices. They reported these in the Demographic Questionnaire (Appendix E) at the start of the study. Their habits ranged from daily to weekly to monthly frequency. A few examples of these were engaging in: nature walks, yoga, meditation, prayer, creative activities, sports, spending time with their partner, family, or friends, going to therapy, prioritizing good nutrition, journaling, beauty care, reading, getting massages, and caring for plants.

However, most of them shared mixed levels of satisfaction with their existent wellbeing practices, and highlighted the need for improvement, something that was a commonly expressed as their motivation for joining the BAP study. The participants’ intentions for the BAP are further described in the following section.

Personal intentions for joining BAP

At the start of the practice, participants were asked to reflect on and share their intentions in the Personal Intentions for the Balancing Act Practice Pre-Intervention Form (Appendix C). They are listed in Table 6, in no order of importance. They are discussed below.

Table 6

Personal intentions for joining BAP

Personal intentions for joining BAP
1. Curiosity/interest in yoga and journaling
2. Stress reduction
3. Relaxation
4. Physical benefits (movement)
5. Mindfulness (being present)
6. Accountability to personal wellbeing
7. Contribution to research
8. Flexibility
9. Better manage workload
10. Emotional and spiritual connection
11. Peace/acceptance
12. Let go of perfectionism

Most commonly, the participants reported joining because of an interest in yoga and / or guided journaling. They expressed wanting to prioritize their mental health by creating better self-care habits, reducing stress, and experiencing the relaxation effects of yoga, among its other physical and mental benefits.

Hazel exemplified: “I want to try something that could help reduce my stress in a healthy way. I want to implement practices that I can use consistently and throughout my life.” The

aspect of accountability offered by the BAP seemed enticing to many, as incorporating mindfulness, movement, and relaxation in daily life can be difficult despite the cognitive understanding of their many benefits. Kiwi wrote: “I want to learn to incorporate more mindfulness and body [movement] into my life. Doing so through something like this study means that I can be kept accountable because there is a weekly session.”

Lastly, two participants mentioned one of their values is supporting clinical research. Participation in the BAP met this value. Neutral Mug Hotel shared: “I joined the study in order to have some accountability to practice yoga, which I would like to do more regularly. I also value clinical research and aim to contribute to it, so participating in this study meets both of these values for me.”

In addition, participants were asked to state clear intentions for themselves. This was a very meaningful act, as they were planting the seeds, they wished to nurture over the course of the next 8 weeks. A few examples of these are presented below in Table 7.

Table 7

Verbatim extracts of personal intentions for BAP

Verbatim extracts of personal intentions for BAP	
<p><i>To love and appreciate my aging body</i></p> <p><i>To become more active and comfortable with my body</i></p> <p><i>To be more present</i></p> <p><i>To cultivate the habit of moving my body</i></p> <p><i>To manage my workload better</i></p> <p><i>To build some form of discipline and consistency</i></p> <p><i>To feel more peaceful</i></p> <p><i>To cultivate patience in myself, my mind, and my body</i></p>	<p><i>To show up just as I am</i></p> <p><i>To connect with myself emotionally and spiritually</i></p> <p><i>To make yoga a healthy habit</i></p> <p><i>To reduce my stress</i></p> <p><i>To increase flexibility</i></p> <p><i>To accept my emotions and not push them away</i></p> <p><i>To enjoy and let go of perfection</i></p>

It is striking that participants had on their own, prior to engaging in the BAP practice come with the intention to plant seeds of kindness and connection. This indicates that the trainee therapists who took part in the BAP already had a level of openness and a willingness to bring in more self-care and compassion into their lives. This also speaks to their readiness for change, i.e., they were ready enough for change that they were willing and able to make the 8-week commitment.

Personal intentions at the end of BAP

At the end of the BAP, participants were asked to reflect on the intentions they stated at the beginning. They shared their thoughts in the Personal Intentions for the Balancing Act Practice Post-Intervention Form (Appendix F). The findings indicate that the participants' motivation for the practice changed throughout the course of the program.

For instance, five of the fifteen participants wrote that their motivations changed throughout the course of the BAP, and eight participants wrote that they worked with additional intentions that emerged from the practice. Interestingly, as they experienced the BAP, their focus shifted even more on cultivating self-compassion and prioritizing their wellbeing and life balance. For example, the following extract from Helena explains that the practice helped her with boundaries, over-scheduling, and people-pleasing. She told us these were not her original intentions for the BAP, but rather these things that emerged with time, and by practicing self-compassion as part of the BAP practice.

Helena wrote: "My motivation for the practice definitely changed as the semester progressed. BAP was the only hour of the week that was just for me. It helped me to reflect on my boundaries and helped me learn how to say a healthy 'no' to overscheduling and my need to please others at the expense of my mental and physical health."

Another excerpt from MA22 highlighted the impact on personal expectations and perfectionism that emerged as an unintended result:

“The [BAP] was integral in facing my own expectations and perfectionistic tendencies, in order to better manage them, which was an unexpected motivation that emerged [...] The practice motivated me to appreciate every moment on the mat, and not to minimize its importance. This helped to offer a more balanced outlook on my own life; healthily respecting limitations for that day/week without discounting my efforts.”

As such, the BAP had many unexpected impacts that unfolded with time. These impacts will be discussed in further details in Part 3 of this chapter, where the three main overarching themes are presented.

In sum, Part 1 of the Findings painted the picture of the person of the participant and their context. Trainee therapists who participated in the BAP already had a certain readiness for change and an awareness of their own suffering. As previously stated, a person who commits to a program about life balance is aware that their life is imbalanced in some way, that this is a source of suffering, and they are ready to do something about it. This section also outlined what motivated participants to commit to the BAP and their intentions for the practice. The next section will continue painting this picture by sharing what specific elements of the BAP were identified as significant by the participants, moving into the territory of *what* the participants' experienced during the BAP practice.

PART 2:**THE 'ANATOMY' OF BAP: KEY ELEMENTS AND IMPACTS**

“Yoga is 99% practice and 1% theory.”

- K. Pattabhi Jois

As it was defined earlier, the Balancing Act Practice (BAP) is an 8-week yoga and guided journaling program that aimed to help trainee therapists with life balance and self-care.

However, going beyond yoga and guided journaling, participants identified other elements of the program as significant to their experience. Specifically, five main elements of the BAP emerged from participant's reflections: yoga, guided journaling, compassionate role model, community, and accountability (Table 8 below).

It is important to point out that the benefits of each component were inter-related, not separate from each other. Everything was an interconnected web. It is crucial to keep in mind that these impacts have been the outcome of the combination and presence of all five elements, interacting with the person of the trainee therapist. Their separation in section below is to aid understanding, rather than to suggest that each item was standing as an 'island' on its own. A brief overview of each component of the BAP is presented below in Table 8.

Table 8*Five main elements of BAP and their perceived benefits*

Element	Benefits
1. Yoga	<ul style="list-style-type: none"> Feeling calm and grounded Connection to body and healing Physical improvement and increased energy Flexibility Improved self-image Connection to self Being challenged & Rewarded
2. Guided journaling	<ul style="list-style-type: none"> Intentionality Reflexivity Compassion Empowerment Positive affirmations Gratitude / focus on the good in life New insights Check in different dimensions of experience (e.g., mind, body, emotions, spirit, etc.) Increased awareness Softening of perfectionism
3. Compassionate role model	<ul style="list-style-type: none"> Create safety No expectations Positive attitude Communication and modelling of compassionate qualities (e.g., kindness, generosity, non-judgment, acceptance, willingness to fail, etc.) Self-disclosure that encourages self-care
4. Community	<ul style="list-style-type: none"> Connection with others
5. Accountability	<ul style="list-style-type: none"> Weekly commitment to the Practice (duration of 8 weeks) Showing up for own self-care and for others

Element 1: Yoga

The yoga practice was described as instrumental in learning a new way of being, i.e., a calmer and more grounded way of being. It was the embodied learning place for the

compassionate life balance teachings of the BAP. Participants spoke of the positive effect on their bodies. They explained that yoga helped them connect with their bodies.

As Cotton Candy put it, yoga “challenged my beliefs about my body.” Neutral Mug Hotel further elaborated on this topic: “I always felt better physically after doing yoga. I was also pleasantly surprised to see that I could do more than I thought I could with regards to some more advanced postures. Overall, it was a positive experience, good for my body and self-image.” It would seem this renewed compassionate connection with the body encouraged care for the body. Applecrumble shared, “It’s been a few years since I have felt connected and good in my body. This practice allowed me to build a relationship with my body again. I felt more connected and better about myself and this allowed me to want to take care of my body more.”

Yoga was often described as being surprising, challenging, and enjoyable. Viking wrote, “It was challenging. I find yoga difficult because I struggle to find and hold poses, which frustrates me. It was also rewarding because some of the yoga was new and extremely enjoyable for me.” Kiwi also expressed a similar experience:

“The yoga component was challenging but also refreshing. At times, it challenged me in ways that I wasn’t ready for, but I gave in to the challenge and I felt pride for trying, even if I didn’t always succeed [...] my flexibility and movement naturally improved over the practice from the yoga. It helped partially heal a part of my hip that I wasn’t aware could be fixed, in the sense that it moves much more smoothly than before.”

The last sentence of this verbatim extract touched on yoga’s potential for healing bodily injuries.

What stands out about the yoga practice beyond its calming and grounding effect, is how it can be many things at once: surprising, challenging, and enjoyable. Participants reported physical, mental, and spiritual benefits.

Element 2: Guided journaling

Guided journaling was mainly associated to the surprising and powerful effects a brief written self-reflection can have. It was described as valuable for many reasons, one of which is how it helped participants become more increasingly intentional, kind, compassionate, and empowered in their lives.

Applecrumble shared:

“A lot of time when I write in my journal, I will focus on venting or writing about sad things. However, with the guided journaling I felt it helpful to use positive affirmations as prompts because it made me feel like I was speaking kindly to myself, and it made me feel like I had more confidence. I found it empowering to focus on the good in my life and the things I am grateful for.”

The benefits of guided journaling after having moved the body during yoga were also underlined by participants. Helena wrote: “The journaling really reinforced the intentions and affirmations made during the yoga practice. Moving first allowed me to sit calmly and the words flowed. I love the questions and how much I felt I could accomplish in a few short minutes. [...]” In this excerpt, Helena pointed out that journaling did not have to be a long engagement, - between ten and fifteen minutes were sufficient. Neutral Mug Hotel shared, “the journaling component was super effective in giving me insight into my feelings, thoughts, and goals. It was a fantastic experience.” Fuzzypeaches678 also mentioned she enjoyed the style, “having topics to reflect on every week, some were the same, some were different”. However, two participants expressed they would have liked more time to journal, or to journal in private.

Lastly, many participants reported they were surprised with what they ended up writing, and the exercise was also associated with the softening of perfectionism. MA22 wrote,

“The ‘brain dump’ [...] was so important to combat my own challenges with journaling and my tendency to only do so in a [...] well-organized way. This was the reason why my personal journaling was so infrequent previously, because I placed such high

expectations and pressure around what an entry needed to look like. The guided journaling helped me understand that succinct entries could be possible and really helpful for reflection, while also making it more accessible as a regular practice. I also appreciated the check-ins with self at a heart, mind, and body level; which helps better distinguish the layers of the feelings that we can have towards our own being.”

The guided journaling part of the BAP seemed to have been a powerful addition to complement the awareness cultivated during yoga practice, and instrumental into helping participants own their sense of agency in their lives.

Element 3: Compassionate Role Model

An unexpected element of the BAP experience, which emerged from the narratives participants shared, was the presence of the yoga teacher, who served as a Compassionate Role Model, creating a safe and supportive space, while demonstrating positive attitude and a spirit of joyfulness.

Helena reported, “Chantal was an amazing teacher and always made me feel safe and supported. She created a beautiful ‘yoga room’ online, which added to the feeling that I was escaping to somewhere special. She was always prepared, calm, happy and joyful. Her energy made me feel like I was having a mini holiday/retreat.”

MA22 added about the importance of guidance and presence without expectations or performance pressure. She commented on the feeling of safety created by the teacher, and the empowering messaging around listening to personal intuition and own needs in the moment.

“In order to feel safe and supported, it was important to understand that I was welcome and appreciated however I showed up for that week. Chantal’s guidance and presence helped foster the sense that there were no expectations beyond showing up for ourselves in the way that we could for that day. Not having a performance piece associated to ‘successfully’ completing the practice for that day allowed me to really show up for my own wellbeing. Another aspect of the practice that contributed to the sense of safety and

support was the feeling of receiving guidance, while also having our own intuition be acknowledged as a crucial part of the process.”

Half of the participants underlined how compassionate qualities (such as kindness, patience, generosity, non-harming, etc.) modelled during the BAP helped them embody those same qualities. Kiwi shared, “I appreciated and needed the words of encouragement and the patience that came from the practice. I struggled at times with the movements, but the encouragement, patience, and kindness helped me be kind with myself. It has become much easier to be kind with myself since I began this practice.”

Another component of modelling was the safe and effective use of self through appropriate personal sharing / self-disclosure. This included sharing personal stories and anecdotes, and personal ways to balance personal and professional life demands, including practical advice about scheduling and managing clinical work with academic responsibilities.

Helena reported, “The BAP experience, as well as Chantal’s personal sharing, helped give me more courage to ask questions in class and even ask for an extension on an assignment. She reminded me that professors are there to support us, not find fault in us.” This highlighted the positive impact of having a role model and was effective to be reminded by someone we trust that we are allowed to ask for help, that when requested, help usually comes, and that we have permission to make our lives more easeful and spacious.

Participants reported having received conflicting messaging growing up and whilst in graduate school. On one side, productivity and academic performance was highly valued and put on a pedestal. On the other side, self-care was presented as a personal responsibility and as being important, just not as important as productivity. Helena shared again on this topic,

“I was starting to have chest pains due to overscheduling myself. This change has been the most profound aspect of BAP for me. I am finally giving myself permission to schedule ‘me-time’ and self-care activities, like I would schedule work. Chantal really modelled this well, even sharing that she occasionally misses a class and schedules a day

off mid-week and that the world does not end. That is so refreshing and freeing! That was not the messaging I got when I was growing up. It feels better to live in the grey areas of life rather than constantly feeling the pressure of perfectionism and of doing 'right and wrong'."

The flexibility and space that was freed up because of a reduction in perfectionism provided more breathing space and sense of freedom (more on this topic will be presented in Part 3 of this Chapter).

In sum, having a compassionate role model, who used appropriate self-disclosure on creative solutions to balance life demands, helped participants expand their perspective and mindset on what they could do in their own lives to better tend to their needs. It's as though participants gave themselves permission to see and do things in a different way that was kinder and finally put wellbeing as a priority high enough that it could be balanced on an even playing field with productivity. As the saying goes, *if she can do it, then I can too*.

Element 4: Community

Community refers to how the BAP was experienced as a group process. It highlighted that beyond individual awareness, coming together with others positively contributed to one's wellbeing and sense of connection. Fuzzypeaches678 shared: "It was my first-time trying yoga in a group, I really enjoyed the experience, being guided as I do it (rather than a YouTube video). It helped me feel connected not only with myself, but also with the practice and everyone else." Community was an important factor in the experience as the participants embarked on a journey together, and this also helped with accountability.

Element 5: Accountability

Accountability refers to participants' weekly commitment to the process. The weekly session held participants accountable to their intentions. Neutral Mug Hotel pointed out: "I joined the study in order to have some accountability to practice yoga, which I would like to do more regularly [...]" What is interesting here is that this participant highlighted having had the

desire to do yoga but struggling with keeping herself accountable to do it. Indeed, making a commitment to the teacher to show up and participate helped keep the participants accountable to showing up for themselves and their personal practice.

A final note from Key pointed out the online nature of the BAP, “I think it was great online, however I would be interested to see if in-person sessions would have a different impact on the feeling of community.” Surprisingly, even with a virtual program, it would seem connections went beyond the BAP. PeskyMetal shared, “I’ve noticed a few people have recognized me from yoga and it has been an opportunity to make a mutual connection [...]” It would seem the community also helped keep participants accountable to themselves, but also to others, because they all made this commitment as a group.

Part 1 and Part 2 of this chapter provided the opportunity to gain important background information about the person of the participant, and to identify the most significant components of the self-care program (BAP) as perceived by those participants. These findings helped to recount the narrative of *who* it was that experienced *what* exactly. In Part 3, we will present the overarching themes that emerged from the overall experience of the participants in the Balancing Act Practice and their potentiality for creating supportive self-care practices for therapists in training.

PART 3:**OVERARCHING THEMES OF THE BALANCING ACT**

“Self-care also requires self-compassion: the ability to be caring toward oneself is essential to take the time necessary to actually implement self-care behaviours.”

- Maranzan et al., 2018, p.362

In the process of the analysis presented in Parts 1 and 2 of Findings, and the discussions between the researcher and the research team, it became obvious that all the different elements presented earlier were unified under three core themes.: *Self-compassion, Mindfulness, and Reflexivity*. These core themes appeared to be present throughout the process of the balancing act effort, as the necessary foundation in supporting participants to balance their personal and professional lives and deal with the demands.

These core themes are briefly defined in Table 9 and further explained below. These core themes synthesized the data into a coherent framework of understanding. Thus, these themes represent the overarching pillars of creating and sustaining a balancing act practice and self-care.

Table 9

Overarching themes and definitions

Overarching themes	Definition grounded on participant responses
1. Self-compassion	Refers to the attitude of being kind and loving towards oneself, and is intimately linked with sense of worth, i.e., feeling worthy to be taken care of
2. Mindfulness	Refers to one's quality of presence, and being calmly engaged in the present moment
3. Reflexivity	Refers to one's ability to hear and listen to their inner voice, as well as engage in reflexivity to identify personal needs and prioritize according to values. Often referred to as listening to the voice of the compassionate self, one that is concerned with care and wellbeing.

Theme 1: Self-compassion

The first core theme that stood out was: Self-compassion. Participants shared that one of the biggest impacts of engaging in a balancing act practice was the increase in self-compassion. Self-compassion has been typically defined in the field of psychology as encompassing three different components: self-kindness, common humanity, and mindfulness (Neff & Germer, 2018). However, the participants in this study mostly referred to self-compassion as self-kindness, and intimately linked it to an increase in personal sense of worth and valuing. This core theme of self-compassion was accompanied by the subthemes listed below (see Table 10).

Table 10*Subthemes of 'Self-compassion' and key characteristics*

Subthemes of 'Self-compassion'	Key characteristics
1. Self-worth	<ul style="list-style-type: none"> • Feeling worthy of compassion, care, and kindness • Less guilt for taking time away from professional demands for self-care • Feeling worthy and deserving of being cared for
2. Commitment to alleviate suffering	<ul style="list-style-type: none"> • Less self-criticism • Increased motivation and commitment to self-care and better life balance • Motivation comes from compassion, not criticism • Willingness to ask for help
3. Assertiveness vs People-pleasing	<ul style="list-style-type: none"> • Better boundaries around people-pleasing • Easier to say 'no' because of higher self-worth
4. Authenticity in Interpersonal relationships	<ul style="list-style-type: none"> • More patient, sincere, and authentic with others • Willingness to be vulnerable • More room for experiencing the joy of relationships
5. Flexibility & Humility (reduction in perfectionism)	<ul style="list-style-type: none"> • Managing expectations around performance • Not having to be the <i>perfect</i> therapist • Less perfectionism in relationship with God

Self-worth

The theme of self-compassion as defined in this study went hand in hand with increased feelings of self-worth. Hazel shared, "I feel more at peace generally [...] I hold kindness, compassion, [and] love for myself [...] not because I do everything I want to do, but because I simply exist and deserve this compassion."

Participants shared that one of their biggest barriers to doing more self-care was because there was a lot of guilt associated with taking time off professional demands to care for their personal wellbeing. Applecrumble described this well,

“It is much easier to put off self-care and rest until you get burnt out because there’s guilt that comes with taking time off. However, I am learning to recognize how much better and more productive I will be if I do schedule that rest time in. Also, I am starting to recognize that I deserve that time for myself.”

Feeling worthy and deserving of being cared for was a common theme reported by many participants, as it balanced feelings of guilt associated with taking time for self-care. As another example, MA22 wrote,

“Although I am still working on the illusion that there is somewhere I need to be at this point in my clinical training, today I am much more appreciative in rest and recoup in the process of reaching my goals [...] I feel less guilt about feeling like I may be holding my own self back by not overloading myself with responsibilities.”

Two thirds of participants reported these feelings of guilt, as though they had to justify taking time away from professional and academic demands for their wellbeing. Developing self-compassion helped them feel worthy of being cared for and in turn helped take actions to support their wellbeing.

Commitment to alleviate suffering

Taking action to support wellbeing was the reflection of a commitment to alleviate suffering, a key aspect of compassion. As such, self-compassion was evident in participants approach to self-care. Indeed, many participants shared they were less hard on themselves (less self-criticism) and that this helped increase motivation to take actions towards self-care and a better life balance. They reported that giving themselves permission to move in gentle ways for example, as opposed to being hard on themselves if they didn’t complete an intensive workout, made all the difference in terms of taking these pockets of time for gentle care of the body, mind, and heart.

For example, Helena writes, “I was squeezing BAP into an overscheduled week and it made me realize that in order to respect my commitment to the practice that I would need to

make some changes. I believe that this practice helped me to change my work hours and even gave me the confidence to quit a [part-time] job that was overwhelming my study time.”

Another element that stood out from participant responses about their commitment to alleviate suffering were their willingness to ask for help. Hazel wrote, “I reach out for help more than I would have previously. Even though I feel some discomfort, I do it anyway because if I need support I need to ask for it. I attribute this to the self-compassion I have learned over the past few months. [...] I do not need to do everything on my own. That it is okay to not be so hard on myself and ask for help.” Other participants shared similar thoughts and emphasized an increased awareness of the support system around them, i.e., knowing that there are people in their personal and professional lives who are ready and able to help them when they needed it.

Assertiveness versus People pleasing

Most of the participants also shared that being kinder to themselves helped create boundaries and assert themselves around people. Helena wrote, “It has helped me find my voice and say no to bad habits (like people pleasing and overscheduling my life) that were draining my energy.” She continues, “It helped me reflect on my boundaries and helped me learn how to say a healthy “no” to overscheduling and my need to please others at the expense of my mental and physical health.” The link between assertiveness, diminished people pleasing and a higher sense of worth, commitment to alleviate suffering and prioritizing wellbeing was clear.

Authenticity in Interpersonal relationships

Following suit, there have been positive changes in participants' professional and personal relationships. Participants explained this was seen in a variety of ways, mainly in being more patient with others, more sincere and authentic, and more able to be vulnerable.

MA22 wrote, “I have noticed an ability to be more vulnerable and open about my own challenges, while creating moments for humour and allowing [others] to see more of my own personality.” Fuzzypeaches678 added, “[...] I got rid of toxic friendships and people-pleasing tendencies, with the help of this practice and feeling more in touch with myself. I felt more

present and connected with the friends that I truly wanted to connect with. [...] I also felt more open to them during our conversations.” There was also a renewed sense of kindness in relationships with others. Kiwi comments on this,

“I approach others with a more open mind and with [...] a more grounded kindness. I also take more time away from relationships that drain me [...], allowing myself time to become energized in between [...] it doesn't feel as untethered. [...]”

Kiwi has highlighted how she was able to pull away from relationships that feel draining because of self-kindness and higher feelings of self-worth. It was highlighted that there have been many positive benefits for interpersonal relationships.

Humility and flexibility (Reduced Perfectionism)

In addition, participants reported that self-compassion helped soften perfectionism. Participants explained the process of softening had to do with managing their expectations around performance. For example, this showed up in their academic and clinical work, i.e., the pressure to act as the *perfect* student and as the *perfect* therapist, but also in their approach to life balance, giving them permission to reduce overscheduling.

There was another link between self-compassion, perfectionism, and an increase in flexibility. For example, MA22 shared the impact on her relationship with God,

“I believe the flexibility gained from this practice allows me to better accept how I have embraced my faith lately, with less guilt/rigidity about how I show up in my relationship with God and how this needs to look like. Again, managing my own expectations based on pressures I have put on myself which at times bypass the relational joy that is the essence of this connection.”

This extract highlighted the joy of having a relationship with God without the weight of expectations to show up *perfect*, but rather accepting being an imperfect human. Humility and increased flexibility as MA22 pointed out, “allowed to recognize my own rigidity in certain areas [...]”

The emerging subthemes of Self-Compassion revealed that self-compassion is a work in progress. Indeed, it takes time to create new habits and learn new ways of being and relating. Self-compassion when it comes to self-care is a way of relating to one's experience that prioritizes wellbeing and is committed to take action to reduce suffering, and prevent future suffering, by letting go or reducing perfectionistic tendencies and learning to live authentically with self and others.

Theme 2: Mindfulness

One of the most profound impacts of the BAP has been the transformation in the quality of participants' presence in the here and now. The subthemes related to this core theme are listed in Table 11 below.

Table 11*Subthemes of 'Mindfulness' and key characteristics*

Subthemes of 'Mindfulness'	Key Characteristics
1. Being in Presence	Ability to remain in the present Deep engagement & expanded awareness Sense of calm, peace and groundedness
2. Emotional regulation	Able to identify and be with own emotions Better mindset for stress management Increased capacity to be with human suffering Better able to manage mental health diagnoses (e.g., ADHD) Reduced performance anxiety
3. Spirituality/Transcendence	Increased appreciation and gratitude (especially for the small things in life) Increased connection with self, others, and the divine

Being in Presence

Eleven out of fifteen participants shared feeling more mindful and more able to stay in the present moment. They described feeling calmer and more grounded in general, which had ripple effects throughout their day. The quality of their presence had multiple positive impacts for both their personal and professional lives. For example, Applecrumble shared, "I have noticed that I have been more engaged in class, in supervision and in sessions with clients. This has allowed me to be more prepared to grow and discuss areas of strengths and areas that I need to improve upon. This has allowed me to have much more positive and engaging [...] professional relationships." Another participant wrote, "I have definitely been more mindful in

my daily life [i.e.,] in session with clients, in class, and in my personal life.” Mochi reported, “I am mindful of my experience during therapy sessions [and] not only focused on the client.”

Improvement in the quality of presence reflected being more aware of their inner experience and at the same time being more present for their clients. Participants described as feeling calmer and more grounded. MA22 added, “I have been able to better manage my own reactions and responses to my clients and have been able to lean into a disposition of presence over performance. I find that I generally come into the session with a calm emotional state which allows me to face various different [situations] with clinical sensitivity.”

Emotional regulation

Cultivating mindfulness through the BAP also had an impact on participants' emotional regulation. Mochi reflected, “I am able to recognize my emotions and their impact on my quality of presence with others. I am able to communicate better and to respect my boundaries.” It also represents the development of a new mindset when faced with stress - one that is much more intentional and strategic. In turn, they shared this has increased their capacity of dealing with daily stress. Applecrumble shared, “I feel calmer and more clearheaded. I feel as though I can go through my daily life with less stress and more mindfulness.” In addition, Helena writes, “[...] my overall emotional state is significantly calmer, and I feel more grounded overall” and that she is “calmer when dealing with [her] teenage son.”

Interestingly, participants seemed to have an increased capacity to be present with human suffering, i.e., witnessing suffering in others, without being overwhelmed. This was evident as nine of fifteen participants said they would be overwhelmed with this at the beginning of the study, and only four of them still agreed on this at the end of the BAP.

Two participants also reported being helped them with an ADHD diagnosis. For example, Hazel shared “I have ADHD and paying attention has been a constant struggle for me. [...] I have learned to just listen and pause. I would attribute this to learning how to slow down,

[...] how to let the thoughts that occur come through and pass without needing to act on [them]. Just gently bringing my focus back to where I would like it.”

Further, mindfulness seemed to reduce performance anxiety. At the beginning of the BAP, eleven of fifteen participants reported having difficulty with unreachable goals compared to only five participants at the end of the study. MA22 writes, “My quality of presence has increased because I have managed my expectations surrounding performance through this practice. My focus was on showing up, not showing off. This better equips me to be here, now, and to better be in touch with the creativity and flow of the present - which is what allows the work to truly happen. [...]”

Spirituality/Transcendence

Developing mindfulness also had an impact on a deeper and more profound level. For some, this was on a spiritual and religious level. Participants shared an increase in their appreciation and feelings of gratitude, especially for the small things and small moments in life. It also had an impact in feelings of connection with the self, with other people, but also with a broader web of living beings and God. Hazel shared, “I feel more connected to the earth and to God. I feel during the yoga practice that I was able to get out of my head and really feel the energy around me [...] there is so much more than just my little tasks that I have to do every day.” Another participant wrote, “[...] I truly feel connected to others and the earth. It was endlessly valuable for me.” Mindfulness also helped one participant, Mochi, be “more focused during prayer”.

Thus, the power of mindfulness had impacts in many different areas of life for the participants. On a practical level, it had impacts in their academic and professional careers, helping them be more attentive in class and more engaged with their clinical training and sessions with clients. On a personal level, it increased feelings of connection to themselves, to others, and to a spiritual sense of interconnectedness and connection with the transcendent dimension of life. Helena summarized the overall impacts of the theme of mindfulness well, “I

feel calmer, more optimistic and more in control of my life right now, like the stillness in the chaos.”

Theme 3: Reflexivity

The third core theme that emerged from participants' responses was Reflexivity. This theme was intimately linked to self-reflection and to the ability to listen to one's inner voice. The subthemes that accompanied reflexivity have been listed in Table 12 below.

Table 12

Subthemes of 'Reflexivity' and key characteristics

Subthemes of 'Reflexivity'	Key characteristics
1. Deep Listening	Listening to the inner voice Building a compassionate relationship with themselves
2. Empowerment	Take action to meet self-care needs Reprioritization Ability to trust instincts and <i>gut feeling</i>
3. Blocking out Time /Managing priorities	Time management Control over work and personal schedule
4. Reflecting on Health habits	Exercise and sleep Nurturing the mind and body

Listening

Reflexivity was linked to the ability to listen to one's inner voice, sometimes referred to as *intuition* or *gut feeling*. Reflexivity was defined as participants' increased ability to listen to themselves, identify their own needs, and prioritize according to needs and values. Participants

described this as an increased willingness to listen to their inner voice, above the noise that comes from external pressures and expectations (e.g., familial expectations, academic expectations, etc.). This inner listening prioritized wellbeing over one's own internalized expectations. Being able to hear this inner voice was made possible by quieting the mind during the yoga practice and following with the guided journaling, which encouraged this voice to be expressed and acknowledged.

The act of reflexivity and listening to the inner voice had unintended consequence of increasing wellbeing naturally.

Kiwi explained, "In practicing patience and kindness with myself when I wasn't able to achieve a move in the yoga practice, it became a lot easier for me to show that same patience and kindness with myself in other aspects of my life. The fact that I was trying and that it was okay to fail really helped me learn that it's okay not to push my own boundaries, even if it meant I failed. The journaling aspect helped me identify my needs, and in turn, helped me strengthen my boundaries unintentionally. It was just a consequence of identifying and working on those needs."

Empowerment

Two thirds of participants referred to this natural consequence phenomenon of reflexivity, i.e., that the simple act of identifying their needs and priorities from a loving place, in turn, *empowered* them to take action to meet those needs. Dexter shared, "Overall, I am prioritizing myself more. I believe that repeatedly having self-care emphasized as being okay, through BAP, that I am more confident in taking this approach towards myself."

Participants expressed that because they were in a space to deeply listen to themselves, with no expectations and pressure of performance, a natural consequence of this was feeling more confident and empowered to take actions that reflected a better life balance.

Blocking out Time/ Managing Priorities

The BAP offered the space for participant to pause, learn to manage their time and take decisions that sat better with them. Neutral Mug Hotel wrote, “I am now in a space where I am able to pause, be present, and make strategic [and] calm decisions about how to proceed, what to prioritize, and what to drop.” Blocking out time for self-care allowed participants to show up as a better version of themselves, which in turn that helped them prioritize and organize things better in their lives. Helena added, “I feel calmer and less resentful now that I am taking control of my work and personal schedules more. Chantal’s lesson on blocking out time for work, school, and self-care is simple but truly life changing.”

Another participant, PassionR, referred to this same lesson on reflecting on own needs first and scheduling work/studying around them as “extremely helpful and an eye-opener. I loved it.”

Reflecting on Health Habits

Participants identified having better health habits as another natural consequence of reflexivity which permitted them to listen better to their bodied and its needs and priorities. The biggest impacts were seen in relation to the foundational habits of sleep and movement (exercise). At the beginning of the study, only five participants out of fifteen reported their sleep felt restorative, compared to eleven by the end of study. Similarly, only five participants reported engaging in regular movement and receiving the benefits of exercise at the start of the study, compared to nine participants by the end. There were other smaller changes in a variety of other health related behaviours and habits. For example, eating habits were reported to be similar from beginning to end of study, with some participants seeing improvements and others found it more challenging to keep regular eating habits as the semester progressed. As another example, PeskyMetal shared having “attempted to quit smoking again.” The BAP practice permitted participants to develop a closer relationship with their physical self and listen closer to its needs.

Mochi explained, "At first, it was hard for me to find the time to listen to my body. Now, I am making sure to take the time to move my body, stretch or workout."

Another participant, Hazel, reported, "I have been making sure I eat meals and [I am] ignoring this less. I understand more than ever the importance of sleep. I know to prioritize sleep even if I have not accomplished everything I wanted in the day. I am going on walks and moving my body in gentle ways. [...] I deserve to be cared for." There was a link between caring for the body and this sense of self-worth underlined in the first theme.

The findings supported that reflexivity fosters an intuitive and more connected - more flexible - way of caring for oneself and its basic needs. Helena wrote, "I am listening to my body more, especially when I need rest. I go to bed earlier and am setting better boundaries with clients and family members." MA22 also shared, "I believe that the practice has helped me further lean into intuitive decisions related to personal health, which allows me to check in with myself more to make decisions about sleep, food, and exercise."

Participants reported that the balancing act between personal and professional demands is always a work in progress and a real ongoing challenge. As Viking pointed out the "biggest challenge has been prioritizing balance and motivating myself to pursue balance. I recognize that this remains a challenge."

A Brief Overview / The Essence of the BAP

Participants came into the practice with pre-existing strengths and weaknesses around their self-care. They all had a unique set of ways to manage their personal and professional life stressors. Joining the BAP symbolized their commitment to take better care of themselves and a willingness to prioritize their wellbeing. The BAP offered them an 8-week yoga and guided journaling program led by the researcher, who as the yoga teacher modelled compassion. The BAP also offered a sense of community and accountability. By experiencing BAP, the participants cultivated self-compassion, mindfulness, and reflexivity. They practiced being kind to their bodies while moving during yoga. This increased feelings of self-worth and deeper

appreciation of their needs and priorities. The embodiment of self-compassion then translated to being kind to other aspects of themselves, and giving themselves permission to reduce unrealistic expectations, e.g., demonstrate less perfectionism and less people-pleasing. This helped to decrease feelings of guilt associated with taking time away from professional responsibilities to care for their wellbeing. Participants became more willing to ask for help and reach out to their support systems. Professional and personal relationships improved as participants felt they could be more authentic and vulnerable. The yoga and guided journaling practice also increased mindfulness. Participants were more able to notice and appreciate the small moments in life, which had a calming and grounding effect and helped with emotional regulation. Mindfulness also strengthened deeper and more meaningful feelings of appreciation for life as a whole. Participation in BAP empowered participants to pause and reflect about their own needs and start cultivating better boundaries with others, better health habits, especially regarding sleep and movement (exercise). Kiwi's reflection summed up well the essence of the BAP with the following vivid metaphor:

“This practice feels necessary. The best metaphor I can think of is as if it gave me a lesson in how to steer my ship, my ship being how I travel through my life. It doesn't feel like I'm just turning the wheel of my ship every way to go vaguely in the right direction, but as if I'm able to control the wheel now.”

CHAPTER 5: DISCUSSION

An old Cherokee is teaching his grandson about life. 'A fight is going on inside me,' he said to the boy. 'It is a terrible fight, and it is between two wolves. One is evil - he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.' He continued, 'The other is good - he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith. The same fight is going on inside you - and inside every other person, too.' The grandson thought about it for a minute and then asked his grandfather, 'Which wolf will win?' The old Cherokee simply replied, 'The one you feed.'

- Indigenous wisdom story

The purpose of this study was to explore the impacts of the BAP on trainee therapists' self-care and reflective practice and balancing the demands of professional and personal life. Many key findings stood out. They will be discussed in relation to the research questions.

Impact on trainee therapists' main stressors

The findings from this study confirmed that trainee therapists experience a wide range of challenges during their training. Past researchers have found that the most frequent stressors for trainee therapists are life balance, academic responsibilities, finances, and anxiety (Rønnestad et al., 2019; Thériault & Gazzola, 2010; Warlick et al., 2020). Mostly consistent with this, the biggest stressors reported by participants in this study were anxiety and stress, heavy professional/academic responsibilities, finances, and physical health (especially exercise and sleep). The difference between the findings in the literature and those of this study is that challenges with physical health were not highlighted by the literature as a main stressor for trainee therapist, so this is a new finding that invite us to pay closer attention to trainee physical wellbeing.

Further, the literature highlights the ambiguity of therapeutic work as the genesis or factor that compounds all other stressors, but is often unknown to the trainee therapist

(Skovholt, 2016; Skovholt & Rønnestad, 2003; Thériault & Gazzola, 2010). This is consistent with the findings of the BAP study, as participants did emphasize the ambiguity of their professional training and role as one of their most obvious stressors. As the literature suggests, the ambiguity could indeed be a compounding stressor *unknown* to new trainee therapists (Skovholt, 2016; Skovholt & Rønnestad, 2003; Thériault & Gazzola, 2010). Normalizing anxiety and ambiguity as a common aspect in new therapist development would be important to be emphasized in clinical training. It would also be interesting for future research to keep looking at the role of ambiguity on therapist self-care and development and identify strategies to cope directly with it. It appears that self-care practices such as BAP could support new therapists to gain better perspective about their competences at this stage of their development.

Refocusing on the perceived impact of the BAP on the stressors reported by participants, there was indeed a reduction in anxiety as participants felt calmer and more grounded, and they reported a better mindset for stress management and life balance. Results indicated that participants were better able to manage their emotions and stress levels (e.g., expressing feelings, and taking time for relaxation). This is consistent with literature on yoga and its numerous benefits, most notably its calming and grounding benefits, promotion of relaxation, and stress reduction (Khalsa, 2013; Kishan, 2020; Kumar, 2016). One of the most apparent changes was also in terms of participants' health habits, more specifically increased exercise, and more restorative sleep. The increase in health promoting behaviours is consistent with literature on the development of self-compassion and its motivational effect for health promoting behaviours (Phillips & Hine, 2019). The last main stressor identified by BAP participants was finances. This, however, remained the same throughout the study. This highlights the importance of attending to the person of the trainee as a whole and identifying resources that could help them ease the financial strains through creating more opportunities for funding and potential nominal compensation from internship involvement.

Recommendations for future research in regards to the financial aspect are offered at the end of this chapter.

Impact on balancing life demands

The other two research questions sought to explore first, the perceived impact of the BAP on trainee therapists in balancing the demands of professional and personal life and second, the perceived impact in their approach and outlook towards self-care practices. Simply put, we first looked at *what* life balance changes happened and second, on participants' *outlook* towards self-care. These two questions are addressed here together because they are so closely related.

Our findings highlighted that by identifying trainee needs from a loving, kind, and compassionate place - from a place of valuing and self-worth - participants were able to make decisions that helped them prioritize their wellbeing, which in turn allowed for better life balance. This included decisions related to boundaries, priorities, organization and time-management, health habits, reaching out to their support system, just to name a few. This is consistent with literature findings where trainee therapists themselves identified seeking emotional support from personal and professional networks, being mindful of physical health and wellbeing (e.g., healthy lifestyle), and respecting one's own limits as priorities for self-care (Thériault et al., 2015).

It stands out that participants in the BAP study were able to make these decisions for better life balance with a sense of ease, as a naturally occurring consequence of identifying needs and feeling worthy of being *well*. In other words, developing self-compassion and feelings of worth allowed participants to *actually* take action on self-care behaviours. This is exactly what the authors Maranzan et al. (2018) were referring to, that "self-care also requires self-compassion: the ability to be caring toward oneself is essential to take the time necessary to actually implement self-care behaviours." (p.362) The results of our study strongly imply that participants came out of the BAP with an increased willingness to take action to support

wellbeing and better life balance due to increases in self-compassion and reflexivity around their needs.

This also relates to their outlook towards self-care practices. With higher feelings of self-worth and commitment to alleviate personal suffering (i.e., through self-compassion), self-care as a preventative and ongoing set of habits and behaviours became easier to implement. In other words, participants felt worthy of taking the time away from professional demands, as opposed to feeling guilty for it. This is consistent with literature on self-compassion and the effects of developing higher self-worth (Luo et al., 2021; Macbeth & Gumley, 2012; Neff, 2018; Phillips & Hine, 2019).

The increased awareness that came with mindfulness and reflexive practices also contributed to a changed outlook. Mindfulness invites acceptance and a non-judgmental outlook on the present moment (Kabat-Zinn, 2011). Further, as the literature suggests, increased self-awareness is crucial for engaging in proactive and continuous self-care behaviours, and journaling can help with this by facilitating ongoing reflexivity (Rokach & Boulazreg, 2020; Rønnestad et al., 2019). A non-judgmental and compassionate lens applied in the reflexive process of journaling offered an opportunity to reflect on balance between personal and professional life and make decisions not from a place of criticism, but rather from a place of love and caring. These findings are consistent with the literature stated above, but they go further in connecting self-compassion with journaling.

In sum, there were many changes in the lives of the trainee therapists who participated in the BAP. Some were concrete external and observable changes (e.g., leaving a part-time job, taking more time for self-care and relaxation, going to bed earlier, implementing boundaries, being more authentic in relationships, etc.) and some were internal shifts in the psyche of participants, mostly related to feeling of self-worth and self-compassion.

Implications for psychotherapy training and practice

As the literature highlights, therapists appear to be more at risk for a variety of hazards (e.g., anxiety, emotional distress, feelings of incompetence, self-doubt, etc.) during their training years, rather than at any other stage in their career lifespan (Christopher & Maris, 2010; Rønnestad et al., 2019; Rupert & Dorociak, 2019; Skovholt & Rønnestad, 2003; Thériault et al., 2015). Self-care is widely recognized as an ethical and non-negotiable competency for therapists, and also for other mental health professionals at large (Detrick, 2021; Dorociak et al., 2017; Maranzan et al., 2018; Norcross & Phillips, 2020; Rokach & Boulazreg, 2020; Thériault et al., 2015; Thompson et al., 2011). A study by Thériault and colleagues (2015) found that there is current ambivalence in the Canadian context around whether self-care, which is considered a mandatory ethical duty for professional practice, should be incorporated formally in counselling curriculum. Regardless of this ambivalence, the benefits seem to far outweigh the cost (Thériault et al., 2015). The next step for the discipline is to support students by giving opportunities in the practice of self-care (Detrick, 2021; Maranzan et al., 2018; Rokach & Boulazreg, 2020). Trainee therapists cannot be equally compared to students studying in other disciplines, as their training requires a seamless integration of professional and personal life unlike any other profession (Nissen-Lie et al., 2017). The person of the therapist remains the most potent tool of psychotherapy effectiveness and the personal characteristics and wellbeing of the therapist are crucial factors in therapeutic success (Nissen-Lie et al., 2017; Nissen-Lie et al., 2013).

Indeed, the need for systemic changes in training and education is loud and clear (Detrick, 2021; Maranzan et al., 2018; Rokach & Boulazreg, 2020). The policies of graduate training programs tend to be reactive as opposed to proactive, i.e., they react to a problem rather than creating preventive structures to reduce the possibility for its emergence (Maranzan et al., 2020). As the authors Maranzan et al., (2018) have written, “programs need to do more than pay lip service to the importance of self-care; rather, self-care needs to be systematically incorporated into training and opportunities given for practice” (p. 366). From an existential

perspective, the creation itself of the Balancing Act Practice is founded on this same idea that opportunities to explore and practice self-care should be incorporated into counselling curriculum.

Mindful and self-reflective practices, such as yoga and journaling, have started to be incorporated in graduate programs with promising results on preventing the decline of wellbeing, i.e., preventing burnout and compassion fatigue, amongst many other benefits for physical, mental, and spiritual health (Christopher & Maris, 2010; Khalsa, 2013; La Torre et al., 2020; Wedgeworth et al., 2017). Similarly, the BAP study shows very promising impacts on trainee therapists' wellbeing and life balance. The BAP supported participants in building valuable skills for their personal and professional development and wellbeing, skills that they will need for the rest of their careers to continue growing and developing.

It's important to keep in mind that finances are one of the main stressors identified both in the results of this study and mentioned in the literature (Rønnestad et al., 2019; Thériault & Gazzola, 2010; Warlick et al., 2020). Finances were the only key stressor that remained the same throughout the BAP program. Previous studies also report that therapists are much more vulnerable to the effects of burnout and stress when underpaid (Rokach & Boulazreg, 2020). The financial stress is even more heightened for trainee therapists as they navigate high tuition fees and full-time academic demands, which in turn leaves less time for part-time paid work. This further supports the argument that if opportunities for self-care were being offered as part of the curriculum (and the cost covered by existing tuition fees), this could make such self-care programs more accessible for trainee therapists.

Underlying these recommendations for self-care in training is the idea of a culture shift around self-care (Maranzan et al., 2018). A shift that moves beyond a reactive self-care policy to one that is proactive, ongoing, and truly supportive of the development of the *person* of the trainee therapist (Detrick, 2021; Maranzan et al., 2018; Rokach & Boulazreg, 2020).

The Balancing Act Practice (BAP) was created as a solution to help shift into this proactive culture of self-care. The next section discusses the key components of the BAP that would be essential for future replication, or for other researchers and clinicians to incorporate should they wish to create their own self-care program.

Key components for (re-)creating a self-care program

There are several key components of the BAP that stand out for replication. Table 13 presents them, and they are discussed below.

Table 13

Key components for (re-)creating a self-care program

Key components for (re-)creating a self-care program
<ol style="list-style-type: none"> 1. Embodied practice of self-compassion (e.g., yoga) 2. Reflexivity (e.g., journaling) 3. Compassionate role model 4. Community and accountability 5. Creativity in exploring all the different areas of life (e.g., chakras)

First and foremost, there is the *practice* component. The BAP was named as such, the Balancing Act Practice, because it is an embodied practice. Specifically, this meant learning about and exploring life balance while connecting with the physical body by moving, breathing, meditating, and increasing awareness of the body through yoga. This also created the space for participants to practice self-compassion with themselves, as opposed to simply learning about it from a cognitive standpoint. Practicing this embodied compassionate connection with the body *before* journaling was also a key component of its effectiveness. There is a famous yoga sutra,

sutra 1.2 from the yoga sutras of Patanjali (Satchidananda, 2012), that shares that the goal of yoga is to quiet the modifications of the mind. In other words, this means it helps to quiet the thoughts of a racing mind. Engaging in self-reflection after yoga was meaningful as the body was more relaxed and the mind was already in a calmer and more grounded state, i.e., more emotionally regulated. These findings are also widely supported by the literature (Khalsa, 2013; Kishan, 2020; Kumar, 2016). Thus, participants were in a better, more authentic, space to reflect on their lives and their sense of balance between personal and professional aspects. This also helped participants come into their reflections with a sense of self-worth and the idea that they could honour their needs, and they didn't have to be any other way than how they were on that day. This helped them work from a place of acceptance of their state of wellbeing, and with no expectations. Rather, they were invited to act on their chosen intentions if they wished to increase their wellbeing... *Simply because they exist* and that is enough to warrant prioritizing the space and time needed away from work, to take care of oneself.

Another key aspect of the BAP that stands out is the presence of a compassionate role model. This is consistent with the literature on Compassion Focused Therapy that highlights the importance of a compassionate role model in the development of compassion (Gilbert, 2014). This is related to research on children who learn compassion and other prosocial behaviours such as caring, sharing, and helping by watching their primary caregivers (i.e., role models), have opportunities for practice and guidance, and are rewarded for compassionate behaviours (Gilbert, 2014). If readers are wondering what makes a compassionate role model, it is quite simply someone who exhibits qualities of compassion (e.g., kindness, generosity, non-harm, commitment to alleviate suffering, wisdom, etc.) and has done their own internal work to soften the inner workings of their psyche. Authenticity, self-awareness, self-compassion, and the desire to be of service are at the heart of a compassionate role model.

Additionally, another key aspect of creating a self-care such as the BAP is practicing in the context of a community and with accountability. As the literature supports, community is an

important resource to maintain self-care and prevent burnout and other stress-related ailments, especially as the work of a trainee therapist (or other mental health professional) can be isolating (Rokach & Boulazreg, 2020). Accountability in the BAP was present in the sense that the practice was offered on a weekly basis, for 8 weeks. This meant participants were making a commitment to self-care and they were being held accountable for 8 weeks. Self-care programs should not be a one-time event, but rather a practice that is repeated over the course of multiple weeks, as is also recommended in the literature (Maranzan et al., 2018).

Lastly, let's mention the life balance content and themes that were based on the chakra system. The chakras have been described as a map or a guide to living a meaningful and fulfilling life (Myss, 1996). They helped explore a comprehensive scope of themes related living life as human (e.g., sense of safety/security, finances, basic body needs, family/friendship/community, creativity, sexuality/sensuality, willpower, strength, love, forgiveness, grief, acceptance, expression, decision-making, truth, intuition, beliefs, connection, gratitude, etc). What is special about the chakras is their connection to all aspects of Self. They are connected to the physical body, the emotions, the mind, and the Spirit (Myss, 1996). Not only that, but they also weave in different perspectives, i.e., looking at the individual, and looking at the individual within its social contexts (e.g., family, community, professional life, romantic relationships, etc.) and its environment (Myss, 1996). This wider lens of moving beyond the individual is very much in line with Third Wave Psychology therapeutic approaches (Lomas et al., 2020).

In sum, finding balance is a continual act. We are not under the impression that BAP was a miraculous cure. Rather it gave participants the space to practice *embodied* mindfulness, self-compassion, and to reflect on different aspects of their lives. Creating this holistic space, for embodied practice, in community, with accountability, and with a compassionate role model, was indeed powerful. The five elements that were discussed here can help guide future researchers, clinicians, yoga teachers, and professionals of all kinds in the replication of the BAP

or in the creation of their own self-care program. It would be special to witness how each teacher chooses to offer such a program, with their own unique touch painted onto it.

In recreating the BAP program, it is important to keep in mind that such a program should not be understood as a one-size-fits all program. Some adjustments may need to be made in order to accommodate the diverse needs of participants. For example: some participants may have different physical disabilities. Other participants may have different concerns (e.g., emotional, cultural, or spiritual/religious) about participating in such practice. Facilitators and training programs should be mindful of the diversity of their trainees, and they are strongly encouraged to embrace this diversity, and adjust the practice accordingly.

Study Limitations

There is awareness that the BAP study holds a few limitations. Notably, the small number of participants and the qualitative nature of the study don't allow for generalization to a broader population. There were some time constraints on data collection since the BAP was created and offered in the context of a Master's thesis. It is also important to acknowledge the limitations imposed by the socio-cultural context our participants belonged to and the special conditions created by the Covid-19 pandemic. More studies would be needed to see the impact of such self-care practice in different contexts, and in-person versus online delivery format. The online format due to COVID-19, added a level of complexity and of questions. Mainly, what would have been the effects of the BAP if it were offered in-person? Would they have been more potent, especially regarding the sense of community?

Additionally, another limitation stems from the fact that the researcher was also the yoga teacher for the BAP, and that she was a trainee therapist herself. These overlapping roles may have coloured the way findings were analyzed, despite measures taken to limit this impact. The impact of the researcher on the research could not be undermined and should be taken into consideration. Future studies could be applied following the same core principles with different facilitators / researchers, and with different groups from different training programs.

Lastly, there are multitude of factors, both personal and professional, that could impact trainee therapist development, wellbeing, and self-care. With this in mind, we are aware that the effects of the BAP were not isolated, but the results of complex interactions of multiple factors in the participants' lives. However, the qualitative phenomenological inquiry allowed understanding the deeper meaning of experiences of trainee therapists (McLeod, 2011) and helped gain a better understanding of their challenges in balancing the demands between the personal and the professional. Such knowledge is valuable for trainers and trainees alike.

Directions for future research

There are many different avenues that future research could explore. Most obvious, it would be interesting to repeat the BAP on various cohorts of trainee therapists to gather more specific information on the difference between demographics, such as first- and second-year students, differences in gender, age, relationship status, spirituality/religion, culture, etc. Alternatively, the BAP could be repeated in time on the same participants to look at the longitudinal impacts of repeated practice. Another option would be to do a follow up study on the same participants to inquire about the lasting impacts of the BAP, without necessarily repeating the BAP program. Further, this study was explorative, and it showed that self-compassion and embodiment were key instigators of change. As such, future studies should implement measures specifically related to self-compassion and embodiment for therapist self-care and development.

Future research should be action-oriented. It should involve trial and error of different programs and methods to create this culture shift for trainee therapists, where they can experience ongoing education and support in the proactive practice of self-care. As mentioned, trainee therapists would benefit from self-care education that includes paying attention to the role of ambiguity, as ambiguity is a compounding stressor often *unknown* to new trainee therapists (Skovholt, 2016; Skovholt & Rønnestad, 2003; Thériault & Gazzola, 2010).

Future research should also look at practical ways to help trainee therapists' address their finances. The topic of finances is one that is often not spoken about directly because of the

cultural taboo. However, this was the only main stressor that was not impacted in the BAP study, and it remains a consistent stressor for trainee therapists identified in the literature (Rønnestad et al., 2019; Thériault & Gazzola, 2010; Warlick et al., 2020). Trainee therapists are in a particularly challenging financial situation due to their student status. However, research shows that when mental health professionals are underpaid, they are much more vulnerable to the effects of burnout (Rokach & Boulazreg, 2020). In order to help trainee therapists cope with the intense stressors they face in graduate school, prevent burnout, compassion fatigue and whole array of disease, it would be necessary to include finances in the topic of self-care, i.e., financial self-care. That is, financial education and support as ongoing and preventative self-care, treated with the same respect and value, and at the same rank as physical, mental, emotional, and social self-care.

In addition, spirituality should also be incorporated in the topic of self-care. The authors Norcross & Phillips (2020) identified practicing mindfulness, daily gratitude, and prioritizing time in nature, amongst many other techniques, for ongoing and preventative self-care. However, the literature lacks on the topic of spirituality. Interestingly, spirituality was identified as a protective factor for participants in the BAP study. Spirituality can also refer to a sense of meaning, purpose, and appreciation of life. Ways to encourage and cultivate this in trainee therapists would be important, i.e., to create the space and a shift in culture that prioritizes self-reflection on the existentialism of the trainee therapist transformation and identity shift, as trainee therapists do indeed experience an identity shift - one where they craft and integrate a practitioner-self (Orlinsky & Rønnestad, 2010; Skovholt & Rønnestad, 2003; Rønnestad et al., 2019). The formation of a new identity requires considerable resources as it involves core existential and spiritual questioning.

Lastly, self-compassion stands out as a mechanism for change. Underlying recommendations for future research is the spirit of compassion. Future research should

continue in this lens of creating the space for self-compassion practice, in ways that feel creative and inspiring to the researcher.

Conclusion

In conclusion, there is no doubt that the person of the therapist *matters greatly* in therapeutic success. In fact, it is one of the factors most predictive of therapeutic success (Nissen-Lie et al., 2013; 2017; Rogers, 1958; Thériault et al., 2015). In early career stages, trainee therapists experience more doubt and anxiety around professional demands and are more at-risk to a variety of hazards associated with the nature of their work (Christopher & Maris, 2010; Rønnestad et al., 2019; Rupert & Dorociak, 2019; Skovholt & Rønnestad, 2003; Thériault et al., 2015). Helping trainee therapists cope with such demands and develop their reflexive capacity can benefit their professional growth and effectiveness as therapists (Detrick, 2021; Maranzan et al., 2018; Rokach & Boulazreg, 2020). Research highlights that ongoing and preventative self-care practices support trainees in balancing the personal and professional demands (Maranzan et al., 2018).

The biggest challenges reported by trainee therapists in this current study were anxiety and stress management, heavy professional/academic responsibilities, finances, and physical health (especially exercise and sleep). After participating in the Balancing Act Practice (BAP), trainees reported improvement in all areas, except for finances, which remained the same. Our findings showed that practicing self-compassion via yoga (embodiment) and guided journaling (reflexivity) increased self-worth. Further, mindfulness has compounding positive benefits when its lens of non-judgment and acceptance is applied to embodied movement and self-reflexive practice. Participants' outlook towards self-care shifted. With higher feelings of self-worth and commitment to alleviate personal suffering (i.e., self-compassion), self-care as a preventative and ongoing set of habits and behaviours became easier to implement.

In other words, participants felt worthy of taking the time away from professional demands, as opposed to feeling guilty for it. This included decisions related to boundaries, priorities,

organization and time-management, health habits, and reaching out to their support system. The BAP also had positive impacts on participants' emotional regulation and stress management. Perfectionism and people-pleasing tendencies softened. Professional and personal interpersonal relationships improved, as did an overall sense of meaning, purpose, and appreciation for life.

This study contributes to the growing literature on trainee therapist development, self-care, and burnout prevention. The BAP shows very promising impacts on trainee therapists' wellbeing and life balance and supports participants in building valuable skills for their personal and professional development and wellbeing, skills that they will need for the rest of their careers. It also supports a cultural shift in graduate training programs; a shift that moves towards preventative and ongoing opportunities for education and practice of self-care. To make these opportunities for practice more financially accessible, graduate training programs could choose to include them in the curriculum.

This wider lens of moving from looking strictly at the individual to looking at the individual within its environmental context is in line with the latest movement of Third Wave Psychologies (Lomas et al., 2020). As the authors Thériault et al. (2015) have stated, "the quest to incorporate self-care into standard academic programs is unequivocal" (p.379). Aligning institutional values of humanity, openness, and engagement with action that supports the creation of spaces for reflective practice would make it easier for trainee therapists to *be well and stay well*. The benefits of the study are clear, and they pave the way for the incorporation of yoga and other mindfulness practices in graduate programs, and highlight the importance of taking care of the most valuable tool of psychotherapy, 'the person of the therapist'.

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APPENDICES

Appendix A - BAP: Overview of Hatha Yoga Practice and Guided Journaling

Session (90 mins)

Hatha Yoga (60 mins)

Practice of physical postures also called asanas

- Centering and deep breathing (e.g., three-part breath, soothing rhythm breath, single nostril breathing, alternate nostril breathing, and ujjayi breath)
- Spinal movements and warm up (e.g., neck circles, wrists and ankles, cat/cow, barrel rolls, downward dog, sphinx, sun salutations, and core activations)
- Core sequence (e.g., various active postures, warrior poses, twists, forward folds, inversions, side bends, balancing postures)
- Cool down (e.g., gentle stretches, tense and release exercise, body scan, or visualization)
- Final resting pose - savasana

Guided Journaling (30 mins)

The guided journaling consists of guiding participants through a journaling practice with the following prompts. Participants had a few minutes to write thoughts related to each prompt.

- Mind dump - (e.g., "Please write on paper any thought that is lingering in your mind. As you write them down, imagine that you are clearing the space to go deeper in your being.")
- 3 to 5 prompts on the selected weekly theme
- "Today my body needs..."
- "Today my mind needs..."
- "Today my heart needs..."
- "Today I am grateful for..."
- "My intention for this week is..."

Appendix B - Weekly Themes of BAP

Each week offered a different theme. The themes are built in a sequential order and build on one another.

Week	Chakra	Theme for yoga and guided journaling	Meditation
Week 1	Introduction	Introduction to mindfulness, self-compassion, intention setting, ahimsa (non-violence), learning to breathe	Giving and Receiving Circle
Week 2	Root Chakra (Muladhara)	Creating inner safety and safeness, grounding, foundation of health, money and financial stability, group experiences, and belonging	Visualization of roots connecting spine to Earth with flow of breath
Week 3	Sacral Chakra (Svadhithana)	Creative expression and flow, letting go of control and habits, playing, having fun, sensuality, and sexuality	Visualization of a Fall nature walk (focus on 5 senses) with surprise gift
Week 4	Solar Plexus (Manipura)	Personal power and confidence, exploring fears that hold us back, self-esteem, self-discipline motivated by love, tapas (discipline or fire)	Breath Counting meditation with alternate nostril breathing
Week 5	Heart Chakra (Anahata)	Loving-kindness, love as a powerful force, exploring love, beauty, grief, forgiveness, compassion, hope, resentment, bitterness, anger, self-centeredness, loneliness, and fear	Loving-Kindness Meditation
Week 6	Throat Chakra (Vishuddha)	Expressing our truth and using our voice, learning the responsibility and power of choice, respecting our word, and having faith	Chanting a mantra meditation (Aad Guray Nameh mantra)
Week 7	Third Eye Chakra (Ajna)	Intuition and inner knowing	Future self visualization
Week 8	Crown Chakra (Sahasrara)	Inspiration and connection	White light visualization and Giving and Receiving Circle

Appendix C - Personal Intentions for the Balancing Act Practice (Pre-Intervention Form)

We all know what a goal is. So what is an intention? An intention is not a goal.

A goal is something specific, measurable, and achievable. For example, one could state: “*My goal is to touch my toes.*” If one does not touch their toes, they have not achieved their goal, even if they practice every day. Goals often instill in us a sense of failure or a sense that we will only have succeeded once we reach the goal.

Intentions are softer and kinder in nature. They usually have more to do with *how* and *why* we do things, rather than focus only on *what* we do. For example, one could state: “*My intention is to move towards being more flexible. I would like to do this because my body will feel better.*” With this intention, notice how the focus is on moving towards something. By phrasing the goal of touching one’s toes as an intention, one would succeed every time they take a step in that direction. By stating an intention, we decide in which direction we want to move towards, regardless of the time it takes to get there, if we get there at all.

Examples of intentions

- My intention is to cultivate patience.
- My intention is to listen to my body’s needs.
- My intention is to practice being in the present moment.
- My intention is to explore my inner world.
- My intention is to show up just as I am.
- My intention is to give myself permission to not be good at something.
- My intention is to love myself a little more.
- My intention is center my mind.
- My intention is to speak up when my boundaries have been crossed.
- My intention is to give myself an intention.

Please fill out this short reflection on your personal intentions for the Balancing Act Practice (BAP). All your answers will be kept confidential. We wish to offer you the space to reflect honestly on the reasons that made you join the Balancing Act Practice (BAP), our 8-week yoga and guided journaling practice. There are no right or wrong answers. Kindly note this reflection is also an integral part of our study.

Chosen pseudonym: _____

Date of entry: _____

Reasons for joining the Balancing Act Practice (BAP)?

What do you need in order to feel safe and supported in the Balancing Act Practice (BAP)?

How would you describe your current sense of balance between professional and personal life demands?

What is your biggest challenge when it comes to finding balance between professional and personal life demands?

What are your intentions for the Balancing Act Practice (BAP)? You can offer yourself as many or as few as you would like.

My intentions are...	The rating I give them today...


*To what degree have you achieved or experienced these things at the moment? Please select a number from 1 to 7 and write beside each intention above.

Not at all	Very little	Little	Moderately	Considerably	Very considerably	Max. possible
1	2	3	4	5	6	7

Kind thanks for taking the time to write your personal intentions.

See you on the mat! 😊


Appendix D - Ethics Approval Certificate

	<p>UNIVERSITÉ SAINT-PAUL UNIVERSITY</p>	<p>22.09-2021 dd-mm-yyyy</p> <p>Comité d'éthique de la recherche (CER) Research Ethics Board (REB) Bureau de la recherche et de la déontologie (BRD) Office of Research and Ethics (ORE)</p>		
<p>CERTIFICAT D'ÉTHIQUE ETHICS CERTIFICATE</p>				
<p>SPU-REB Protocol # 1360.3/21</p>				
Last Name	First Name	Affiliation	Role	
Riel Grafanaki	Chantal Sotiria	Faculty of Human Sciences Faculty of Human Sciences	MA Candidate-Principal Investigator Thesis Supervisor	
Type of Project	Master's Thesis			
Title	Balancing Act Practice (BAP): The Impact of Yoga and Guided Journaling on Trainee Therapists.			
	Approval date dd-mm-yyyy	Expiry Date dd-mm-yyyy	Decision	
	Initial Approval	08-06-2021	07-06-2022	1 (Approved)
	Modification to Protocol #1	19-08-2021	07-06-2022	1 (Approved)
	Modification to Protocol #2	22-09-2021	07-06-2022	1 (Approved)

Approved:

The Research Ethics Board (REB) approved the amendments to the project. Recruitment and data collection may begin as outlined in the application. The ethics approval applies for one year. However, any modification to the project must first be approved by the REB before the changes can be implemented. A Renewal Report for ongoing projects must be submitted. Please use the REB Protocol 1360.3/21.

1. In accordance with the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2](#), the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.
2. The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.
3. The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.
4. Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.
5. The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.
6. Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.



Louis Perron, Ph.D.
Chair
SPU Research Ethics Board (REB)

1/2

Université Saint Paul University | 223, Main Ottawa (Ontario) Canada K1S 1C4 ☎ 613 236-1393 Télécopie / Fax 613 782-3005

Appendix E - Demographic Questionnaire

Research Study: *Balancing Act Practice (BAP): The Impact of Yoga and Guided Journaling on Trainee Therapists*

Researcher: Chantal Riel, MA (Cand.)

Research Supervisor: Soti Grafanaki, Ph.D.

Participant Demographic Information Questionnaire

Graduate program: _____ Year of Study: _____

Participant Name: _____ Participant Pseudonym: (Please select a

Year of birth: _____ pseudonym that will be used when reference is

Country of Origin: _____ made to your participation):

Gender: _____

First language: _____ Other languages spoken: _____

Marital/Relationship Status: _____

Any dependents? (e.g. children, elderly, relatives, animals): _____

Current Spiritual or Religious Tradition (if any): _____

Past Spiritual Tradition(s) (if any): _____

Education (list degrees and year of graduation):

Memberships/Designations: _____

Number of Years (or months) in Clinical Practice: _____

Number of Years of Professional Training:

Previous related clinical experience (if any): _____

Current Theoretical Orientation (if known): _____

Specialization (if any): _____

Current Place of Work /Placement or Practice:

Population(s) Worked With: _____

Estimated lifetime client contact hours: _____

Number of client contact hours per week: _____

Supervision contact hours per week: _____

Prior experience with yoga practice (circle): YES NO

Current Personal Wellbeing Practice(s):

(1) NONE

OR

(2) Please list below the type and frequency of personal wellbeing practices (e.g. nature walk 1x per week, daily 10 minutes meditation, prayer, jogging 3x per week, weightlifting 2x per week, healthy breakfast daily, daily nighttime skin care routine, diner with family or friends 1x per week, etc.)

Appendix F - Personal Intentions for the Balancing Act Practice (Post-Intervention Form)

Please fill out this short reflection on your personal intentions for the Balancing Act Practice (BAP). All of your answers will be kept confidential. We wish to offer you the space to reflect on the Balancing Act Practice (BAP), our 8-week yoga and guided journaling practice that you have just completed. There are no right or wrong answers. Kindly note this reflection is also an integral part of our study.

Chosen pseudonym: _____ **Date of entry:** _____

Please take a moment to look at your answers from the first time you filled out this questionnaire.

Are there any other reasons for joining the Balancing Act Practice (BAP) that you did not mention the first time you filled out this questionnaire? Have your motivations for the practice changed throughout the past 8 weeks?

Looking at your experience in the 8 weeks of BAP, what did you need in order to feel safe and supported? Could anything else contribute in creating a sense of safety and support for you?

What was your sense of balance between professional and personal life demands when you first started the BAP? How would you describe your sense of balance now? (Please be as specific as possible)

What has been your biggest challenge in finding balance between your professional and personal life demands? Where do you position yourself with this challenge today?

Please list below the intentions for the Balancing Act Practice (BAP) you wrote previously along with their corresponding rating. In the last column, please rate them from 1 to 7 as you currently achieve or experience them.

When I started the BAP my intentions were...	The rating I gave them before...	The rating I give them today...

Not at all	Very little	Little	Moderately	Considerably	Very considerably	Max. possible
1	2	3	4	5	6	7

Is there anything else that needs to be included in the list above? It might be something that was not your intention prior to starting the Balancing Act Practice (BAP) but that came up during the sessions. Please circle.

YES NO

If yes, what would you like to include? Please rate them from 1 to 7 as you currently have achieved or experience them using the same scale as the previous question.

My intentions are...	The rating I give them today...

Kind thanks for taking the time to reflect and share your personal intentions!

Appendix G - Skovholt Practitioner Professional Resiliency and Self-Care Inventory

(Skovholt & Trotter Mathison, 2016)

Chosen pseudonym: _____

The purpose of the inventory is to provide self-reflection for practitioners and students in the caring professions. Practitioner here refers to individuals in the caring professions—such as the helping professions, teaching and health care. Examples are psychologist, counselor, social worker, academic advisor, K-12 teacher, college professor, clergy, human resources specialist, physician, registered nurse, dentist and family law attorney.

Questions are addressed to both active practitioners and also students in training programs. There is no total number that is considered best. In fact, some of the questions are not relevant to some professionals or students who fill out this inventory. The inventory is intended to help decrease stress, not increase it!

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The checklist consists of four sub-scales: Professional Vitality, Personal Vitality, Professional Stress and Personal Stress.

1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree

Professional Vitality

Circle your Response

1. I find my work as a practitioner or as a student to be meaningful..... 1 2 3 4 5
2. I view self-care as an ongoing part of my professional work / student life.....1 2 3 4 5
3. I am interested in making positive attachments with my
clients /students/patients..... 1 2 3 4 5
4. I have the energy to make these positive attachments with my
clients /students/patients..... 1 2 3 4 5
5. The director / chair at my site / school is dedicated to practitioner welfare .. 1 2 3 4 5
6. On the dimension of control of my work / schooling, I am closer to
high control than low control1 2 3 4 5

7. On the dimension of demands at my work/ schooling, I have reasonable demands rather than excessive demands from others.....1 2 3 4 5
8. My work environment is like a greenhouse--where everything grows--because the conditions are such that I feel supported in my professional work..... 1 2 3 4 5

Subscale Score for Professional Vitality (Possible score is 8-40)

Personal Vitality

9. I have plenty of humor and laughter in my life..... 1 2 3 4 5
10. I have a strong code of values / ethics that gives me a sense of direction and integrity1 2 3 4 5
11. I feel loved by intimate others..... 1 2 3 4 5
12. I have positive /close friendships1 2 3 4 5
13. I am physically active and receive the benefits of exercise.....1 2 3 4 5
14. My financial life (expenses, savings and spending) is in balance..... 1 2 3 4 5
15. I have lots of fun in my life 1 2 3 4 5
16. I have one or more abundant sources of high energy for my life. (examples—other people, pleasurable hobby, enjoyable pet, the natural world, a favorite activity) 1 2 3 4 5
17. To balance the ambiguity of work in the caring professions, I have some concrete activities in my life that I enjoy where results are clear cut (e.g. a rock collection, painting walls, growing tomatoes, washing the car)1 2 3 4 5
18. My eating habits are good for my body1 2 3 4 5
19. My sleep pattern is restorative1 2 3 4 5

Subscale Score for Personal Vitality (Possible score is 10-55) _____

Professional Stress

20. There are many contradictory messages about both practicing self-care and meeting expectations of being a highly competent practitioner / student. I am working to find a way through these contradictory messages. 1 2 3 4 5
21. Overall, I have been able to find a satisfactory level of “boundaried generosity” (defined as having both limits and giving of oneself) in my work with clients / students / patients 1 2 3 4 5
22. Witnessing human suffering is central in the caring professions (e.g. client grief, student failure, patient physical pain.). I am able to be very present to this suffering, but not be overwhelmed by it or experience too much of what is called ‘sadness of the soul.’ 1 2 3 4 5
23. I have found a way to have high standards for my work yet avoid unreachable perfectionism. 1 2 3 4 5
24. My work is intrinsically pleasurable most of the time..... 1 2 3 4 5
25. Although judging success in the caring professions is often confusing, I have been able to find useful ways to judge my own professional success..... 1 2 3 4 5
26. I have at least one very positive relationship with a clinical supervisor / mentor / teacher. 1 2 3 4 5
27. I am excited to learn new ideas—methods—theories—techniques in my field..... 1 2 3 4 5
28. The level of conflict between staff / faculty at my organization is low..... 1 2 3 4 5
- Subscale Score for Professional Stress (Possible score is 8-40) _____

Personal Stress

29. There are different ways that I can get away from stress and relax (examples-- TV, meditating, reading for fun, watching sports)..... 1 2 3 4 5
30. My personal life does not have an excessive number of one-way caring relationships where I am the caring one..... 1 2 3 4 5
31. My level of physical pain / disability is tolerable 1 2 3 4 5

- 32. My family relations are satisfying 1 2 3 4 5
- 33. I derive strength from my religious /spiritual practices and beliefs..... 1 2 3 4 5
- 34. I am not facing major betrayal in my personal life1 2 3 4 5
- 35. I have a supportive community where I feel connected..... 1 2 3 4 5
- 36. I am able to cope with significant losses in my life1 2 3 4 5
- 37. I have time for reflective activities such as journaling-expressive writing
or solitude.....1 2 3 4 5
- 38. When I feel the need, I am able to get help for myself1 2 3 4 5

Subscale Score for Personal Stress (Possible score is 10-50) _____

Total Score for the Four Subscales (Possible score is 38-195) _____

There are a total of 38 questions in the Skovholt Professional Resiliency and Self-Care Inventory. All are scored in a positive direction with 0 low and 5 high. As stated earlier, the scoring system is a method for self-reflection by practitioners and students in the caring professions. There is no total number that is considered best. In fact, some of the questions are not relevant to some professionals or students who fill out this inventory. The inventory is intended to help decrease stress, not increase it!

As a way to consider professional resiliency and self-care in your career work, consider these questions. First, scan the questions and focus on your high answers, those with 4 and 5 responses. What do you conclude? Write here.

Then focus on your low answers, those with 1 and 2 responses. What do you conclude? Write here.

Then look across the four categories of Professional Vitality, Personal Vitality, Professional Stress and Personal Stress. Are they in balance? If not in balance, what remedies could you consider? Write here.

Finally, consider the different topics covered in the inventory, your answers and the comments you made for future self-reflection, clinical supervision and discussion with others. Best wishes!

Appendix H - End of Study Personal Reflection (Post-Intervention)

Balancing Act Practice - Personal Reflection

Please fill out this short personal reflection. All of your answers will be kept confidential. We wish to offer you the space to reflect honestly on any changes that may have seen in your life since the start of Balancing Act Practice, our yoga and guided journaling practice. There are no right or wrong answers. This reflection is also an integral part of our study.

Chosen pseudonym: _____ **Date of entry:** _____

In a few lines, please describe what stands out about your experience with the yoga component of the BAP practice.

In a few lines, please describe what stands out about your experience with the guided journaling component of the BAP practice.

If you think back to how your life was before the start of Balancing Act Practice (BAP) and how it is now....

What changes have you noticed in your professional relationships (e.g. **relationships with colleagues, professors, supervisors**, etc.), if any? (Please also specify to what do you attribute these changes)

What changes have you noticed in your clinical work (e.g. in session with client, writing session notes, case conceptualization, treatment planning, etc.), if any? (Please also specify to what do you attribute these changes)

How would you describe your recent emotional state surrounding sessions with clients?

What changes have you noticed in your personal health habits (e.g. sleep, exercise, eating), if any? (Please also specify to what do you attribute these changes)

What changes have you noticed in your personal relationships, if any? (Please also specify to what do you attribute these changes)

What changes have you noticed in your spiritual or religious life, if any? (Please also specify to what do you attribute these changes)

What changes have you noticed in terms of your quality of presence when with others, if any? (e.g. to be fully in the present moment, mindful, not distracted when listening, engaged in conversations, aware of bodily sensations) (Please also specify to what do you attribute these changes)

What changes have you noticed in terms of your ability to meet your needs and respect boundaries, if any? (Please also specify to what do you attribute these changes)

What is your overall sense of wellbeing? Any changes? (Please also specify to what do you attribute this sense and or changes)

What is a metaphor or phrase that can capture well your overall sense of the Balancing Act Practice and its impact on your life as a trainee therapist?

What is currently your overall sense of balance between professional and personal life?

Is there anything else you would like to share?

Kind thanks for taking the time to fill out this personal reflection for the Balancing Act Practice. We are so grateful you are part of our BAP group! ☺

Appendix I - Consent Form



UNIVERSITÉ
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RESEARCH PARTICIPANT CONSENT FORM

REB File #1360.3/21

Title of the research project: Balancing Act Practice (BAP): The Impact of Yoga and Guided Journaling on Trainee Therapists

Researcher: Chantal Riel, MA (cand.)
School of Counselling, Psychotherapy and Spirituality, Faculty of Human Sciences, Saint Paul University
E-mail: XXXXXXXX

Research Supervisor: Sotiria Grafanaki, PhD, Full Professor
School of Counselling, Psychotherapy and Spirituality,
Faculty of Human Sciences, Saint Paul University
Telephone: XXXXXXXX
E-mail: XXXXXXXX

Invitation to Participate: I am invited to participate in the abovementioned study conducted by Chantal Riel, under the supervision of Dr. Sotiria Grafanaki. This study has been approved by the Research Ethics Board (REB) of Saint Paul University.

Purpose of the study: The purpose of the study is to explore the impacts of an 8-week yoga and guided journaling intervention on trainee therapist's self-care and reflective practice, and balancing the demands of professional and personal life.

Participation: To participate in this study I will have to join via Zoom, an 8-week yoga and guided journaling practice for a duration of 90 minute each week. My participation will consist of completing (1) a Demographic Questionnaire (pre-intervention), (2) a Personal Intentions form (pre and post-intervention), (3) the Skovholt Practitioner Professional Resiliency and Self-Care Inventory (pre- and post-intervention), and (4) a Personal Reflection (post-intervention). It will take around 30 minutes to complete the pre-intervention questionnaires and 60 minutes to complete the post-intervention questionnaires. All questionnaires will be done online through SurveyMonkey.

Risks: My participation in this study will entail minimal physical risks associated with the practice of yoga postures. I understand that the yoga practice is gentle and that multiple options for postures will be offered. I understand that I will not be forced to do any posture, but rather encouraged to listen to my own body and to respect my current physical limitations or injuries.

My participation in this study will entail minimal emotional risks given the invitation to reflect about my life as a trainee therapist and the challenges I face in my effort to balance the demands between my personal and professional life. I have received assurance that every effort will be made to minimize these risks, that I will be free to share only that and only as much as I feel comfortable in sharing, that the researcher will discuss any negative impact of the process with me should this occur and will make the appropriate arrangements to ensure additional assistance and support for me as necessary.

Benefits: My participation in this study will contribute to the understanding of the impact of yoga and guided journaling on trainee therapist wellbeing as it relates to balancing personal and professional life demands. My participation will also enrich the current understanding of trainee therapists' growth, self-care, and burnout prevention. It will provide the opportunity for me to reflect on my current life balance and wellbeing, and to share my experiences in a way that will be helpful for other trainee therapists. Furthermore, it will help advance our understanding about the role of incorporating self-care practices, such as yoga and journaling, as part of the training programs. Once the study is completed, a synopsis of the results will be provided to me, upon my request, through e-mail.

Confidentiality and Anonymity: I have received assurance from the researcher that the information I share will be kept strictly confidential. I understand that the information I provide will be used for the purpose of the abovementioned research study. I also have been reassured that my confidentiality and anonymity will be protected using a pseudonym or code instead of my real name, and no identifying information will be used in the dissemination of the findings at the end of the study. My personal weekly journals are not going to be collected and anything I write in them will only be for my personal use.

Conservation of data: The data collected through my participation will be kept on an encrypted, password-protected file on the main researcher's computer and a password protected USB kept in a locked cabinet in the supervisor's office. This includes all questionnaires collected. Only the researcher and her supervisor will have access to the data. According to the University's regulations, the data will be stored for a period of five (5) years, after which it will be securely destroyed.

Compensation: I understand that I am offered free participation in 8 yoga and guided journaling sessions.

Voluntary Participation: I understand that I am under no obligation to participate in this study. If I choose to participate, I understand that I am free to withdraw at any point and for any reason, and/or refuse to answer any question or provide any information asked for, without any negative consequence. If I choose to withdraw from the study, all the data collected up to that point would be destroyed at my request.

Acceptance: I, _____, agree to participate in the abovementioned study conducted by Chantal Riel of the School of Counselling, Psychotherapy, and Spirituality, Faculty of Humans Sciences, at Saint Paul University, under the supervision of Dr. Sotiria Grafanaki.

If I have any questions regarding the study or my participation, I may contact the researcher or her supervisor. If I have any questions regarding the ethical conduct of the study, I may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, K1S 1C4, Tel: (613) 236-1393

There are two copies of the consent form, one of which is mine to keep.

Participant's Signature: _____ **Date:** _____

Researcher's Signature: _____ **Date:** _____

Appendix J - Recruitment Poster



SELF-CARE FOR TRAINEE THERAPISTS

YOU ARE INVITED TO PARTICIPATE IN THE BALANCING ACT PRACTICE (BAP)

The BAP will explore the impact of **an 8-week yoga and guided journaling practice**

Principal Researcher: Chantal Riel, MA (cand.)

E-mail: XXXXXX

Research Supervisor: Sotiria Grafanaki, Ph.D., C.Psychol.

E-mail: XXXXXXXX

REB certificate no. 1360.3/21

Who? Trainee therapists of all ages, genders, and faiths, who are currently enrolled in a Canadian graduate program related to counselling and psychotherapy. Participants must be fluent in English (spoken and written). No previous experience in yoga or guided journaling is necessary.

Where: Virtually from the comfort of your own home, via ZOOM

How Long: 8 weeks / 90 min sessions that combine hatha yoga (60-mins) and guided journaling (30-mins). Hatha yoga is a gentle practice that combines yoga postures, breathing techniques, visualizations, and meditation. Only **15 spots available**, given on a first come, first serve basis.

When? From the first week of October 2021 to the last week of November 2021

What? Attending the yoga and guided journaling sessions and completing three short pre- and three post-intervention questionnaires related to life balance and wellbeing.

Participation is voluntary and you will be free to withdraw from the study at any point. The information you provide will be kept strictly confidential, and your anonymity will be preserved.

If you would like to find out more about this project, please contact the researcher, Chantal Riel, MA (Cand.), 200-hour registered hatha yoga teacher by e-mail at criel095@uottawa.ca

We look forward to seeing you on the mat! ☺

Appendix K - Recruitment E-mail

SUBJECT: Self-Care for Trainee Therapists: Yoga and Journaling

Dear student,

I am pleased to invite you to participate in the Balancing Act Practice (BAP), a study that is close to my heart.

The BAP study aims to explore the perceived impact of **YOGA** and **GUIDED JOURNALING** on trainee therapists in balancing professional and personal life demands.

You would be perfect for our study if you are currently enrolled in a Canadian graduate program related to counselling and psychotherapy, and are fluent in English (spoken and written).

You don't need any previous experience with yoga or guided journaling, only the curiosity and willingness to show up for you!

Each session is 90 minutes and the program runs for 8 weeks. The BAP will run from the first week of October to the last week of November 2021.

If you are worried about practicing yoga, let me reassure you. We will be practicing a gentle form of hatha yoga. This means moving slowly, breathing deeply, and having lots of options for the postures.

The BAP was created to respond to the high rates of psychological distress and burnout I personally witnessed in my colleagues whilst in the graduate training.

Please refer to the poster attached below for additional details on the BAP.

If you are interested or the least bit curious to join this practice and contribute to this study, please contact me by e-mail at XXXXXXXX

Please keep in mind There are **only 15 spots available**. Indicate your interest quickly to reserve your spot!

I look forward to seeing you on the mat! ☺

In kindness,

Chantal Riel, MA (Cand.), 200hrs registered hatha yoga teacher

Appendix L - Narrative Biography

Chantal's voice: I knew how important it was for me to be aware of my assumptions and biases, especially as I was both teaching the practice and analyzing the data. The reflexive journal allowed me to increase my awareness of how my values, knowledge, past life experiences, and even worldview would colour the lens through which I saw and analyzed this experience.

My expectations for the impacts of the BAP were mainly based on my personal experiences with yoga and journaling. They were also based on my past experiences teaching yoga and listening to my students' stories about how yoga challenged them but ultimately, about how it positively impacted their life when they remained committed. As I have engaged in yoga practice for over a decade, I have experienced some very challenging yoga classes on all levels (physical, emotional, mental, social, and spiritual) but also some that were absolutely peaceful, loving, and blissful. The contexts in which I experienced yoga also coloured my expectations as they have offered me a plethora of different textures, sounds, sights, and feelings that one could experience on the mat. My perspective, both expanded and limited by past experiences, remained one of curiosity as I knew there could be an infinite number of possibilities for how the BAP could be experienced by participants. I also went through phases where I loved practicing yoga and phases where I dreaded it. I believe my relationship with yoga mirrored how I approached my life as a whole. The yoga mat can be compared to a small, but fully embodied, laboratory for life. In this way, it is similar to how psychotherapy is a space to explore, increase awareness, and experiment with new ways of being. Over the years, my yoga practice allowed me to grow and expand in ways I never imagined possible. It is no secret that yoga holds a special place in my life and my hopes for the practice were that it would bring about some level of healing for the participants.

I expected the BAP to offer healing in the form of both pleasant and challenging experiences for the participants. It is important to nuance that I did not see the word 'challenge'

as a potential negative impact of the BAP. On the contrary, I value challenge because I believe it is necessary for growth. Through yoga, awareness and mindfulness is increased. The challenge with this is the absence of distractions. On the yoga mat, there are not a lot of places to hide, or numb, or turn away from the present moment experience. Thus, through past experiences, I know that this one-on-one date with inner experience can be confronting, especially if there is a lot of suffering, or if the internal system is quite rigid, critical, or demanding. I expected the BAP to create the most noticeable changes in *how* participants approached the practice and life balance. Through modelling compassion and self-compassion, I expected to see participants soften in their approach to the practice and similarly, in their approach to balancing their life. However, I also had the assumption that some participants would have resistance or backdraft emerge. Backdraft refers to an experience of emerging distress when contacting suffering mindfully and compassionately (Neff & Germer, 2018). This could be experienced in the form of uneasiness, sadness, a sense of vulnerability, body aches, and other forms of emotional, mental, and physical symptoms (Neff & Germer, 2018). It remained unclear to me how this could show up during the BAP. As I value sharing kindness and compassion, I hoped these unpleasant experiences would be balanced by pleasant ones. For example, these could be experiences of inner warmth and / or a softening of rigid expectations and demands on oneself as is typical when nurturing self-compassion. As I infused meaningful and heartfelt intention into teaching the BAP, I am aware that I have an emotional and spiritual bias to finding 'positive' impacts to this practice.

As it relates to journaling, I am also aware that I have a bias from previous experiences with journaling and specifically, guided journaling. I held the belief that guided journaling would complement a yoga practice very well since it allows for expression of thoughts and feelings. Similar to yoga, I had both pleasant and challenging experiences with it. With guided journaling, I sometimes felt rushed by the prompts given by the teacher but found that this is actually what helped me not overthink what I was writing down on paper. This led to some

powerful insights. I also personally enjoyed being offered different creative writing prompts as it allowed me to explore topics I wouldn't have thought of if I had simply been doing personal journaling. It was also important for me to make sure we would not be collecting the personal journals for the study. Research also supported this. When I was in my first years of graduate training, I had some personal challenges I was too ashamed of and would not want to share with anyone related to my professional life. I wanted to offer my participants the chance to explore everything and anything in their writing, without the need to share. The data collected for analysis was created around this idea, in order to prioritize the experience for the participants.

One thing that remained unclear to me would be the changes in life balance. I trusted in the practice of yoga and journaling and in myself to model self-compassion. I also trusted in self-compassion as a motivational system, i.e., that self-compassion, when strong enough, is the most effective motivational force to achieve life goals while also adopting a non-harming and generous stance. This includes taking action for a better balance between professional and personal life. This trust came from my own path of healing through the cultivation of self-compassion, from the ever-growing evidence-based research supporting self-compassion, from my relationship to spirituality, and from the teachers and ancestors in my personal life who have patiently taught me the way of the Compassionate Self. For the participants, this meant I expected that through the cultivation of a compassionate approach to yoga and journaling, we would see these qualities of kindness, wisdom, generosity, and non-harming spill over into their lives.

