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Building Self-Care Practice Through Drama Therapeutic Techniques: A Case Study of the Zakheni Arts Therapy Foundation's *Wellbeing Workshop*

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Epilogue

> *When I was a little girl, I remember being told a story at school about two trees. The one tree was big and had a very big, thick trunk. The other was tall but had a much thinner trunk. The two trees were friends but the big tree would often laugh at the smaller tree and tease him, telling him that he was weak because he had a skinny trunk. One day there was a terrible storm with ferocious winds. The big, strong tree tried to resist the wind with all his might but the wind was too strong and snapped the big tree in half. The thinner tree, though, was very flexible and his trunk would just bend in any direction that the wind blew. For this reason, the thinner tree survived the storm even though the bigger, stronger tree did not.*

One day I began to grow up and found myself pursuing my Master's degree in Drama Therapy. With my training came the requirement of clinical practice and before I knew it, I was thrown into the world of caring and offering support for others. A major question arose: how do I care for myself? Is caring for myself really necessary? How much did my work really affect me? How do I build resilience so that I don't become overwhelmed and burnt out? In a quest to find answers to these questions, I embarked on a Performance as Research project that involved me attending a weekly Movement Meditation class, facilitated by Drama and Movement Therapist – and now my supervisor for this research report – Sian Palmer. My journey led to me asking larger questions (not that I had even found answers to my initial questions) about how burnout and compassion fatigue are present within the larger context of mental health, and how self-care can be practised. These questions lead me here, to this research paper. What follows is an exploration of my personal journey as well as those of others embarking on their own quest toward self-care.

Introduction

Mental healthcare presents many different challenges within the South African context. This is due, in part, to a lack of resources in the public mental health sector, resulting in adverse working conditions for mental health professionals and care workers working in the public sector (Tromp, Dolley, Laganparsad & Govender, 2014). Care workers themselves often experience trauma on a daily basis to due violence, adverse poverty and illness such as the HIV/AIDS pandemic. Working in traumatised spaces and offering support to others who have been traumatised can place a substantial strain on community care workers who do not have support spaces themselves. This may result in high levels of burnout and compassion fatigue amongst care workers, further perpetuating the challenging state of mental health in South Africa. Self-care is a possible solution to these problems (Burkhart, 2014: 55).

Self-care can be explained through what Hawkins and Shohet (2012) call "sustaining one's own resilience". According to Hawkins and Shohet, any individual working with people needs to build resilience so that he/she can process the "disturbance, distress and dis-ease" received from the people with which he/she works (Hawkins & Shohet, 2012: 21-22).

The Zakheni Arts Therapy Foundation's *Firemaker Project* trains community care workers to use the tools of drama and creativity in their support spaces (Meyer, 2014). Self-care and wellbeing are an integral part of this training programme and is the sole focus of the first of four workshops named the *Wellbeing Workshop.* The *Firemaker Project* was initially incepted as a skills training initiative that took place in three workshops aimed at sharing with care workers how creativity can be used to enhance the support spaces that they offer (Meyer, 2014). The facilitators soon realised that there was an extremely high level of burnout amongst the communities that they serviced due to the pressure of working in such under-resourced and unsupported spaces with minimal training themselves. The fourth workshop,

the *Wellbeing workshop*, was then added to address the mounting evidence that this was a dire need within these communities. Its positioning in the very beginning of the workshop series was a strategic decision as it was felt that it was important to first understand how to care for oneself before one can begin to offer care to others. It is this *Wellbeing Workshop* that will be the focus of this research paper.

Although the other three workshops in the series are valuable in the South African context, the focus of these workshops is on skills training outside of the practice of self-care and so fall outside of the scope of this research project. Training in the *Wellbeing Workshop* connects individuals with their innate resources for processing and dealing with unconscious and stressful material that may be evoked for the care workers in their support spaces, preventing burnout (Palmer & Palmer, 2014). The model of self-care that is introduced by the *Wellbeing Workshop* is unique in South Africa with its focus on the use of drama techniques in the training of care workers within the South African context. Its focus on wellbeing is also unique in the country and can offer valuable insight into the use of drama techniques in the training of self-care with South African care workers.

It should be noted that the *Wellbeing Workshop* does not operate solely within the mental health sector. Instead, the communities with which the project operates include child and youth care workers across the country working in various disciplines, including HIV/AIDS counselling and support centers such as *Childline*[1]. This is valuable within the South African context as majority of supportive spaces offered to the public are held by community care workers. It is also noteworthy that the focus of the *Wellbeing Workshop* is the health of the care workers themselves. The explicit focus is not on the clients although fostering health and wellness amongst care workers has the potential to have positive outcomes within the

[1] "Childline is an effective non-profit organisation that works collectively to protect children from all forms of violence and to create a culture of children's rights in South Africa" (Childline South Africa: Home Page, www.childline.org.za).

communities that the care workers service. It should also be explicitly stated here that the *Wellbeing Workshop* does not offer therapy to the care workers. Although the pedagogy of the workshop lies within experiential learning, where the care workers learn about wellbeing and self-care partly through experiencing it, it is a training workshop aimed at educating and providing skills pertaining to wellbeing and self-care and the importance thereof. The aim is that the care workers will adopt self-care as part of their professional practice.

For purposes of clarity, it is important to distinguish between research participants, *Wellbeing Workshop* participants and *Wellbeing Workshop* facilitators.

Research participants include all individuals who participated in offering data for the study and include *Wellbeing Workshop* facilitators and *Wellbeing Workshop* participants.

Wellbeing Workshop participants include care workers who have enrolled and completed the *Wellbeing Workshop* training, which is run by *Wellbeing Workshop* facilitators.

For the remainder of this paper, *Wellbeing Workshop* facilitators will be referred to as 'facilitators'. *Wellbeing Workshop* participants will be referred to as 'participants'.

The term 'care worker' will be used to refer to the broader population of care workers in the South African context but may also be used to refer to a participant of the *Wellbeing Workshop.* The care workers in this research report include social workers and auxiliary social workers offering therapy spaces to children who have experienced trauma. The care workers all currently work at a non-profit organisation based in Johannesburg, which offers psychosocial support, specialising in working with traumatised children.

Theoretical Framework

This paper is framed within the theories of humanistic psychology. This framework has been chosen because the theories of self-actualisation can be useful to describe health and resilience among care workers. Conditions of worth and Maslow's Hierarchy of Needs are used to understand how care workers can begin to feel stressed and burnt out while positive self-regard and the organismic valuing process offer insight into how health and resilience can be developed and maintained as well as enhance the support spaces that the care workers facilitate. This framework is particularly suited to understanding how Drama Therapy and Drama Therapeutic tools can be used to foster this resilience, as Maslow acknowledged the close relationship between creativity and self-actualisation. It is also important to note that resilience-building is a core component of the *Wellbeing Workshop* and the *Firemaker Project* as a whole.

Self-actualisation

Humanistic psychology functions under the premise that the body, emotions and intellect work together to facilitate self-actualisation (Radu, 2010: 108). The theory of self-actualisation assumes that "human beings have an inherent tendency toward growth, development and optimal functioning" (Joseph, 2008: 221). Abraham Maslow understands self-actualisation as a life-goal, where one experiences a satisfaction of needs and a lowering of defenses (Radu, 2010: 109-110). "Self-actualising people are characteristically open and spontaneous, have a clear perception of reality, appreciate the world around them, are independent, are sensitive to the needs of others, and have good interpersonal relationships" (Grieve, van Deventer & Mojapelo-Batka, 2006: 199). The achievement of this life-goal is not necessarily guaranteed or inevitable, though, and can only occur if and when one takes responsibility for their growth and development (Friedman & Schustack, 2012: 295). Following from this, individuals are believed to have the internal resources necessary to

facilitate growth and self-actualisation (Joseph, 2008: 221) but a supportive social environment is also considered necessary (Friedman & Schustack, 2012: 295). Maslow noted that creativity and self-actualisation might be the same thing, but also noted that creativity included the meeting of "comfort with solitude being totally immersed in the here-and-now, and courage" (Sumerlin & Bundrick, 1996:225). Transcendental humanism emphasises feelings, intuition and thoughts and images, believing that these are necessary for the development of creativity and imagination (Radu, 2010: 109). The embodied nature of Drama Therapy encourages individuals to connect through their bodies with the unconscious, allowing for a conscious-making of unconscious thoughts, feelings, images and themes. This connection facilitates an immersion in this material, in the "here and now", with the goal of achieving integration of all these parts into the sense of self. This has the potential to result in a lowering of psychological defenses which is an important aspect of self-actualisation, according to Maslow.

Jung proposed that through self-exploration, one could explore and integrate shadow material, allowing him to become a 'whole' person (Friedman & Schustack, 2012: 301). Jung's integration is not unlike self-actualisation in that both emphasise the internal drive toward development, growth and wellbeing.

Maslow identified a hierarchy of needs that require fulfilment for one to self-actualise. These needs ranged from physiological needs to psychological needs and self-fulfillment needs (Friedman & Schustack, 2012: 304). According to Maslow, self-actualisation becomes hindered if one's physiological needs, safety needs, belongingness and love needs, and esteem needs are not met (Friedman & Schustack, 2012: 304). This does not mean, though, that an individual whose physiological or psychological needs are not fully met cannot self-actualise; it is not uncommon for individuals who come from difficult circumstances to self-actualise (Friedman & Schustack, 2012: 305). However, if one has difficulty or experiences a block to self-actualisation or growth, it may be useful to identify which needs are not being

met as this might offer insight into causes for the dis-ease or stress. When considering community care workers in South Africa, the satisfying of needs is a potent issue with many care workers living and working in highly traumatised, under-resourced contexts. Many care workers live in financially constrained households where basic needs like food, clothing and shelter might not be secured. Living in highly traumatised communities, faced with the daily realities of violence, oppression and disease compounds this. It is then easier to understand that it may be difficult for these care workers to fulfil their esteem needs of feeling competent and accomplished. All of this makes achieving self-actualisation more difficult, reinforcing the needs for defense.

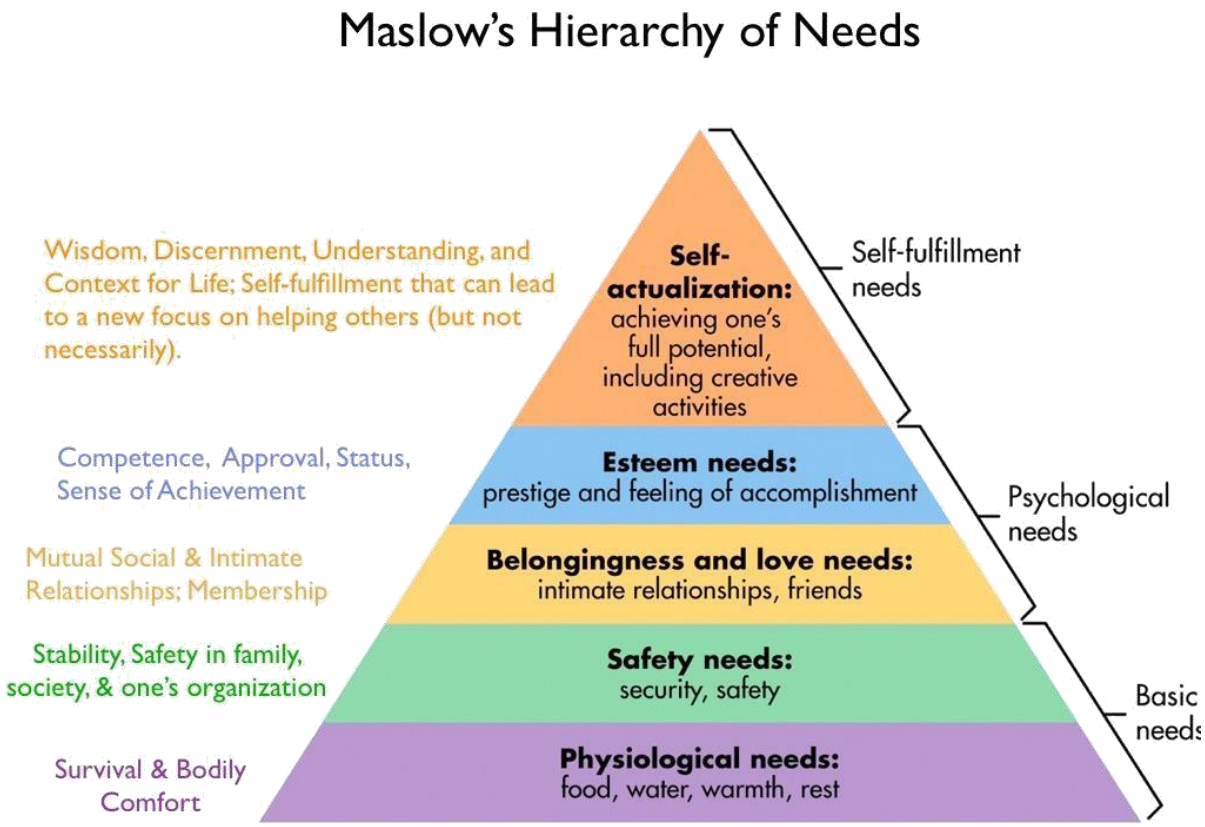


Figure 1: Maslow's Hierarchy of needs.
Source: http://www.allthingsworkplace.com/2010/02/talent-the-misunderstanding-maslow-factor.html

Conditions of worth

It was absolutely daunting. And exciting! Both all at the same time. I would finally begin to see clients… I would finally begin to do what I came here to learn to do. But what was that, exactly? What is it that you do with a client? Surely, it would not be the same as class because the lecturer is not forming a therapeutic relationship with the student. But now I would have to build a therapeutic relationship with a client. A real one. A real relationship with a real client with real issues. I had absolutely no idea what I was going to do. And it scared the wits out of me. I felt like was going to meet this client and he/she would know immediately that I had no idea what I was doing and chase me away. Or I was going to find myself completely over my head and then I would go to supervision and look like an idiot. I just couldn't do this. I just didn't know how to be a therapist. It made feel like I just wanted to run away. And I did in a way. I built a mask so thick to protect from my client. If I did not make myself vulnerable, I could not be hurt. All I had to do was say and do the right things, right? Wrong. Absolutely wrong because there is no right thing to say or do. But then how could I be perfect? Answer: I couldn't be. And I hated myself for it.

Rogers emphasises the importance of becoming "one's self", an experience of the self where one accepts and trusts their own experience of themselves while acknowledging the uniqueness of others. This type of person is able to differentiate between whom they are and who they want to be as opposed to who others expect them to be. The 'real self' is accepted, allowing the individual a more congruous experience of himself because he is in touch with his organismic valuing process (Friedman & Schustack, 2012: 295). This also means that the individual resists subscribing to conditions of worth that might be set for them by external factors. Conditions of worth are those conditions or characteristics that are imposed on an individual by others that the individual has to meet in order to gain approval and acceptance or feel worthy (Rogers, Kirschenbaum, & Henderson, 1989:246). These conditions of worth can make a person feel worthless and stop them from listening to their organismic valuing

process and thus feel less integrated (Rogers, Kirschenbaum, & Henderson, 1989:246). Care workers who do not feel a sense of accomplishment, competence and esteem might have difficulty with the process of becoming "one's self". The role of care workers in the community hold a certain sense of responsibility and the expectations of care workers (both from their communities and themselves) which puts immense pressure on care workers to assume a role defined externally and not from their intuition. These conditions of worth might be incongruent with how the care worker feels she could or should be (according to her organismic valuing process) which might result in feelings of inadequacy, failure and hopelessness. Should a care worker begin to acknowledge the discrepancies between who she is and who she feels she is expected to be, as well as accept herself for who she really is, she might be able to reconnect with her organismic valuing process and develop a sense of positive self-regard. This might help the care worker acknowledge that she cannot save everyone or help everyone, that she is not perfect and that she is, indeed, adequate, competent and accomplished. Developing this self-concept, which is increasingly positive might aid in developing resilience, helping the care worker avoid burn out.

Within the humanist frame, this paper assumes that the care workers being researched have an innate self-actualising tendency. The importance of the care workers taking responsibility for their wellbeing is acknowledged as the writer is of the stance that it is a choice to practise self-care or not. The importance of a supportive social network is also recognised for the wellbeing of the care workers. It is assumed, from the humanist view, that developing creativity and spontaneity are important for self-actualisation and so drama techniques are appropriate for facilitating wellbeing. Maslow's hierarchy of needs raises important questions around the understanding of health and self-actualisation in traumatised and impoverished contexts. However, it is not assumed that it is impossible for one to self-actualise when living in stressful conditions. Roger's conditions of worth can be useful when trying to understand feelings of hopelessness and worthlessness associated with burnout and compassion fatigue.

The concept of the organismic valuing process will be used to explore how and why people do or do not care for themselves appropriately and that perhaps, should one become connected with his organismic valuing process, he might care for himself more appropriately and be more active in practising self-care.

Rationale

Approaching the commencement of my Master's year with the understanding that I would be entering clinical placement sites, I knew that I would need to learn to practise self-care. I was immediately challenged as I realised that, despite my understanding of self-care and the importance of self-care, I had no idea how to actually do self-care. What tools could I draw on in the development of my own self-care practice?

Self-care is an emerging field of research, which still lacks comprehensive literature. Of the literature that is in existence, very little emphasis is placed on the actual tools and strategies of self-care practice. The use of drama therapeutic techniques particularly has not been well researched or written about. It has been noted that a lack of self-care is a challenge to mental health care in South Africa and that an increase in self-care practice amongst South African care workers might help alleviate the mental health challenges in South Africa. This research will serve to identify and explore the use of Drama Therapeutic tools in the use of self-care with a focus on care workers in South Africa. The Zakheni Arts Therapy Foundation's *Wellbeing Workshop* will be investigated as a case study because the *Wellbeing Workshop* uses Drama Therapeutic techniques in the training of self-care amongst community care workers. The case of the *Wellbeing Workshop* will be studied to ascertain whether the drama techniques used are useful and if so, in what ways. This might offer valuable data, which may then catalyse further similar projects across the nation as well as offer new insights into the

improvement of the *Wellbeing Workshop* itself. It will add to the literature on self-care practice, offering a case study from the South African context and offer a Drama Therapeutic perspective on self-care and the practise of self-care. The findings of the research might aid in the further development and improvement of the *Wellbeing Workshop* as well as offer a resource to individuals offering support spaces in South Africa for the development of their own self-care practice.

Aims

The aim of this research essay is to explore how Drama Therapeutic techniques can be used in self-care practice amongst community healthcare workers in South Africa. This will be achieved by studying the case of the Zakheni Arts Therapy Foundation's *Wellbeing Workshop.* The tools utilised by the *Wellbeing Workshop* will be identified and explored to ascertain in what ways they can be useful in self-care practice.

The essay aims to deepen existing research with a focus on Drama Therapy methodologies applied within the self-care sector. This paper arises as a response to the key challenges to mental health in South Africa identified in my Honours Long Essay *Exploring the Use of Drama Therapy in Contemporary South African Contexts: A Case Study of Professional Perspectives* (Spykerman, 2014).

Research Questions

1. What role can Drama Therapeutic tools play in self-care practice amongst community care workers in South Africa?

    1.1. In what ways does the Zakheni Art Therapy Foundation's *Wellbeing Workshop* use Drama Therapeutic tools to enhance self-care practice amongst community care workers in South Africa?

Literature Review

Mental health in South Africa

The South African context poses many challenges to mental health and wellbeing, "including social, racial, gender and economic inequities, violence, poverty, unemployment and high levels of HIV/AIDS… Indicators of social community disruption, loss and trauma are abundantly present" (Meyer, 2014: 2).

To make matters worse, mental healthcare itself in South Africa is also in a state of crisis. This was identified in an article published by *Sunday Times* on July 7, 2014. According to this article (Tromp, Dolley, Laganparsad & Govender, 2014) one third of South Africans experience mental illness but only 25% of these people will receive any form of treatment or care. This is attributed to the limited funding provided by the state, with only 4% of the national budget being allocated to mental healthcare (Tromp, Dolley, Laganparsad & Govender, 2014). This has resulted in fewer functional mental healthcare facilities available to the public and those that are available do not provide ideal conditions for recovery or treatment (Tromp, Dolley, Laganparsad & Govender, 2014).

Another major factor outlined by the article is the lack of mental healthcare professionals practising in community or public settings. Approximately 85% of psychologists practise privately (Tromp, Dolley, Laganparsad & Govender, 2014). This dynamic is fueled by the inequitable access to training in South Africa, where access to training is greatly limited to the vast majority of the population (Meyer, 2014). “Power and privilege thus prevail in terms of where these practitioners work and who benefits from their services” (Meyer, 2014: 5). To receive private medical care is extremely expensive, meaning that only 14% of South Africans have access to 85% of psychologists (Tromp, Dolley, Laganparsad & Govender, 2014). This leaves only 15% of psychologists to service 96% of the South African population, resulting in extreme working conditions for psychologists who do practise in the public sector, potentially jeopardising the quality of service offered to the majority of the population.

This is compensated largely through the employment of community care workers who provide support spaces to the public in many communities. These care workers often receive minimal training and are offered little to no support systemically due to a lack of resources (Palmer & Palmer, 2014). This is exacerbated by pressures placed on organisations by the state to train more care workers to cover more communities, compromising the quality of the training offered (Meyer, 2014).

The care workers, themselves, are affected by many of the same adversities and traumas that affect their clients (Meyer, 2014). The contexts in which these care workers practice are often amongst the most traumatised in the country with poverty, HIV/AIDS and related diseases and violence being ever present factors that may lead to increased stress levels amongst those who live in these contexts. The environments in which the care workers work create an emotional burden on the care workers (Meyer, 2014), making them more vulnerable to

developing burn out or compassion fatigue. Due to the lack of training, care workers often do not have the necessary skills to deal with the extreme cases that they may have to work with and this may lead to additional stress. Care workers will likely not be trained in the practice of self-care and, due to a lack of resources, are unlikely to be provided with support spaces for themselves. The combination of living and working in extremely traumatised contexts, receiving minimal training and receiving little to no support for themselves, places community healthcare workers at an increased risk of developing compassion fatigue or burnout.

Many studies have reported the negative health effects of offering care to others, effects including higher depressive symptoms and mental health problems (Arora & Wolf, 2014: 1252). In addition to the adverse working conditions in which many community care workers work, the care workers themselves often experience trauma on a daily basis to due violence, adverse poverty and illness such as the HIV/AIDS pandemic. Working in traumatised spaces and offering support for others who have been traumatised can place a substantial strain on community care workers who do not have support spaces themselves. As already noted, self-care is a possible solution to these problems.

Self-care, compassion fatigue and burnout

Self-care is a major contributing factor to the current challenges to mental health in South Africa as identified in my 2014 Honours research paper, *Exploring the Use of Drama Therapy in Contemporary South African Contexts: A Case Study of Professional Perspectives.*

"Professional self-care can be defined as the utilization of skills and strategies by social workers to maintain their own personal, familial, emotional, and spiritual needs while

attending to the needs and demands of their clients" (Newell & Nelson-Gardell, 2014: 431). Self-care can also be explained through what Hawkins and Shohet (2012) call for "sustaining one's own resilience". It has already been noted that any individual working to offer support spaces to people needs to build resilience so that he/she can process the "disturbance, distress and dis-ease" received from the people with which he/she works (Hawkins & Shohet, 2012: 21-22). If one is not able to process and let go of this dis-ease, he/she will become stressed, which will affect his/her ability to continue doing the work (Hawkins & Shohet, 2012: 22).

Without sufficient support and self-care practice, one is at risk of becoming burnt out. According to Shohet and Hawkins (2012), burnout is "the psychological state that is reached by an individual in the undertaking of their work in which they are unable to continue through stress, illness and fatigue" (256). Burnout occurs when one realises that he/she is unable to 'save' all the people with which he or she works and this may result in feelings of emotional and physical exhaustion, loss of interest in the work, dissociation from clients and feelings of low self-worth and failure (Hawkins & Shohet, 2012: 24).

Burnout can be understood in terms of three domains: emotional exhaustion, depersonalisation and reduced personal accomplishment (Newell & Nelson-Gardell, 2014: 429).

> *"Emotional exhaustion is a state that occurs when a practitioner's emotional resources become depleted by the chronic needs, demands, and expectations of their clients, supervisors, and organizations… Depersonalization refers to negative, cynical, or excessively detached responses to coworkers or clients and their situations… Reduction in one's sense of personal accomplishment* occurs *when social workers feel inadequate when clients do not respond to interventions, despite efforts to help them"* (Newell & Nelson-Gardell, 2014: 429).

Compassion fatigue is also a risk when working in the helping professions that may be prevented through self-care. Compassion fatigue is the "emotional, physical, and spiritual exhaustion from witnessing and absorbing the problems and suffering of others" (Hunsaker, Chen, Maughan & Heaston, 2014: 187).

> *"The chronic use of empathy combined with the day-to-day bureaucratic hurdles that exist for many social workers such as agency stress, billing difficulties, and balancing clinical work with administrative work generate the experience of compassion fatigue"* (Newell & Nelson-Gardell, 2014: 430).

In the South African context, many community care workers are inadequately trained to contain and process the work that they are expected to do and have very little support themselves (Palmer & Palmer, 2014). Self-care is required to build resilience, allowing the individual to continue working, albeit in stressful conditions so that care workers can avoid burnout and compassion fatigue.

Working with the *Wellbeing Workshop,* Palmer and Palmer (2014) have found that common conceptions of self-care amongst the care workers include exercise, eating and hygiene practices such as washing hands or wearing protective gloves (Palmer & Palmer, 2014). There is very little recognition of the importance of taking time to process the work that the care workers face on a daily basis and to maintain one's own emotional and mental wellbeing (Palmer & Palmer, 2014).

At the time of writing of my Honours research report (2014) there was very little literature or research available on self-care in the helping professions both in South Africa and internationally. However, in the years 2013-2015 a sudden increase in literature on self-care

in the helping professions has emerged (see Choi & Kim, 2014; Devenish-Meares, 2015; Hawkins & Shohet, 2014; Hunsaker, Chen, Maughan & Heaston, 2014; Lee & King, 2014; Pillay, Tooke, & Zank, 2013; Sansbury, Graves, & Scott, 2015; Thomas, Kohli, & Choi, 2014). This indicates a rising interest in and understanding of the importance of self-care practice in the helping professions on a global level. Despite the sudden increase in literature, literature on self-care is still in its early development and so it is important to draw on research and literature on a global level and try to understand how this could then be applied in the South African context. Tapping into the global understanding of self-care also offers a database of knowledge, which helps one to think about, compare and challenge the *Wellbeing Workshop's* model of self-care.

Hunsaker, Chen, Maughan and Heaston (2014) assert that it is important for burnout and compassion fatigue to be addressed as it impacts the ability for the individual to continue working (187). A South African study carried out in KwaZulu-Natal by Pillay, Tooke, and Zank (2013) identified professional self-care to be one of the priority learning areas for continued education, as identified by health care practitioners (644). Peter Devenish-Meares (2015) calls for compassionate self-care in the workplace, where the individual is encouraged to reduce self-criticism and increase self-acceptance and self-kindness (75). Sansbury, Graves, and Scott (2015) offer guidelines to individuals and organisations on how to monitor and prevent burnout and compassion fatigue, asserting that "when organizations and clinicians commit to serving those recovering from trauma, an essential element of that process should be an active plan to prevent and mitigate the potential of compassion fatigue, vicarious traumatization, and burnout" (121).

The fields of social work and nursing are becoming increasingly aware of the risks of burnout, compassion fatigue and secondary trauma, noting anxiety, stress, intrusive images and sleep disturbances as risks for social workers working with traumatised communities

(Shannon, Simmelink-McCleary, Im, Becher, & Crook-Lyon, 2014: 440). Above the stress of working in these settings, organisational stressors such as performance-based reviews or pressure to secure funding have also been noted to lead to stress for social workers (Newell & Nelson-Gardell, 2014: 427). Previous experiences of trauma or pre-existing mood or personality disorders have been identified as potential risk factors for secondary traumatisation (Newell & Nelson-Gardell, 2014: 430). Shoorideh, Ashktorab, Yaghmaei and Majd (2014) write about moral distress and burnout amongst Intensive Care Unit nurses and have attributed burnout to workload, aggressive treatment from patients facing death, cheating in examinations, lack of support and unequal distribution of power in the workplace (65). Cultural competence was found to be a contributing factor in burnout amongst nurses in Korea, with nurses with less multicultural education more likely to experience burnout (Choi & Kim, 2014). Palmer and Palmer (2014) identify that an individual's own responses to the material that arises from support spaces as well as the transference and countertransference that occurs in the space are also factors that can have an effect on the health of the individual and may cause stress or lead to burnout. The use of maladaptive coping strategies such as distancing from clients might warn of burnout or compassion fatigue (Newell & Nelson-Gardell, 2014: 430).

Burnout can occur on a personal as well as an organisational level, where organisational factors directly contribute to individual burnout rates (Newell & Nelson-Gardell, 2014: 430). Organisational risk factors include "excessively high caseloads, lack of control or influence over agency policies and procedures, unfairness in organizational structure and discipline, lack of support from professional colleagues, inadequate supervision, and poor agency and on-the-job training" (Newell & Nelson-Gardell, 2014: 430) resulting in symptomatic individual behaviours including "frequent absenteeism, chronic tardiness, chronic fatigue, evidence of poor client care, and low completion rates of clinical and administrative duties"

(Newell & Nelson-Gardell, 2014: 430). It is thus important for self-care to be the responsibility of both individuals and organisations (Newell & Nelson-Gardell, 2014: 431).

Richards (2015), writing about self-care in the nursing profession, asserts that developing one's intuition is a key component to self-care which will help both in the individual's work as well as knowing when and how to care for oneself (285). She lists journaling, exercise, quiet time, yoga and meditation as strategies for developing intuition and caring for one's wellbeing (Richards, 2015: 286-287). Supervision, peer support, exercise, leisure and spiritual activities, mindfulness-based stress reduction and an open acknowledgement of countertransference struggles have been recommended as self-care strategies (Shannon, et al, 2014: 441). Social support structures are also identified as a possible positive factor for self-care, although there is limited research to prove this (Shannon, et al, 2014: 441). Self-care practice should include tools that foster all facets of health and wellbeing, including physical wellbeing, emotional and psychological wellbeing and spiritual wellbeing (Newell & Nelson-Gardell, 2014: 431). In addition, self-care should be considered an ongoing and continuous life-long preventative practice and should not only be practised when one is feeling stressed (Burkhart, 2014: 56).

Integral Life Practice (ILP) is an integrative self-care model developed for clinical psychology graduates that includes self-care strategies that facilitate wellbeing of body, mind, spirit and shadow (Burkhart, 2014: 57). The model includes shorter and longer self-care exercises, emphasising that for self-care practice to become realised, it needs to be easily accommodated into busy schedules (Burkhart, 2014: 57). In a pilot study of the model, students reported a change in maladaptive coping mechanisms to healthier alternatives, fewer mental health problems and enhanced experiences of wellbeing (Burkhart, 2014: 71).

Shannon *et al* (2014) conducted a study with social work students where students journaled about integrating self-care into their daily routines as part of a course that taught self-care. The study found that students experienced a significant difficulty in developing self-care plans but with time successfully integrated self-care practice into their routines (Shannon, *et al*, 2014: 445). Although it has been suggested that self-care modules be included in the training of social workers, studies have found that many social work graduates do not know how to identify symptoms of burnout or compassion fatigue or how to prevent them through self-care (Newell & Nelson-Gardell, 2014: 429).

Self-care and the Arts

The arts offer a unique and powerful way of maintaining wellbeing by allowing individuals to reflect in a deep way where the unconscious can be expressed and supported without judgement (Palmer & Palmer, 2014). The embodied element of drama therapy is particularly unique as it allows one to connect to all parts of oneself and to the shadow of the material being dealt with in these support spaces, according to Jung (Palmer & Palmer, 2014). Creativity helps one to deepen one's own self-insight about their own responses to the world around them, their biases, prejudices and the shadow material with regard to why they chose to do the work that they do (Palmer & Palmer, 2014). Stuckey and Nobel (2010) note that "engagement with artistic activities, either as an observer of the creative efforts of others or as an initiator of one's own creative efforts, can enhance one's moods, emotions, and other psychological states as well as have a salient impact on important physiological parameters" (254). The arts are increasingly being explored as a vehicle for healing psychological wounds, gaining insight of oneself and developing self-reflective capacity (Stuckey & Nobel, 2010: 254). "Creativity can facilitate expression… serve as a coping mechanism… produce increased self-awareness… and assist in problem-solving (Bradley, Whisenhunt, Adamson, & Kress, 2013: 461). There is a growing acknowledgment of the power of the arts

to build resilience in children who are affected by trauma (Meyer, 2014). Music, visual arts, expressive movement and expressive writing have been identified as the arts modalities most often used to foster health, according to Stuckey and Nobel (2010: 254). The specific use of drama therapeutic tools in self-care practice remains under-researched.

The Firemaker Project

> *"The Firemaker Project is a training programme for care workers who run psychosocial support groups for children, by attempting to address the complex emotional impact of adverse social circumstances such as poverty, violence and HIV. It aims to give care workers practical insight and equips them with simple, creative tools to enhance their work with children"* (Meyer, 2014).

The model draws on Art Therapy and Drama Therapy theories and techniques to create an environment in which care workers can explore the concepts of wellbeing and self-care while sharing techniques and tools for self-care practice.

The programme works in partnership with various organisations that offer psycho-social support to children in South Africa. It is made up of four three-day intensive workshops, each with a different focus. The workshops are facilitated by two state-registered creative arts therapists, who also offer supervision and support to the care workers in between the workshops. This is to help ensure that the care workers successfully integrate what they gain from the programme into their work. The *Wellbeing Workshop* is the first in the

series and was only added to the programme at a later stage once it became clear that the care workers could benefit from self-care practice (Meyer, 2014).

The structure of the four three-day intensive workshops can be seen in the table below:

	Workshop1: (3 days) Wellbeing	Workshop 2: (3 days) Introduction to the Firemaker method	Workshop 3: (3 days) Consolidation of Firemaker method	Workshop 4: (3 days) Application of Firemaker method
Aims:	-To equip Care Workers with knowledge and awareness of the emotional impact of child and youth care work. -To develop self- insight and awareness through experiential processes. -To equip Care Workers with practical tools in self-care. -To recognize when to self- refer for professional mental health support and identify a resource list of organizations that offer counselling. -To create an awareness of organizational dynamics and the impact of this on individual staff members and on health care practice.	-To establish working contract and create safe working space -To introduce play techniques, developmental stages of play, listening and safety -To introduce FM model of resilience	-To consolidate methods from intro workshops -To build on tools and techniques from Intro workshop -To explore application of FM within work contexts -To introduce basic facilitation skills to implement activities	-To deepen and refresh FM techniques -To look at using techniques responsibly -To offer psychosocial programming support and facilitation planning -To put systems in place so that FM becomes part of the organisation
Guiding concepts:	-Self-care and the impact of work on mental health	-Psychosocial development linked to play -Model of resilience	-Containment -Session planning -Group work and facilitation skills	-Group work and facilitation skills
Main activities:	-Group contract -Working with clay around self in workplace -Making mandalas -Making a life journey	-Making a safe space -Puppet making -Working with stories	-Working with objects -improvisation and drama games -Creating a story and acting it out -Creating musical instruments -Body sculpts	-Role play -Care workers 'facilitate' an activity -Psychosocial programming -Supervised practice

(Meyer, 2014: 9).

The three-day *Wellbeing Workshop* typically begins each day with play activities, working to help the care workers develop their own playfulness. The exercises that then follow each build on one another to create an experiential process through which the care worker can learn to understand the tools introduced as well as gain insight into their own feelings and responses to the work (Meyer, 2014).

The main activities of the *Wellbeing Workshop* include:

1. Group contract
2. Working with clay around self in workplace
3. Making mandalas
4. Making a life journey (Meyer, 2014).

Creating a group contract is a creative activity that engages the group in an embodied way to agree on the boundaries, parameters and 'rules' of engagement for the duration of the workshop as well as the rest of the workshops in the series. Encouraging the group to collaborate to create the contract gives the care workers ownership over the space and encourages their buy-in, while ensuring that both participants and facilitators feel contained enough to engage with their vulnerabilities in the group without fear of threat or judgement (Facilitator 1).

Working with clay around the self in the work place is an activity that involves each care worker using clay and a box to create a representation of themselves and of their workplace. The creations of the care workers offer a vehicle into which the care workers to project unconscious material, offering insights into how they are positioned in relation to the organisation, according to Facilitator 1. This could then allow for reflection on how the organisation or work place either contributes to burnout or helps prevent it, as with Newell & Nelson-Gardell's (2014) assertion that burnout can occur on a personal as well as an organisational level, where organisational factors directly contribute to individual burnout rates.

During the workshop, care workers work together to create a mandala. The mandala is a geometric, circular pattern with individual quadrants. Each quadrant is allocated to a different life-area, in which care workers depict, creatively, the care and nourishment of

that life area. The final product is a physical mandala that represents the holistic care of oneself, giving adequate nourishment and care to each part of the self (Facilitator 1).

In the mapping of life journey, participants embark on an embodied and projective mapping out of what they desire and would like to gain from life. Using cloths and other objects, care workers physically create a journey that represents their aspirations and values in life. This create a platform from which care workers can reflect about their conscious and unconscious drivers and desires, whether they are currently nourishing these needs as well as strategies around how to begin attending to them. Nourishing and fulfilling these needs can facilitate wellbeing and the development of resilience, potentially helping to prevent and manage burnout (Facilitator 3).

Another important exercise in the workshop is the sujok, a Japanese hand massage technique where one uses the thumbs to place pressure on parts of the body to reduce pain and tension and to facilitate wellbeing (Landgren, 2008). Care workers administer the massages on one another and also on themselves. This tool engages the care workers in bringing physical relief to their bodies which can help relieve stress. The act of offering care to the self in the form of a hand massage is also symbolic of taking time out to care for all other parts of the self too, and engaging with the physical body can then facilitate emotional and psychological wellbeing (Facilitator 2). The sujok is also easily accessible to care workers as it does not require any resources or a lot of time to give oneself a massage and it can be done anywhere, according to Facilitator 2.

What makes *The Wellbeing Workshop* different from other psychosocial training programmes in South Africa is its focus on the wellbeing of the care workers themselves as a necessary component of professional practice, which inevitably benefits the clients. Another aspect of the programme that makes it unique is the pedagogy of the work. Most

other psychosocial training programmes in South Africa follow a formulaic structure, where care workers are shown or told about techniques that can be used but do not actually experience them (Meyer, 2014). *The Firemaker Project* uses experiential processes rather than formulaic training to allow one to physically go through the exercise, facilitating a much deeper understanding of the tool itself as well as how to engage and reflect on one's personal responses to the exercise through engaging with reflection during the workshops (Meyer, 2014). "Experiential learning gives participants embodied knowing of what it feels like to do an activity, as well as creating space for care workers to understand their own difficulties and emotional responses to the work" (Meyer, 2014: 10).

Method

This research paper will take the form of a case study to focus and acquire qualitative data. This method has been selected as it allows for an in-depth understanding of the field of inquiry while placing the research within the South African context. It also serves to document work that is currently taking place in South Africa, which of yet has not been recorded. A major limitation of this method includes an inability to generalise the findings across the broader population.

The sample was selected based on participation in the Zakheni Arts Therapy Foundation's *Wellbeing Workshop* as either a facilitator or a participant. The Zakheni Arts Therapy Foundation's *Firemaker Project* Wellbeing Workshop has been chosen as the focus of this study because it offers a model for how arts and drama can be used in the training of self-care amongst care workers in South Africa.

Four facilitators agreed to participate in the study. This made up approximately 67% of all the *Wellbeing Workshop* facilitators.

Of ten participants who were approached, four participants of the *Wellbeing Workshop* were interviewed. This made up approximately one eighth or 13% of the *Wellbeing Workshop* participant cohort. The diminished sample size is a major limiting factor to the validity of the findings of this research as it reduces the generalisability of the results.

The care workers who partook in this research all completed their *Wellbeing* training within the last three years. The exact time since completion (from when interviews were conducted) ranged from six months at the most recent and three years at the least recent. The timespan from which the workshops were completed posed yet another challenge but also a potential strength. The long span of time from which some care workers completed their training increased the chance that they would have forgotten what they experienced in the workshop. On the other hand, interviewing care workers at longer intervals since their training offers insight into the longevity of the effects and benefits of engaging in the workshops. It is presumably the intention of the workshop to have a long-term impact on the care workers and having the opportunity to assess how care workers have utilised the tools shared in the training after two to three years allows one to begin to understand what tools made the most impact.

All the participants selected for the study worked at *Childline Gauteng*, who had endorsed their training in the *Wellbeing Workshop.*

The care workers were interviewed using semi-structured interviews to collect detailed information on how they believed the tools shared in *Wellbeing Workshop* training have impacted or will impact their self-care practice.

Four facilitators of the *Wellbeing Workshop* were also interviewed to determine their perspectives of the use of Drama Therapeutic tools in self-care practice. This offered

insight into the choices of Drama Therapeutic tools and how they function in the facilitation of self-care training.

Information was also gathered on the physical tools that both participants and facilitators used for their personal self-care practice. Both tools that were shared in the *Wellbeing Workshop* as well as other tools that the participants and facilitators use were enquired about. Interviews were recorded using an audio device to ensure accuracy of data collection. Audio recordings were transcribed before being thematically analysed.

Data was analysed using Braun and Clarke's (2006) six-phase thematic analysis process. This method of thematic analysis was chosen as it was designed within the qualitative research frame for psychological research and so seemed appropriate for this paper. The six phases include:

1. Familiarisation with the data
2. Coding
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Writing up (Braun & Clarke, 2013).

Once the researcher was deeply familiar with the data, codes were extracted and interpreted. Codes were selected by identifying significant features of the raw data responses to each question asked in the semi-structured interviews. Responses to sub-questions and follow-up questions were coded as part of the main question of which they formed part.

A significant feature was considered any part of the response that offered insight into the question being asked. For example, when asked what tools the care workers found useful,

one care worker responded, “I often take a break when the work is getting too much for me” while others said they would “go for a walk”. Both of these responses offer a data point, which affords insight into the question being asked, and were identified as codes. Another care worker, in response to the same question said, “For me, self-care is not just what they told us… so it’s very funny but it’s self-care for me”. Although this did not directly answer the question, it gave a sense of how the care worker felt about her self-care practice and how it related to the practices shared in the workshop.

This data also offers important insight into the types of tools that the care worker found useful and how she felt about the tools shared in the *Wellbeing Workshop*. This response was coded and included in the data set. This type of analytical approach helps add depth to the analysis of the data, according to Braun and Clarke (2013): “Coding is not simply a method of data reduction, it is also an analytic process, so codes capture both a semantic and conceptual reading of the data” (4). Codes were then grouped into 39 different code-types, which were then grouped to form four themes with sub-themes, which will be discussed later in this paper in the “Results” and “Discussion” sections.

Results

The thematic analysis yielded 220 individual codes across the entire data set, which were then grouped into 39 code-types. Code types were then further grouped into four themes. This grouping included every single code and so accounted for 100% of the data. Within the four themes, code types were selected based on their frequency that they appeared in the data set. These code types were then selected to be discussed within each of the four themes. The four themes with sub-themes that were identified from the data gathered included:

1. Integration of self-care tools into daily life
    1.1.Factors that facilitate integration
    1.2. Factors that hinder integration
2. Useful tools
    2.1. According to facilitators
    2.2. According to participants
    2.3. According to category
        2.3.1. Body
        2.3.2. Interpersonal
        2.3.3. Creative Expression
        2.3.4. Spiritual
        2.3.5. Solitary Engagement
        2.3.6. Self-inquiry
        2.3.7. Boundaries
        2.3.8. Other
3. Important aspects of drama therapy in self-care according to facilitators
    3.1. Connection to body
    3.2. Pre-existing resources
4. Aspects that the care workers gained from the *Wellbeing Workshop* Wellbeing workshop
    4.1. Self-care awareness
    4.2. Skills

Theme 1: The Integration of Self-care Tools in Daily Life

The below table illustrates the first theme identified through the thematic analysis. Factors that facilitate and hinder the integration of a particular self-care tool into daily life are listed. A self-care tool or technique that is accessible, concrete, enjoyable and draws on pre-existing

resources is more likely to become part of a care worker's daily self-care practice than a tool that is hard to remember, very Western in terms of cultural validity, seems unimportant when compared to more important needs, was engaged with superficially in the workshop, feels like work or makes the care worker feel uncomfortable and awkward.

Integration of Self-care tools in daily life	
Facilitates integration	**Hinders integration**
Accessibility	Awkward
Concrete tools	Can't remember
Enjoying creativity	Concepts Western or incongruous
Pre-existing resources	Immediate needs
	Superficial
	Work
	Compliancy

Table 1: Integration of self-care in daily life: facilitating and hindering factors

This theme was selected for three reasons:

1. The integration of self-care into daily practice is imperative for self-care training to be effective.
2. The facilitators of the *Wellbeing Workshop* felt that the tools included in the training were useful in self-care practice because they were accessible, enjoyable, varied between concrete and abstract tools and drew on pre-existing resources. The tools that the care workers used most reflected these characteristics. Based on these criteria, a list of facilitating factors could be compiled.
3. Both facilitators and participants stated why they did not or would not use a particular self-care tool. These reasons are reflected in the list of hindering factors to self-care.

Theme 2: Useful Tools

Table 2.1 identifies tools that the facilitators of the workshops and the care workers found to be useful in their own self-care practice. Those highlighted in bold are tools that were listed

by both facilitators and care workers. The tools identified above all characteristically share the factors that facilitate integration listed in *Figure 1.* These tools are separated into eight categories below in ***Table 2.2***.

Useful tools	
According to facilitators	**According to Participants**
Bathing	Balance sheet
Body work and treatments	**Bodywork and treatments**
Boundaries	**Boundaries**
Clay and box	Clay
Constellations	Cutting and pasting
Cooking	Exercise
Walking	**Walking**
Hobbies	**Hobbies**
Writing	**Writing**
Journaling	**Journaling**
Supervision	**Supervision**
Time/space for self	**Time/space for self**
Meditation	**Meditation**
Music and singing	**Music and singing**
Painting and drawing	**Painting and drawing**
Reading	**Reading**
Reflective Practice	**Reflective Practice**
Relaxing	**Relaxing**
Social interaction	**Social interaction**
Spirituality	**Spirituality**
Sujok	Shopping
Mandala	
Engaging with own children	
Visualisations	
Individual therapy	
Journey mapping	
Dance and movement	

Table 2.1: Useful tools: according to facilitators and participants

Table 2.2 illustrates how the tools selected by the care workers and the facilitators encompass a holistic understanding of self-care and wellbeing. The tools selected incorporate elements of self and other, solitude and relationship and internal self and external self. An element of superficial or in-depth engagement with self-care is also displayed in, for example, cooking which might be understood as a more superficial form of self-care while meditation might require a much deeper self-inquiry and exploration of wellbeing. Having a

range of tools that offer care to all parts of self – body, mind and soul – allows for a holistic sense of health and wellbeing. It also allows for one to be able to identify what type of care is needed at a particular time to serve a particular need. Many of the tools fall into more than one of the categories, illustrating how these categories (and indeed the parts of self) are not mutually exclusive; instead they are intrinsically and complexly connected. Also, different people might find different value or make different meaning from the same tool.

This is not intended to be an exhaustive list of all tools that can be used in self-care or even of all categories to which self-care tools can belong. It would not be possible to create such a list as the ways in which different people build resilience and care for themselves is endless. However, it does represent those tools and categories reflected in the data gathered for this particular research project.

Useful Tools							
Body	**Interpersonal**	**Creative Expression**	**Spiritual**	**Solitary Engagement**	**Self-inquiry**	**Boundaries**	**Other**
Bathing	Cooking	Constellations	Spirituality	Journaling	Individual	Boundaries	Hobbies
Body work and treatments	Engaging with own children	Dance/Movement Journey Mapping	Meditation	Meditation	Therapy	Balance sheet	Shopping
Relaxing	Individual Therapy	Mandala Music/singing		Reading Bathing	Journaling Journey Mapping		
Sujok	Social Interaction	Painting/drawing Visualisations		Time/space for self	Mandala		
Walking	Supervision	Writing/Journaling		Walking	Meditation		
Exercise		Clay Cutting/pasting		Writing	Reflective Practice		
Sleep		Engaging with own children		Cooking	Supervision Balance Sheet		

Table 2.2: Useful tools by category

Theme 3: Important Aspects of Drama in Self-care

Important aspects of drama (according to facilitators)	
Connection to body	**Pre-existing resources**
Arts and unconscious communication	Group orientation
Awareness of emotion	Imagination, metaphor, symbol, creativity
Distancing	Play, spontaneity
Projection	Ritual
Non-verbal	Space
Process-oriented	Storytelling
	Tools culturally relevant

Table 3: Important aspects of Drama Therapy in self-care according to facilitators

Above, the characteristics of drama that make it valuable in the facilitation of self-care are listed. These are listed according to the facilitators of the *Wellbeing Workshop.* They are grouped according to two main categories: connection to the body and pre-existing resources. According to the facilitators, it is through the embodied nature of drama therapy that one can facilitate wellbeing. Drama Therapy is also useful in the practice of self-care because it draws on pre-existing resources within the individual. These resources can, through actively and creatively engaging with the body, become part of consciousness, receive validation, and then be integrated into daily life.

Theme 4: What Participant's Gained from the Workshop

What participants took away from the workshop	
Self-care Awareness	**Skills**
Awareness of own needs	Tools useful for clinical work
Boundaries	Competence
Balance	
Stress Management	
Time/space for self	

Table 4: Aspects that participants gained from Wellbeing Workshop

This final table illustrates what the participants seemed to have gained most from the workshops. These gains have been categorised into two sub-themes: awareness of self-care

and the development of skills. There was a continuous emphasis by the care workers that the training was very useful for their work with their clients. A major challenge for the *Firemaker Project* team is constantly reminding the care workers that self-care and wellbeing is important for the practitioner themselves, and that some of the work done needs to be for the self; not always the other. This reminds us of how little self-care and wellbeing really are understood and that there is a major lack of understanding that one needs to care for oneself. In the caring professions, this is dangerous as it increases the risk of burnout and compassion fatigue amongst community care workers, reducing their ability to continue the work.

Discussion

As aforementioned, data gathered was sorted into four main themes, namely:

1. Integration of self-care into daily life
2. Useful tools
3. Important aspects of Drama Therapy in self-care according to facilitators
4. Aspects that participants gained from the *Wellbeing Workshop*.

Each will be discussed separately below.

Integration of self-care tools into daily life

One of the things I realised, that I did not anticipate, is that self-care is hard work! It requires effort, after a long day, to decide to take time out to dance for an hour and a half. It is much easier to ignore the fact that anything is going on and go home and watch television or sleep or do anything else, really. I began to feel similarly about movement classes as I did about gym: I knew it was for my own benefit but sometimes I just did not feel like doing it. MOST times, I did not feel like doing it. I realised that self-care required making a

commitment to myself as a practitioner and as an individual. I had always imagined self-care as something enjoyable like walking on the beach or going for a massage. But it wasn't. It was hard work. And after I and fulfilled my commitment, I never went back. I never practised at home. I just stopped. I did not feel that this was a sustainable self-care practice for me. I actually didn't think any of the self-care practices that I ought to be engaging in were sustainable for me. I didn't realise it, but I was becoming more and more removed in my clinical practice, I was disengaging academically – I was burning out.

When exploring how participants and facilitators practise self-care in their daily lives, it became apparent that there were certain factors that facilitated or hindered the integration of self-care tools into their daily lives (see ***Table 1***). As the aim of this research project is to identify how Drama Therapeutic techniques can be used in self-care practice, it is important to understand what factors facilitate or hinder the integration of these techniques into self-care practice as they influence how tools are selected and utilised in self-care practice.

Accessibility emerged as a major necessary factor if a self-care tool is to be integrated into daily life. In the South African context where resources are limited, care workers do not always have access to facilities such as personal therapy or even supervisors. One *Wellbeing Workshop* facilitator, Facilitator 2, acknowledged that the facilitation team "would even take it for granted that there would be a space where these people could walk and I remember doing it in some places where it's actually not safe to walk outside". She emphasised the importance of "making people aware of making choices of where they can go and… to strengthen the resources that they can access". Accessibility also refers to the level of comfort with which the care worker can engage with the tool. If the care workers do not feel they can 'own' a self-care tool, "they won't practise it on a daily basis or they won't take it with them". Facilitators identified the sujok hand massage as one of the tools in the *Wellbeing Workshop* that is accessible to the care workers. It was identified as "a healing

source that is direct, free and always accessible" because their hands are on their bodies, allowing them to "do healing things on [their] body and [they] don't necessarily always have to go to somebody else" and because "it is something that they can sit with in a very busy time or practice; just have a few moments for themselves and do a quick hand massage" said Facilitator 2.

Although all of the facilitators identified the sujok hand massage as a useful tool, none of the care workers mentioned it. They did, however, note that the one tool that they engaged with the most was identifying when to take a break during their work to separate themselves for meditative or relaxing practices because that "is something [they] can use day to day. Whenever [they] feel that the work is getting too much".

Accessibility is enhanced when the tools that are employed draw on pre-existing resources. South Africa's diverse cultures offer a variety of resources that can be useful to individuals in their self-care practice. Some facilitators asserted that because the indigenous practices of many of the indigenous South African cultures incorporate aspects of drama, art, dance, music and ritual, that drama as a tool in and of itself is innately accessible to South Africans. Facilitator 2 suggested that there is value in

> *"Reminding people of the resources that we have and that are part of many different cultures. In a way, many of the Drama Therapeutic practices that we have now aren't new. They've been practised. A lot of our techniques come from ritual and communal creative processes. So, in the South African context, I appreciate the fact that we can celebrate different cultural creative practices. It's not just imposing one specific approach or angle and it's also just a reminder for people to go back to their own strengths and playing*

selves in their specific contexts. Not bring practices that are outside of the context and only accessible in ideal situations."

It is then important to derive the definition and understanding of what self-care is from the participants. Otherwise, the care workers might leave feeling incongruous, uncertain or uncomfortable with the tools and understanding of wellbeing that has been shared with them, hindering their integration into daily life. Part of avoiding this problem could come from identifying practices with which the care workers already engage that they feel are part of their self-care and then developing, enhancing or sharing them with the other participants. Identifying and acknowledging practices that the participants already engage with as part of self-care can be a validating experience, enhancing their potential to offer resilience building to the individual. Although this information is attained through the application forms that care workers have to complete at the beginning of the process, Facilitator 4 still found that there was not enough validation of the tools that the care workers identified. For example, Facilitator 4 reflected, "I found it ok when people said cooking for my children is [self-care] for me. Whereas I felt [that other facilitators felt that] that's you working for your children so think of another way to self-care."

Learning to work with the material resources that are already available to the participants is also of immense value. Learning to recycle materials that might seem worthless to create something of value might allow the care workers to develop a sense of mastery over their environment. According to Facilitator 3, this can help care workers to move away from feeling like a victim of "lack of" resources, which can be very disempowering.

Concrete tools seemed more easily integrated into daily life than more abstract ones. Activities such as creating a stress checklist that identifies stressors and the signs of stress, creating representations of how the different aspects of life are balanced and identifying values were identified as valuable because they "[connect] to people's cognitive

understanding of wellbeing and being able to see, in a sense, quite concretely where they're at in terms of stress levels and balance in their lives".

Enjoyability of the tool also plays a role in whether the tool will be integrated as a daily practice.

One of the main reasons tools from the *Wellbeing Workshop* were not integrated into daily practice was that the participants could not remember them. When asked which tools the participants found useful, the participants unanimously responded that they did not remember any of the tools. Despite not being able to remember any of the activities or tools, the participants all said that they enjoyed the workshop and that they remember feeling that the tools were useful at the time of the workshop. They also said that there were no tools that they felt not to be useful at all. It is interesting to note that the participants are all given a manual of the tools shared in the workshop, outlining how and when to use the tools, and none seemed to ever refer to it. Perhaps, care workers should be challenged to create their own manual throughout the process of the programme, where they document the tools they found most useful and why. This way, participants would be challenged to engage actively to identify which tools were most important to them and document them so that they can be used in future.

The participants' not remembering the tools and activities could be the result of tools feeling incongruous with the participant's African worldview. Some facilitators acknowledged that their Drama Therapy training was based in Western knowledge systems and so the way that they practise will be highly influenced by Western thinking. One of the facilitators, Facilitator 4, voiced that she felt "like these constructs are a little too Western for the people we are going to. This concept of self-care – we need to find a way to indigenise it more cos

[sic] it really is just abstract". Participants validated this point when reflecting on their tools for self-care. Participant 4 said, "For me, self-care is not just what they told us". This is also reflected in the difference in the tools that are found useful by the participants and the facilitators. Participant 3, after listing her self-care tools added, "So it's very funny but it's self-care for me". This suggests that she sensed that her understanding of self-care differs from that used in the Wellbeing workshop. This incongruence contrasts what was mentioned before about the understanding of self-care and self-care tools needing to come from the participants themselves if self-care practices and tools are to be integrated.

A sense of incongruence could also have arisen from the framing of the workshop itself. As reflected by Facilitator 4, the Wellbeing workshop is not so much a workshop but a training. The consequence of this is that the participants are not offered the opportunity to experience the different tools in a significant enough way for them to really understand their value. As a result, she felt that many of the participants engaged in the workshop superficially, often merely complying with instructions rather than engaging meaningfully. She felt that more in-depth experiences of the tools would be more useful as the participants would be better able to understand their value in practice:

> *"I think what would be more effective is going in with the realisation that we're dealing with a population that doesn't know much about self-care. And as a result, instead of just doing surface stuff, we really need to go deep. So if we do bring in the safe space exercise, for example, really going into that exercise so that at the end of it a person is understanding that even though I've externalised it, it's about me finding the safe space within myself… Running the workshop with the realisation that we're there to do therapy work on self-care as opposed to, "we're coming to show you methods of how you can self-care."*

This was reflected by Participant 3 who said that she would recommend self-care tools to colleagues but that it is imperative that they be explained fully because if the individual does not understand the tool completely, it will prove useless.

Another hindering factor to the integration of self-care tools in daily practice is a feeling of awkwardness when engaging in them. This was quite a common reflection about dramatic self-care tools particularly. While participants found the dramatic tools shared in the workshop to be exceptionally useful with their clients, they found it uncomfortable to practise them themselves. "It's just that it's very funny for adults. I always felt that it's quite queer for adults to do it…To take it out and do it in your personal space would be a bit challenging. It's something that needs to be facilitated", Participant 3 reflected.

This reflection contrasts with what was said earlier about dramatic tools being innately accessible to South Africans. Facilitator 4 challenges the idea that dramatic techniques are accessible to South Africans by saying that drama is a culturally specific term. "What is drama in England is not drama here in South Africa. And even within the South African context, what is drama to the upper-middle class is not drama to the working class". This raises questions about the applicability of drama techniques and Drama Therapy within the South African context and might help explain why none of the participants reflected using drama tools in their self-care practice.

Self-care that engages emotional, psychological and mental wellbeing might seem difficult to access when one is pressured by more immediate needs such as the need to survive. This raises yet another hindering factor to the practice of self-care in the South African context where many care workers are living in highly traumatised contexts. Facilitator 4 explained how she felt some participants might find it difficult to access the idea of self-care altogether:

> *"What is a safe space for myself? Particularly if I'm a woman whose working over-time because I'm trying to make sure that my family is fed and then I get home and I have to make sure they're eating and then I don't have time for myself. How am I gonna [sic] make time for this thing that you're telling me to do? Or what is this thing that you're telling me to do?... I've noticed here in South Africa, and even as we run workshops, if you ask people how they are feeling they can't answer that. Or if you ask people what they like it's difficult for them to answer that. I feel like that's become almost secondary because the primary thing is: let me survive, let me get stuff, let me make sure I have food."*

According to Maslow, self-actualisation becomes hindered if one's physiological needs, safety needs, belongingness and love needs and esteem needs are not met (Friedman & Schustack, 2012: 304). It then makes sense that if one is preoccupied trying to meet their physiological and safety needs that they might have limited internal resources to engage in practices to meet their psychological and self-fulfillment needs.

The final hindrance to the integration of a self-care tool into daily practice was if it felt like an additional piece of work that needs to be done in addition to the already demanding workload that the care workers have to handle. This relates to the facilitating factor of accessibility. Tools that require a lot of time and effort are perceived to be extra work and are less likely to be practised than quicker, easier tools such as taking a moment to relax or doing a hand massage.

<u>Useful Tools</u>

I became aware that self-care practice needs to be more integrated and dynamic and that no one tool of self-care can be sufficient to encompass all of one's self-care practice. It

became clear to me that although I had not been aware of it, I had already been engaging in self-care practice which was being facilitated and supported by the structure of the Master's Drama Therapy course. However, I also felt sometimes that the sheer volume of reflection that I was engaging in became overwhelming and at times, I wanted to completely disengage and run away. Too much deep reflection and introspection wore me out and made me resistant to engaging emotionally with anyone, including my clients. Feeling had become a chore.

Self-care tools that were perceived to be useful were identified by both facilitators and participants (see ***Figure 2.1***). Collectively, the facilitators identified 27 tools while participants identified 21 tools. It is unsurprising that the facilitators identified more tools than the participants given their more intensive training and access to resources such as individual therapy. Of the tools identified by both groups, 16 tools were common. The tools identified were sorted into eight categories, namely body, interpersonal, creative expression, spiritual, solitary engagement, self-enquiry, boundaries and other (see ***Figure 2.2***). Many of the tools fell into more than one category and the categories themselves are not mutually exclusive. Instead, the different categories interact and work together to create a holistic repertoire of self-care tools. Different individuals draw on the different categories in different ways and to differing extents, with some focusing more on some categories than others.

Tools listed under the category 'body' include those tools that involve caring for the physical wellbeing of the body, be it through exercise, getting a massage or maintaining a healthy sleeping pattern. The use of the term 'body' must not be confused with the term 'embodiment'. Although both include the use of and a focus on the body, the tools in this category focus solely on keeping the body healthy and relaxed, with no clear intention of using the body to foster psychological or mental wellbeing. Embodiment is included under the category of 'creative expression'. From the assumption that the body, cognition and

affect are all connected, it can be assumed that caring for one aspect will affect the other two. As the body is the vessel through which we experience the world, our own emotions and our thoughts, in caring for our bodies we lay the foundation for psychological health. Again, drawing from Maslow's hierarchy of needs, once our physiological needs are met, we are better able to then care for our psychological and self-fulfillment needs. (Friedman & Schustack, 2012: 304). Caring for the body by exercising, maintaining a balanced diet and getting enough sleep are tools that were identified that enhance physical wellbeing.

Social support systems and interaction with peers, colleagues, family and friends were identified by facilitators and participants alike as a useful tool for self-care. These tools are listed under the 'interpersonal' category and include tools such as playing with their own children and spending time with friends. This category also includes support systems that engage a relationship between the individual and another such as supervision or personal therapy spaces.

> *"Social support systems are crucial at times of stress because they embody the following functions: (a) provide emotional support, (b) infuse hope, (c) underline the existing resources in contrast to what was lost, (d) identify the challenge and help to gain more data that will help in appraisal, (e) enable the individual to express his or her feelings, (f) offer alternative ways for coping, (g) remind one of his or her pre-crisis identity, (h) encourage one to transform from helpless to helping provider, and (i) encourage regulating coping actions"* (Seligman, 1995: 121).

Given the highly stressful conditions in which care workers live and work, social support systems can play a useful role in providing a space for validation, expression of emotion and the development of healthy stress management strategies. These tools can help the care

workers fulfil their safety and belonging needs which can foster wellbeing while paving the way for the fulfilment of psychological and self-fulfillment needs (Friedman & Schustack, 2012: 304).

'Creative expression' includes all tools that involve creativity, playfulness, spontaneity, art-making, music and dance or movement. Writing and journaling are also included in this category. "Engagement with artistic activities, either as an observer of the creative efforts of others or as an initiator of one's own creative efforts, can enhance one's moods, emotions, and other psychological states as well as have a salient impact on important physiological parameters" (Stuckey and Nobel. 2010: 254). Participants reflected that engaging in artistic activities allowed for them to escape from whatever was stressing them as well as achieve a sense of accomplishment or 'triumph' once they saw what they had created. Most of the facilitators believed that working in a spontaneous, playful manner was key to their wellbeing as it is the "child self or playful self and that, we would imagine, is the healthy version of themselves and so that's where resilience can be built". Facilitator 1 reflected that working creatively allowed her to imagine into new solutions to problems or challenges that she was facing in life. "Creativity can facilitate expression… serve as a coping mechanism… produce increased self-awareness… and assist in problem-solving (Bradley, Whisenhunt, Adamson, & Kress, 2013: 461). According to Jung, creative play can allow one to connect with their child selves as well as work through psychic blocks helping the client to gain greater clarity about themselves (Snowden, 2006: 41-42).

Spiritual health and tools that foster spirituality such as religion, faith and meditation are included under the 'spiritual' category. These tools can function on various levels to facilitate wellbeing. They can feed one's need for belonging and safety in accordance to Maslow's hierarchy of needs. This is the case when, as one of the participants reflected, members of the community connect and relate through the church or spiritual infrastructure

and offer support and guidance to one another. These tools can offer a space where one can make meaning from life experiences and feel as though they have a purpose for living, as with existential psychology (Friedman & Schustack, 2012: 288-289). In feeling connected with a greater source, one can begin to find meaning and validation in their existence while finding security in belonging to a faith or group of people with similar beliefs. Finding time for introspection and self-inquiry as well as ritual are involved in practices of spirituality. These will be discussed in more detail as their own sections.

Many of the self-care tools identified involved individuals finding time to do activities on their own, allowing time to relax, reflect and process material, thoughts and feelings. These are listed under 'solitary engagement' and include tools like writing, walking, reading or simply taking time to be with oneself. This allows one to move away from the pressures and demands of work and home life. Some of the people interviewed used this time to engage in actual practices that they felt would enhance their wellbeing while others used the time to escape from stressors temporarily. Both approaches can be useful in the facilitation of wellbeing as it requires the individual to be able to identify that they are feeling stressed and to acknowledge that they can move away from the stress and avoid becoming overwhelmed.

Self-inquiry is a pivotal part of self-care, which is encouraged through many of the exercises in the *Wellbeing Workshop* as well as facilitated through many of the tools identified by both facilitators and participants, such as journaling, meditation and supervision. Self-inquiry is important for self-care according to Palmer and Palmer (2014). It is important for a caring professional to become aware of their own personal responses to the work and to process these so that they do not become enmeshed with the narratives of their clients (Palmer & Palmer. 2014). It is also important to be cognitive of one's own reason for wanting to work in the caring profession and to tend to one's own 'wounded healer'. The idea of the wounded healer asserts that all who choose a healing path do so because of their own internal

woundedness. Frankl (1995) explains how this transpires in the therapy space: "As healers, we always bring our own experience and pain to the healing partnership. The more present that we are in our own vulnerability, the deeper the connection that we can participate in" (1). Understanding our own need for healing can help prevent us for pursuing that healing through our clients by helping us to discriminate between our own needs and the needs of our clients. The wounded healer can also be useful in the therapy space as Frankl goes on to write:

> *"Mentally, we can move into sympathy; emotionally, we can create empathy; and spiritually, we can experience compassion. All of these states begin to pull us a bit beyond our self and into a deeper resonance with the other. In its fullest expression, this transcendence is a spiritual, sacred experience, which heals both parties*" (Frankl, 1995: 2).

The wounded healer, then, is not something to be eradicated or removed. Instead, one needs to be aware of one's own internal wounded healer and in being aware of how it affects the therapeutic relationship, use it enhance their ability to offer support and healing to others.

The establishment of appropriate boundaries was identified as a valuable self-care tool, which allowed the care workers to reduce their stress levels. Participants identified maintaining an appropriate work-life balance and not taking work home as ways in which they established boundaries to enhance their wellbeing.

Other tools that were identified as self-care tools include hobbies and shopping. These tools can find themselves positioned within many of the other categories, allowing for

interpersonal or solitary engagement, time for self-reflection and relaxation as well as enjoyment for individuals.

Important aspects of Drama Therapy in self-care according to facilitators

The facilitators unanimously agreed that the dramatic mode has something unique to offer to self-care practice within the South African context.

The use of embodiment and connection to the body was cited most as a useful aspect of drama in self-care practice. This embodiment was seen as a means of connecting the individual to their emotions, thoughts and sensations and allowing all three to synchronise, allowing for an enhanced exploration of the self in the moment in terms of wellbeing.

"Through the embodiment, which brings in then the body, the cognition and the affect; that's where we have something different. Because my body's going through the motions, my thoughts are going through the same motions and so are my emotions" reflected Facilitator 4. This connection between affect, cognition and body and working in a non-verbal way allows for the unconscious to become conscious and for the individual to become aware of their emotions, according to the facilitators. This is supported by Jones' (1996) Core Principle *Embodiment* that explains how the body is a crucial element in Drama Therapy. Embodiment

> *"concerns the way in which an individual relates to their body and develops through their body when involved in dramatic activities within Dramatherapy [sic]. Embodiment in Dramatherapy [sic] involves the way the self is realised by and through the body. The body is often described as the primary means by which communication occurs between self and other. This is through gesture, expression and voice… Attention is given to the*

> *ways in which the body communicates on an unconscious, as well as conscious, level"* (Jones, 1996: 113).

The extract above describes how working through the body allows for communication and expression of how one relates to themselves, others and the world around them. Through embodiment, the unconscious is able to communicate with the conscious self and so one can become aware of feelings and thoughts of which they were not aware before. "By physically participating in a dramatic activity the body and mind are engaged together in discovery" (Jones, 1996: 113) allowing one to experience surfacing unconscious thoughts and feelings in the here and now of the drama and then to reflect on the experience later (Jones, 1996: 113). This emphasis on the lived experience of the body in the drama points to the process-oriented nature of Drama Therapy. This helps reduce pressure on participants who feel that they are not 'good at' art as a final product is not the goal of the work. In working dramatically through the body, one can also choose to work from different positions within the continuum of aesthetic distancing. As facilitator 2 reflected, "We can bring an awareness to the body and the impact that the work has on the body and we can work from an embodiment point of view if it's necessary or we can start from a projective point of view and work our way back to the body." *Dramatherapeutic* [sic] *empathy and distancing* is Jones' third core process and describes how, while working dramatically, one can engage more emotionally or more cognitively at different points in the drama (Jones, 1996: 104). When engaging more intensively through the body, the emotional engagement with the material being explored will be much more intense than when working in a more distanced way, where the individual engages more cognitively with the material to reflect on the material and the experience of the body (Jones, 1996: 106).

Drama was perceived by the facilitators to be valuable as it draws on pre-existing resources. These resources include physical, material resources as well as internal resources and

interpersonal resources. The facilitators felt that working dramatically draws from the various cultural backgrounds and knowledge systems of the clients, reminding them of a valuable resource while also connecting them to something from which they might have become distanced. Working Drama Therapeutically allows one to access, explore and connect to the archetypes of the collective unconscious. Jung believed that the collective unconscious was accessible to all cultures and that the archetypes are patterns that make up the psyche (Snowden, 2010: 56). Jung believed that creativity allowed one to access all of oneself and connect to the child archetype, which is where resilience can be built (Snowden, 2010: 41).

Ritual also allows for a connection with the archetypes and the unconscious. Ritual in Drama Therapy finds its roots in the indigenous rituals practised by so many cultures around the world dating back through centuries. Throughout history, many societies made use of ritual to mark life events, moments of transition, successes, sorrows, share fears and celebrate (Emunah, 2009: 46). In Drama Therapy, ritual is used to mark the progress, important moments and insights that were realised in the Drama Therapy space, allowing for individuals to transfer changes made in the therapy space into the outside world and integrate them into their daily lives (Emunah, 2009: 46). Emunah asserts that ritual allows for a new dimension to be included in the Drama Therapy encounter; that of spirituality:

> *"Collectively developed and repeatable group creations, composed of powerful images, metaphor and story, rhythmic sounds and poetry and movement, enable the expression of a seldom-mentioned dimension to the therapy process: the spiritual dimension. I am referring to the sense of awe one encounters during a process that entails uncovering layers, discovering what was previously unknown, accessing the unconscious, and transforming pain into art"* (Emunah, 2009: 46).

The spiritual dimension is of particular importance in the South African context where spirituality is an important component of indigenous cultures, knowledge systems and understandings of identity. Facilitator 4 explains how cultural rituals can be useful:

> *"In the villages, when it is, let's slaughter a cow and the people are dancing; there's something that happens in that spirit when we're dancing and we're singing and playing the drums. If and when us as Drama Therapists realise that it's as simple as getting a community together, that could be useful."*

The above example demonstrates another aspect of Drama Therapy that facilitators found useful; the group-oriented approach. Facilitators agreed that working in groups is needed in South Africa, as it is more congruous with the collective orientation of African cultures than an individual approach would be. According to Makanya (2014), African notions of health are inextricably connected to community (304). An important constituent of health includes the interpersonal dimension where the individual attains 'personhood' through interacting and validating the other (304). It is in and through relationship with the community that the individual develops and maintains their sense of identity and their health (304). The group in Drama Therapy offers a similar function to the community by encouraging healing through relationships where participants of the group share experiences, progress, sorrow and triumph, and in so doing, offer support and validation to the rest of the group.

> *"Social support systems are crucial at times of stress because they embody the following functions: (a) provide emotional support, (b) infuse hope, (c) underline the existing resources in contrast to what was lost, (d) identify the challenge and help to gain more data that will help in appraisal, (e) enable the individual to express his or her feelings, (f) offer alternative ways for*

> *coping, (g) remind one of his or her pre-crisis identity, (h) encourage one to transform from helpless to helping provider, and (i) encourage regulating coping actions"* (Seligman, 1995: 121).

The group-oriented approach of Drama Therapy also allows members to establish a sense of unity and share in common narratives and to achieve expression and catharsis through one another's journeys. In psychodrama, the group reflects the larger community as a whole, reflecting the roles that may be present in the protagonist's life as well as internal conflicts, roles and struggles of the protagonist (Garcia & Buchanan, 2009: 410). By witnessing the protagonist's dramatic journey, the group offers validation and confirmation. The individual can also serve as a mirror for the rest of the group, where the group identifies with parts of the protagonist's story, allowing individuals in the group to explore their own internal material and experience catharsis (Garcia & Buchanan, 2009: 410). It is in relationship with the protagonist that the entire group discovers internal and external dynamics that can lead to further unconscious exploration.

Facilitators did warn against 'brushing all of South Africa with one stroke', though, acknowledging that not all communities in South Africa are the same and that some communities would feel more comfortable with an individualistic approach.

The use of certain Drama Therapy tools such as dance or storytelling were viewed as culturally relevant in the South African context, although there were contrasting responses from facilitators around the relevance of how these tools are utilised in the space.

The engagement with play, spontaneity, metaphor and symbol were identified as powerful internal and universal resources that Drama Therapy draws on and develops. Facilitators felt that connecting care workers with their innate spontaneity and playfulness would facilitate the development of resilience in them. These tools were also considered as

powerful in allowing for unconscious communication to take place. According to Winnicott (1971), play characterises our intra- and inter-personal relationships from infancy, with the caregiver-child relationship being the first relationship characterised by play (55). Through play, the caregiver and child communicate with one another and growth and development can occur (Winnicott, 1971: 55-56). This playful relationship is recreated throughout life as one engages in relationship with other people and is again, recreated in the therapy space between therapist and client (Winnicott, 1971: 56). Play is the natural means by which children assimilate new experiences into their self-concept as well as deal with traumatic experiences (Jones, 1996: 168). All children play, without any need to be taught or instructed; it is a natural resource that can be very useful in the therapy space to explore relationship, the world around us, new ways of being, and traumatic material and then to make meaning of all of these (Jones, 1996: 167).

Aspects that participants gained from *Wellbeing Workshop*

Through my movement journey, I found that I became more flexible in my body and that I became more attuned to listening to my body. I developed an understanding of how my body knows better than me what it needs and that by listening to my body's communication I can enhance my wellbeing. As a result of this, I became more trusting of my intuition while engaging with my clients and planning for sessions. I also became more aware of the difference between my own material and my client's material and how to engage appropriately with both. The insights that I gained in my movement sessions informed how I interacted with my clients and so has contributed valuably to my development as a practitioner. Becoming more accepting of my body and by becoming aware of those shadow parts of myself that I once denied, I have been able to process my emotions toward myself and clients in a way that has prevented me from becoming overwhelmed and stressed. Learning to listen to my body has provided me with a resource to cope with stress and so has contributed to my resilience as a practitioner.

From the interviews, it emerged that the participants of the *Wellbeing Workshop* gained two main things:

1. an awareness of self-care and
2. skills that could be used in their practice.

Although neither of these are self-care tools themselves and thus to not necessarily relate directly to the aims of this research paper, it is important to explore this theme as it gives an indication of the efficacy of the use of Drama Therapy tools in the workshops. This seems especially important as the participants reflected that they did not utilise drama tools in their self-care practice. It is then interesting to explore what they did gain from the workshop as this information can be used for further thinking about how to create programs for self-care training for care workers in the South African context.

Participants unanimously agreed that after the *Wellbeing Workshop* they became more aware of the idea of self-care and the importance of caring for oneself. Although they did not necessarily utilise any of the tools shared with them in the workshop, they did begin to incorporate taking more breaks during the day to relieve stress. Participants noted that they were better able to sense when their bodies were taking strain from the work and then would actively take steps to manage their stress. Participants became more aware of the need for balance between work and personal life and had learned to establish boundaries to prevent work stressors infiltrating all aspects of their lives by, for example, deciding not to take work home with them.

Participants reflected that, although they did not necessarily use the tools shared in the *Wellbeing Workshop* for themselves, they did find them useful when working with their clients. Allowing the drama to contain and reflect the projected unconscious material of the clients made some of the participants feel as though they were under less pressure to fulfil these tasks. This gave them an added sense of competency and mastery in their work spaces and helped reduce stress and anxiety at work. According to Hawkins and Shohet (2012),

feelings of incompetence are associated with burnout (Hawkins & Shohet, 2012: 24). It has been noted already that inadequate training to deal with the potentially extreme cases that South African community healthcare workers are expected to deal with can lead to higher levels of stress in the workplace and lead to a higher risk of burnout. This newfound sense of mastery that the care workers reflected reduced their work-related stress levels and could potentially help reduce burnout.

The possibility of resistance can also be explored here. It has already been noted that it is important to become aware of one's own woundedness as a carer and that self-care practice can help one to care for their own wounded self as well as become aware of how they are wounded and when what they are experiencing in relationship to their clients is a result of their client's material or their own woundedness. Naturally, it is not always easy to acknowledge and confront the pain that might be associated with the wounded parts of the self. The tendency of the care workers to choose to use the tools that they learned in the workshops with their clients but not with themselves might be a manifestation of the resistance to 'go there', to become conscious of the wounded self and to tend to it.

Self-care can be painful. Although I did not personally have any really painful moments on my journey, I became very aware of how some unconscious material was becoming conscious and I can imagine that this can become painful at times. I felt as though I was waving my dirty laundry for myself to see; and I did not always want to see it. And this sometimes made me want to skip movement altogether and go home and get into my pyjamas. And that's exactly what I did. As soon as I did not have to, I never went back. And at the end of the year, I ran away completely, leaving the field of caring and entering business, where I could work with my head and disconnect from my feelings, from my body and from my pain. I wonder how many care workers also just run away, or wish they could? Had I learnt more appropriately how to care for myself, would I still be in the caring

industry? Was I not resilient enough – it would seem not; the emotional engagement and demands were too much for me to handle. I needed to learn to care for my needs before I could care for those of others, and right now, I needed to exit and disconnect for a while until I was ready to engage with dirty laundry.

Limitations

A major limitation of this research paper is the sample size. Although the population of participants from *Childline Gauteng* that were involved in the *Wellbeing Workshop* is limited itself, only four participants agreed to be interviewed for the study. The result is that the findings of this report cannot be generalised to the general population. It can, however, create a platform upon which further research can take place.

Geographical scope of the research is also a major limitation. Only care workers working in urban Johannesburg were included in the study. This is not at all representative of the scope of the *Firemaker Project*, which services rural, peri-urban and urban communities across various provinces in the country. The findings from this study cannot necessarily be applied to rural communities or even care workers working in other urban spaces such as Cape Town as the contexts and circumstances might differ.

The timespan from which the workshops were completed posed yet another challenge but also a potential strength. The long span of time from which some care workers completed their training increased the chance that they would have forgotten what they experienced in the workshop. On the other hand, interviewing care workers at longer intervals since their training offers insight into the longevity of the effects and benefits of engaging in the workshops. It is presumably the intention of the workshop to have a long-term impact on the

care workers and having the opportunity to assess how care workers have utilised the tools shared in the training after two to three years allows one to begin to understand what tools made the most impact.

Recommendations

This research could be expanded on with research studies that use larger sample sizes that can give a more detailed view of how self-care training is received and utilised by the care workers that participate in the *Wellbeing Workshop.* This would allow for a better generalisation of research results to the broader community, making the findings more practically useful.

Increasing the sample size would allow the opportunity to interview candidates in groups according to intervals of when they completed their training. This would allow for a more thorough analysis of how impactful the training was over different periods of time, and if time even does play role.

Extending the sample into varied communities from different geographical locations within South Africa and to include both urban and rural communities will offer a new sense of depth to the research, giving a greater insight into how self-care is or can be practised and the role of Drama Therapy within this practice.

This paper has not explored African notions of wellbeing and self-care. Further research could explore what wellbeing and self-care mean within the South African context. This type of research would allow for the development of a more South African notion of self-care and wellbeing, which could be used to create wellbeing and self-care models that are more relevant to this particular context.

Conclusion

Self-care is a growing field of inquiry in global literature. It is being recognised more frequently as a vital practice for caring professionals in order to maintain their own wellbeing and professional practice. Countless tools can be employed to maintain wellbeing through engaging the body, relationships and social interaction, spirituality, boundaries and an awareness of personal needs to name a few. The use of Drama Therapy tools in self-care offers unique aspects to self-care through connecting to the body and accessing pre-existing and innate resources. The study showed that the care workers who participated in the *Wellbeing Workshop* did benefit from the training in that they gained an understanding of importance self-care and did begin to include some self-care practices into their daily routines. Participants did reflect that they found the dramatic tools useful but it is clear that the care workers utilise the dramatic tools very differently than the facilitators. While the facilitators make use of various dramatic tools in their self-care practice, the care workers felt uncomfortable with engaging with dramatic self-care tools on their own, reflecting that they felt it needed to be facilitated by a third party. This raises questions about the relevance of how Drama Therapy is applied in the South African context as well as around whether drama tools are suitable tools for self-care practice amongst care workers in South Africa. However, the limitation in generalisability of the results of this research due to its small sample size makes it impossible to state whether drama tools are relevant or not with any certainty.

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Appendix A: Ethics Clearance Certificate

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Spykerman

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H15/09/37**
PROJECT TITLE	Building self-care pratice through drama therapeutic techniques: A case study of the Zakheni Arts Therapy Foundation's Firemaker Project
INVESTIGATOR(S)	Ms N Spykerman
SCHOOL/DEPARTMENT	WSOM
DATE CONSIDERED	18 September 2015
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	26 November 2018

DATE 27 November 2015 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Ms S Palmer

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES