Reconnecting with the Natural Self: Adler and Taoism on Holism, Striving, and Self-Care

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Abstract

Much of modern culture encourages mental health practitioners to disconnect from nature, from other people, and from their own bodies. Often it is implied that this is best for them and for society as it prioritizes economic productivity and social conformity. This disconnection from nature has a significant impact on the body, mind, and spirit of practitioners and contributes to therapist burnout. This burnout is detrimental to clients as it reduces efficacy of care. Alfred Adler promoted a holistic approach to psychotherapy where an individual is seen as the unique sum of many interconnected parts working together to strive for superiority. This paper will contrast the Adlerian perspective with Taoist philosophy, which emphasizes a non-striving approach in harmony with nature. Finding the intersection between Adlerian and Taoist ideals sheds light on the delicate balance between care for others and care for the self. Interventions designed to facilitate self-care in a holistic and non-striving manner are explored.

Keywords: Nature, holism, striving, self-care, Alfred Adler, Taoism
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Reconnecting with the Natural Self: Adler and Taoism on Holism, Striving and Self-Care

Working as a mental health professional it is easy to lose sight of the importance of self-care. Practitioners are in high demand, especially in the United States where mental illness affects as many as one in six Americans at any given time (National Institute of Mental Health, 2016). Evidence indicates that the demand for mental health practitioners is on the rise. This is likely due to a number of detrimental cultural shifts that are increasing stress levels throughout American culture. Utilization of mental health services has been steadily increasing over recent decades as a result. Looking at college campuses as an example, 92% of campuses surveyed in 2013 by The Association for University and College Counseling Center Directors (AUCCCD) agreed that they had seen a significant increase in the number of students seeking assistance with mental health concerns (Rector, 2013). Eighty-eight percent of respondents indicated that this increase in demand was straining staffing efforts.

This increase in demand translates to a higher risk of therapist burnout. As schedules become more hectic therapists grow more likely to disregard self-care practices. This is the opposite of what ought to happen, as self-care practices are most beneficial when scaled proportionally to incoming stressors. Even with schedules becoming more compressed, new forms of self-care are arising that can be practiced in even the smallest spare moment. Recent research has revealed a number of interventions ideally suited to attend to therapist needs in an integrative and non-competitive manner. Self-care is often discussed in the course of mental health education and practice, but self-care guidelines are not sufficiently followed. This paper will examine some of the factors contributing to therapist burnout, present a philosophical framework for understanding these factors, and recommend interventions for overcoming them.
Case Study

The fictional case provided below is offered as a framework for understanding the concepts and interventions discussed in this paper:

David has been practicing for three years as an LPCC (Licensed Professional Clinical Counselor) in a typical clinical therapy setting. Initially, David found his work quite energizing and rewarding. Recently, David has struggled to maintain a balance between his work life and his own personal wellness. A steadily increasing workload, several challenging workplace factors, and difficulty finding time for self-care have all contributed to a decline in David's sense of health and wellness.

David has been experiencing a number of chronic symptoms such as insomnia, tense and sore muscles, and an increasing sense of anxiety. This anxiety has reached the point that David finds himself avoiding obligations at work, despite his intention to stay engaged and productive. These symptoms have led David to connect with his own therapist, Ellen, in order to determine a healthier course of action moving forward.

First, Ellen and David have agreed to conduct their counseling sessions outdoors when possible. This has reminded David of his love for nature, and he finds himself spending more time outdoors when at home. Second, Ellen has prescribed a simple intervention for David in the form of a five-minute exercise goal for each weekday. As well, she has encouraged David to stand up for at least five minutes of every hour of his work day. Finally, Ellen has been teaching David some mindfulness and breathing exercises to be used throughout the day.

Having practiced these techniques for a few weeks, David is reminded of some simple aspects of human nature that can be of benefit to him in finding his work-life
balance. Spending time outdoors, maintaining a modest but consistent level of activity, and practicing mindfulness and deep breathing help David to feel more rooted in his body. The simplicity of these interventions makes them easy to practice consistently, helping to pave the way for further improvement.

Consider the case of David as a familiar reference point as this paper progresses.

**Conceptualization of the Problem - A Recipe for Burnout**

Therapist burnout is a serious concern in the mental health field. A number of factors contribute to this problem and affect not just mental health professionals, but also their clients and the population at large. A singular definition for burnout is difficult to pinpoint, but many favor a definition that includes three symptoms outlined by Maslach and colleagues in 1993. These symptoms are emotional exhaustion, depersonalization, and reduced personal accomplishment. Subsequent researchers took this definition and used it to conduct a review of research on therapist burnout up to that point as well as to recommend steps for addressing it (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). Across the papers analyzed burnout rates fell between 21-67%. Despite the high prevalence of burnout, studies on interventions aimed at reducing burnout were found to be relatively sparse.

The few studies that resulted in successful interventions focused on shoring up therapist training deficits, improving communication between practitioners, and providing training in cognitive restructuring (Morse et al., 2012). In addition to these individually-focused interventions, several organization-level changes were found to be beneficial. Results were achieved by providing increased social support for therapists, additional training for supervisors, more regular supervision, and building more democratic workplace environments (Morse et al., 2012). These interventions were successful at reducing experiences of emotional exhaustion,
depersonalization, and reduced personal accomplishment via training and institutional changes. Unfortunately self-care remains a relatively under-emphasized method of reducing therapist burnout. David’s workplace may have already implemented some of these changes, while still failing to promote adequate self-care.

In an article from November of 2017 author Sally Brown outlined arguments emphasizing the importance of self-care in overcoming therapist burnout. Brown’s article insists that self-care is not a distraction from proper client care, but rather a critical means of ensuring it. She writes, “We may be mental health professionals, but counsellors don’t always ‘walk the talk’ and it’s all too easy to focus on improving our clients’ self-care and neglect our own.” When therapist self-care falls by the wayside for an extended period it places strain on both the therapist and their clients. One of the primary symptoms now recognized in therapist burnout is “compassion fatigue” (Brown, 2017). Therapists who work too many long hours without attending to their own needs may find one day that they cannot muster any more empathy for their clients. These practitioners can become callous, distracted, or discouraged during sessions, despite their holding very altruistic intentions. This reduces the effectiveness of the care they provide to their clients, causes problems in the therapist’s own life, and may eventually necessitate a career change.

Self-care is often verbally encouraged by mental health educators and employers, but self-care is still in need of further promotion in the mental health field. This section will outline some of the factors that are precipitating the lack of self-care in mental health. It is the position of this paper that these factors are the product of a modern Western culture that values vertical striving above all else. The dynamics of striving as well as holism will be discussed in the section following this.
Workaholism

Across history it has been predicted that innovations in technology would lead to shorter and easier work weeks for employees. The inverse has occurred, even in the most industrialized of nations. Americans, rather than working less as technologies have improved, have only worked longer weeks across the decades (Williams, 2012). More than ten million American employees now continuously work more than 60 hours per week (Gaille, 2017). In most years the average American work week proves to be the longest among all industrialized countries. A third of American workers don’t use a single day of their earned vacation time in a given year. Americans do not do this because working a few extra days leads to a bigger paycheck. In fact, each year Americans collectively forfeit $52.4 billion dollars of their own benefits by letting paid vacation days go unused (Reuters, 2014). President and CEO of the U.S. Travel Association Roger Dow remarked in 2014, “America’s work martyrs aren’t more successful. We need to change our thinking. All work and no play is not going to get you ahead - it’s only going to get you more stress” (Thompson, 2014). Work for the sake of work has become an obsession in Western culture.

In the mental health field this trend towards workaholism runs strong. Practitioners get caught up in the allure of pushing themselves just a little bit harder, taking on “just one more client.” Workdays are jam-packed, often with only moments in between client sessions. Lunch hours may go unused as practitioners attempt to catch up on missed paperwork. Professionals working in-home with clients spend much of their time on the road and may struggle to attain proper compensation for their many trips in the car. Considering this trend from a holistic viewpoint, practitioners are sacrificing their physical and mental wellbeing for the sake of their work life. Such an imbalance cannot be sustained indefinitely.
All of this can add up to a remarkably stressful work environment, and yet still the unspoken message is, “push yourself harder for the client.” Self-care is routinely given lip service, but the working conditions for many mental health professionals simply don’t leave enough room for actually enacting many self-care practices. And when the workday ends, therapists fall prey to the same lifestyle vices such as sedentary leisure and fast food dining that plague American culture in general. David was likely experiencing several of these detrimental conditions and compensating with a range of vices. Workplace stress combined with a lack of self-care and an abundance of detrimental habits is a recipe for burnout.

**Chronic Stress**

Along with this obsession with work comes the influence of chronic stress. Survey data gathered by the American Psychological Association (APA) in 2017 found that more than half of Americans reported feeling stressed on an ongoing basis (APA, 2017). Sixty-one percent of Americans reported that they frequently feel stressed about work. Three out of four Americans surveyed said that they had experienced at least one symptom as a result of this stress, with anxiety affecting 36%, irritability affecting 35%, and fatigue affecting 34% (APA, 2017). While the subjects that people report feeling stressed about shift over time, overall levels of chronic stress have been increasing steadily across the decades.

**Acute stress** is the body’s normal response to a challenging or threatening situation. Stress prepares the body to respond more effectively to threats by pumping in chemicals like cortisol and adrenaline that increase heart rate, alter metabolism, and sharpen the senses (Mayo Clinic, 2016). While direct threats to survival are now relatively rare for the modern worker, perceived threats in the form of workplace disagreements, steadily climbing bills, disruptions in home relationships, etc. can activate the stress response system just as easily.
When these perceived threats never abate the body may enter into an unnatural state of chronic stress. Elevated cortisol levels become chronic and acute symptoms become ongoing concerns. The body is not designed to remain in a stressed state indefinitely. Experiencing chronic stress increases the risk of numerous physical and psychological problems such as depression, muscular tension, cardiovascular disease, anxiety, and digestive problems (Mayo Clinic, 2016). This speaks to the growing sense of anxiety David was experiencing as a result of ongoing stress. Issues with chronic stress are only exacerbated when combined with the Western trend towards discounting the body.

**Discounting the Needs of the Body**

People living in Western cultures have become increasingly disconnected from their own bodies. This can be seen in a lifestyle that is spent almost entirely indoors, mostly sedentary, constantly engaged with mind-numbing technology, and fueled by foods designed around convenience rather than health. This section will outline some of the key ways in which people have ignored the needs of their body to their physiological and psychological detriment. This is presented primarily as a critique of cultural norms, not of individuals, as the cultural influence being exerted to keep these negative patterns in place cannot be overstated.

**Living indoors.** Large-scale surveys of the population have found that the average American now spends as much as 90% of their time indoors (Centers for Disease Control, 2009). The Centers for Disease Control (CDC) caution that virtually all indoor air is more polluted than outdoor air. This is true even in some densely populated cities. Numerous emissions, pollutants, molds, dust, and so on easily become trapped in indoor spaces. These contaminants can trigger asthma, worsen chronic health conditions, produce cold-like symptoms, and increase the risk of long term health conditions such as heart disease and cancer (World Health Organization, 2018).
What’s more, this means that Americans are tragically out of contact with nature. Americans need to take serious steps to ensure that they are regularly stepping out for a breath of fresh air each and every day. This is especially true for practicing therapists like David, as most

**Sedentary lifestyle.** America has become a predominantly sedentary nation. The average American now spends 55% of their day sitting down, amounting to 7.7 hours each day on average (JustStand.org, 2017). Employees in typical office settings spend at least 75% of their work day sitting down (Tobin, Leavy, & Jancey, 2016). The risks of this sedentary lifestyle are highly relevant to mental health practitioners, who frequently spend nearly all of their work day seated with clients, in meetings, at a desk, or in a car.

In 2010 The American Cancer Society published a study following the lives of 123,216 individuals from 1993-2006. Those who were sedentary for more than six hours per day on average had mortality rates 94% higher than their more active counterparts (Patel et al., 2010). None of this is mentioned to scare readers, nor to place blame on the individual. Much of this trend towards sedentary behavior is ingrained in modern Western society. Even though the risks of “sitting disease” are now relatively well-known, many workplaces are reluctant to enact changes that would allow employees to easily be more active. The aforementioned obsession with work keeps Americans, including therapists, locked into long commutes and longer workdays spent seated at desks. Even free evenings are spent parked on the couch attempting to de-stress with television or other digital media sources. The case of David reflects this, as a lack of physical activity factored in to his reduced sense of wellbeing.

Outside of the working world adolescents are also suffering under the effects of this sedentary society. A systematic review conducted in 2016 analyzed 32 articles examining sedentary behavior among adolescents (Hoare, Milton, Foster, & Allender, 2016). The results of
these articles consistently found that adolescents spending more than two or three hours per day sedentary and in front of screens experienced an increase in measures of psychological distress, depression symptoms, and low self-esteem. Americans are brought into this sedentary lifestyle at a very early age, making it that much more difficult to break away and reclaim a healthy lifestyle as an adult. A significant anchor for this sedentary lifestyle comes in the form of ever-expanding digital technologies, many of which are now thought by some researchers to be outright addictive.

**Technology Addiction**

Despite being a profession based on face-to-face human interaction, screen-based technology is having a growing influence on the field of counseling. The majority of client record management systems are now digital, and a great deal of a mental health practitioner’s time is now spent interacting with these systems. As well, therapists are just as likely to use or over-use the many forms of technology employed by the general population. A smartphone, HD television, or internet browser can be a tempting escape from the potential stresses of an unmanageable workload. Over-use of technology directly opposes the needs of the body by reinforcing sedentary behavior, adding to chronic stress levels, and dampening awareness of emotions.

Technology addiction has yet to be recognized as a formal disorder by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Still, the effects of excessive screen time have been studied and reported on as a general health risk to the population. Even if technology addiction is not formally recognized as a disorder, excessive use of technology can still become an issue if it proves maladaptive in a person’s life (Hodis & Bruner II, 2009). As with sedentary
behaviors in general, technology addiction is ingrained in the American lifestyle from an early age.

Technology now opens adolescents up to an entire world of content for which they may not be prepared. This paves the way for cyberbullying, plagiarism, and over-use of video games and other forms of entertainment (Siegle, 2017). Even very young children are exposed to a great deal of digital media. Estimates based on data gathered by the National Institute of Health suggest that the average child now watches 2.68 hours of television per day. A significant portion of that viewing time is dedicated to advertisement. This amounts to exposure to 230 hours per year of commercial advertising alone (Toledo, 2017). Much of this advertising is designed to ingrain in children a deep consumer mindset, with ads for things like fast food and addictive mobile games dominating the airwaves. Americans are introduced to screen-based media and the drive to consume more, more, more from a very early age. This reinforces many of the other detrimental habits discussed here.

The average adult American now spends over ten hours per day on average engaged with some form of screen (Howard, 2016). This might be a computer screen at work, a television at home, a phone while on the go, a gaming device, or any number of other gadgets. 81% of Americans now carry smartphones (Howard, 2016), and 43% of those users report feeling stressed by the constant need to check messages and be digitally present (Tarafdar, Gupta, & Turel, 2013). The vast majority of Americans now have HD televisions and spend four and a half hours in front of them each day on average (Howard, 2016). Elsewhere in the world, recent research has estimated that internet addiction might affect anywhere from 10% of college students (measured in South Korea) (Awan & Khan, 2017) to as many as 40% (measured in Jordan) (Al-Gamal, Alzayyat, & Ahmad, 2016) depending on the criteria used to define internet
addiction. Technology is everywhere in modern life, and the numbers on technology over-use grow with each passing year. In the case of David, it is likely that one or many of these screen-based technologies factored in to his sense of distraction and fatigue at work.

It may be the case that technology addiction is another downstream effect of work-related chronic stress. A 2014 survey of Taiwanese workers found that job stress was associated with an increased risk of developing problematic internet use habits (Chen et al., 2014). This effect was mitigated by positive social support but worsened by high trait over-commitment to work. It is worth noting that this report focused on information technology engineers in particular, who may be more susceptible to problematic internet use patterns than the general population.

Recent research has suggested that overuse of technology might be worsened by behavioral disorders such as attention deficit hyperactive disorder (ADHD) (Wang, Yao, Zhou, Liu, & Lv, 2017). After all, many digital entertainment forms such as video games focus heavily on capturing and maintaining attention through flashy graphics, epic storylines, and even gambling-like reward systems. Complicating matters is the fact that digital media is now so ubiquitous that multitasking with media is commonplace. Participants in a 2013 survey reported on their use of twelve different forms of media, including television, video games, and internet surfing (Becker, Alzahabi, & Hopwood, 2013). It was found that multitasking with more than one of these forms of media running at the same time exacerbated symptoms of depression and social anxiety. This was true even after controlling for a number of personality traits such as extraversion and neuroticism. Given this fact, it’s no wonder that technology can be an especially troubling vice for people with ADHD who are already so easily overstimulated.

ADHD seems to be just one of many risk factors for developing technology addictions, as so many members of the population now experience distress as a result of their technology use
habits. The results of a correlational study conducted in 2016 suggested that problematic use of technology was associated with a broad range of mental health concerns such as ADHD and obsessive-compulsive disorder (OCD), but also with factors such as gender, marital status, and age (Andreassen, Pallesen, & Griffiths, 2017). A large cross-sectional analysis undertaken in 2016 concurred with this finding. Rates of technology use were correlated with symptoms of ADHD, OCD, depression, and a number of demographic criteria (Schou-Andreassen et al., 2016). Technology addictions can seemingly affect all members of the population to varying degrees depending on the unique factors affecting each individual.

A final point worth noting is that technology is now becoming a part of the counseling process itself. Counseling sessions conducted across the internet are a relatively brand-new phenomenon and have not yet been thoroughly refined or studied. The ethics of online therapy, its relative effectiveness, and its potential pitfalls may take some time to understand. While online therapy certainly increases accessibility, it also introduces concerns about confidentiality and lacks the natural benefits of face-to-face interaction. Important body language may be missed, emotions may be lost in translation, and technical difficulties may interrupt the flow of sessions (Cherry, 2017). For these reasons, a healthy dose of caution should be brought to the practice of online therapy until further research illuminates its place in the counseling profession overall. Considering the case of David, had he been conducting online counseling his workday may have been further complicated by increased time spent sedentary and in front of a screen. Without a genuine in-person connection to clients, David might have experienced a greater sense of loneliness and detachment. This sense of disconnection from other people has been found to increase with the use of social media as well.
Social media. A particularly controversial subcategory of technology in recent years, social media is adding to the stress levels of many Americans. In 2013 a connection was found between frequency of Facebook interactions and the experience of psychological distress (Chen & Lee, 2013). It was also found that this connection was magnified in participants who self-reported a greater sense of communication overload and a lower sense of self-esteem. A survey of 1,787 adults conducted in 2016 reported that social media use was positively correlated with depressive symptoms (Lin et al., 2016). The median amount of time spent on social media per day was 61 minutes, and only 3.2% of respondents reported zero social media visits per week. Symptoms of depression were found to increase as different thresholds for social media use time were reached.

The possible negative effects of social media may magnify when social media platforms are brought to the working world. Professional social networking has gained a great deal of popularity in recent years. While there may be benefits to such systems, the same undesirable correlations arise with professional social networking platforms. Research conducted in 2016 found that those who use professional networking sites such as LinkedIn were significantly more likely to experience symptoms of depression and anxiety than those who did not (Jones et al., 2016). The authors of this particular study did note that directionality could not be determined from their chosen type of study.

It may be the case that social media use causes an increase in symptoms like depression and anxiety, or it may be the case that those suffering from depression and anxiety are more likely to seek out social media. Causational studies on social media use are still relatively unavailable. This may have to do with the fact that it is quite rare to find anyone who does not use any social media whatsoever. Rarer still would be someone who uses no social media but
would be willing to start for the sake of acting as part of an experimental group. Given how new social media is in the span of human history a great deal further study is needed to determine just what effects social media is having on the population.

What is clear is that Americans feel more socially disconnected now than in recent years. Trusted confidants are defined as people that an individual feels they can go to with any problem - genuine shoulders to cry on. In 1985, Americans had an average of three such confidants that they felt they could talk to (Cline, 2014). By 2010 this average dropped to two, but the answer most frequently given became “zero.” The age of social media has only marked a decline in genuine human connection. While social media vastly expands social connectivity, it does so at the cost of relationship depth. “A mile wide and an inch deep” proves an apt description of the average social media network. Alfred Adler would likely remark that what is missing with social media is the experience of genuine community feeling. Consider again the case of David, who may have built an extensive social media network only to find that he felt less connected to others. This would make it more difficult for David to destress through time spent with trusted confidants after a stressful work day.

Evidence suggests that people are already drawing their own conclusions about the effects of social media. Many report that they dislike the stress, anxiety, and comparison mentality that social media introduces to their lives. The final quarter of 2017 marked the first period in which Facebook lost rather than gained active users since its inception (Wagner & Molla, 2018). Many users report frustration with the way that companies like Facebook are handling their personal data. The average revenue Facebook gains per-user per-year has increased from $12.43 in quarter one of 2016 to $26.76 in quarter four of 2017 (Wagner &
Molla, 2018). That figure multiplied by the 184 million Facebook users in North America alone illustrates that data tracking and analysis has become an extremely profitable industry.

The cost of this data tracking is placed entirely on the users, whose personal information is routinely gathered without consent and mishandled by colossal corporations. An incredible 76% of all websites now contain trackers linking to Google, and 24% of websites run trackers that report back to Facebook (Weinberg, 2018). The information gathered by these companies includes browsing habits, hobbies and interests, daily routines, relationships, communications, purchases made, and more (Weinberg, 2018). Companies like Facebook profit immensely from access to this information while users, it is argued, only gain stress and a sense of disconnection from their community. Americans are growing more aware of this and feeling that they get less out of the transaction than in years prior.

Social media presents an additional challenge to mental health professionals. It is not uncommon for clients to seek out the social media profiles of their therapists. Therapist-client connections over social media introduce an entirely new sphere of ethical concerns. A therapist can refuse to connect over social media as a matter of policy, but it is becoming increasingly more difficult to ensure that all of their personal information remains private given the mishandling of user data by corporations. As well, the aforementioned reduction in number of trusted confidants means that therapists are less likely to have a friend available in-person for discussing their own stress levels or sharing in leisure activities. Venting over Facebook does not have the same cathartic value as spending time face-to-face with a friend.

**Poor nutrition - The standard American diet.** A final way in which the average American discounts the needs of their body is in the realm of nutrition. Far from being a purely physical concern, nutrition has as significant impact on human psychology. Recent research is
revealing that there is much more to be said about the connection between the brain and the gut than previously believed. In 2014 O’Neil et al. conducted a systematic review and gathered evidence indicating that those consuming a highly processed, nutrient-deficient diet such as the Standard American Diet are at a greater risk for depression and anxiety.

The Standard American Diet is a health hazard to say the least. With the advent of fast food, junk food, and factory farming, Americans are now consuming more calories than ever, yet those calories are of far lower quality (Avena, 2013). As with the other detrimental lifestyle habits described here, poor nutrition is primarily a societal problem, not a matter of individual weakness. Junk foods are heavily subsidized, while fruits and vegetables receive almost no government promotion (Fairchild, 2013). Data reveals that $19.2 billion was spent by the U.S. government to support corn and soy ingredients in junk foods from 1995 to 2013, while only $689 million was spent on apples, the only heavily subsidized food in the fruit or vegetable category. Children growing up in America are instantly exposed to an absurd array of prepackaged, sugar-laden, always-available, microwave-ready foods. Children who eat the Standard American Diet tend to miss out on key nutrients and experience increased inflammation, both known precursors to mental health issues (O’Neil et al., 2014). This early influence predisposes children to unhealthy eating habits throughout life.

Nutrition is as much a concern for mental health practitioners as it is for anyone else. The hectic pace of many counseling centers means missed lunch hours, eating on the go, and eating for comfort when stressed. Even though many therapists may be aware of the link between nutrition and mental health, they may not feel they have the time to find or prepare a healthy meal for each work day. David was likely living this out himself, forgoing proper
nutrition in an effort to push himself to work more hours. Far from making him more productive, this would only drain his energy and increase the risk of burnout.

**Philosophical Definitions**

The philosophical definitions provided below are intended to clarify the meaning behind some of the terms frequently used in this paper. They are offered as a framework for understanding the perspective from which the empirical research presented here was interpreted.

**Nature**

Nature possesses immense wisdom that is frequently discounted in Western culture. Far from being a disconnected and purely spiritual concept, nature can be used as a framework for philosophical and scientific inquiry. Understanding the unique nature of an individual, the general nature of human beings, and the laws of nature at large helps to ground inquiry in a framework. In Adlerian terms, the concept of *soft determinism* refers to the idea that some things are fixed while others are within human control (Griffith & Powers, 2007, p. 97). An understanding of nature defines the borders of human experience and clarifies when and where human agency can or cannot be applied.

Nature can be divided into three rough categories - Individual, Human, and Universal.

Individual nature refers to the unique traits that make up each person. Much like Adler’s concept of the *lifestyle*, one’s *individual nature* is the sum total of all the memories, behaviors, preferences, emotions, values, thoughts, etc. that make that individual unlike anyone else (Griffith & Powers, 2007, p. 63). To be true to one’s individual nature is to be true to all parts of the self, even if doing so clashes with the surrounding culture. In the case of David, this means attending to the needs of his body despite the perceived need to prioritize work above all else.

*Human nature* refers to the ideal state of humanity, harmonized within itself and with the
surrounding environment. When humans contradict their nature by destroying their own environment, inflicting harm on each other, or ignoring essential truths about being human (such as the need to care for the body), imbalances arise. *Universal nature* refers to the laws of this reality. Humans cannot go against the natural order of the universe as understood through the disciplines of physics, biology, psychology, and so on. This is not to say that nature’s influence is absolute or that the most “natural” solution is always optimal. This is only to say that contemplating nature can provide some clear guidelines for self-care without the need to reinvent the wheel. These guidelines will be explored in subsequent sections.

**Holism**

Holism as defined here refers to the indivisible nature of humans and the need for a person to care for all parts of their being. Often these parts are thought of as body, mind, and spirit, though many definitions of holism exist. Considering holism from the framework of body, mind, and spirit, Western culture has a tendency to favor the needs and goals of the mind over those of the body and spirit. Analysis is favored over creativity. Productivity is valued over physical health. Protocol is valued over genuine meaning. The results of such an imbalanced lifestyle are illustrated in the case of David. True wellbeing depends on balanced care for the many dimensions that make up a human being. Adlerian psychology and Eastern philosophy have both spoken to this fact in their own way. Holistic interventions as discussed in this paper are designed to address the needs of complete human beings with the following concepts in mind.

**Adlerian holism.** A core tenet of Adlerian psychology is the idea that an individual must be considered as a whole rather than a set of disjointed parts. Adler wrote in 1929 that, “To us individual psychologists, the whole tells much more than the analysis of the parts. Also, nothing
new can emerge through synthesis if one simply puts the parts together” (Adler, 1964, p. 30). By this Adler means that each individual person can only be understood as the sum that is greater than the parts. Adler’s technique of lifestyle analysis highlights this, as the goal is to paint a picture of the individual and their style of living as a whole, unique entity (Adler, 1929/2015, pp. 59-71). The second part of the above quote emphasizes that it would not be enough to simply gather disjointed pieces of information about a person, assemble them, and assume that the essence of a person can be revealed. Rather, the essence of a person comes to light in the course of analyzing the various parts of their life. These parts include aspects of psychology, physical health, family life, hopes and dreams, and so on. This is why lifestyle analysis is part art and part science - The true nature of a person is revealed in the unique character they bring to the many sections of their life and cannot be understood when looking at those sections separately (Adler, 1929/2015).

Adlerian holism drives home the indivisible nature of each person. A person cannot be accurately understood without drawing information from their personality, social network, lifestyle habits, response to the life tasks, family history, physical needs, and so on. Similarly, mental health practitioners cannot separate themselves into distinct parts indefinitely and expect to remain well. While compartmentalization is an important skill for a therapist to understand, taken to the extreme it is part of the recipe for burnout. A practitioner such as David may be well intentioned in shutting down their own needs and emotions in the interest of attending to their work, but to do so indefinitely is to deny some very significant parts of the self. When therapists stop caring for their bodies, social relationships, personal hobbies, emotions, etc. in the interest of work, they have contradicted the tenet of Adlerian holism.
**Eastern holism.** Much of Eastern philosophy has traditionally held to a holistic picture of human wellbeing. The body is taken as a whole entity, with its many muscles, organs, and tissues seen as interconnected and interdependent (Clark, 2000, pp. 32-54). Interventions in Eastern practices typically focus on the lifestyle and seek to touch on many aspects of an individual’s life. Practices such as Tai Chi and Qigong combine physical exercise with principles designed to enhance balance, mental clarity, breathing quality, and even community engagement (Clark, 2000).

A central concept in Eastern holism is that of balance. Taoist philosophy uses the *Yin-Yang* symbol to point to the balance inherent in all aspects of nature. Light and dark, firm and soft, living and dead are each examples of natural balancing acts. One cannot describe one without describing the other (Lao-tzu, 2). In Taoist philosophy neither extreme is good or bad by definition, but imbalances produce circumstances humans may not desire (Lao-tzu, 5). An excess of heat can cause a burn. An absence of social connection can cause loneliness. Working without caring for the body can lead to burnout.

Taoist philosophy teaches that imbalances arise when one ideal is held up above all others. “Fill your bowl to the brim, and it will spill. Keep sharpening your knife, and it will blunt. Chase after money and security, and your heart will never unclench. Care about people’s approval, and you will be their prisoner” (Lao-tzu, 9). The solution lies in striving for balance rather than achievement. “Do your work, then step back. The only path to serenity” (Lao-tzu, 9). In the field of counseling, this speaks to the need to step away from work and ensure self-care. Otherwise, imbalances arise and the quality of one’s work suffers all the same.
Striving

**Vertical vs. horizontal striving.** In *Understanding Human Nature* Adler wrote that there are two ways that human beings can strive for superiority in life. Striving for personal superiority over others has been described as *vertical striving.* That is, striving as if climbing a ladder, with other people cast as adversaries to be overcome. Striving for superiority with others has been termed *horizontal striving.* Movement on this horizontal plane is characterized by cooperation with others, the only goal being contribution to society and the improvement of one’s own abilities (Adler, 1927/2010, pp. 72-91).

Adlerian scholars have identified the concept of striving as an especially useful tool for analyzing modern Western culture. One of Adler’s students, Lydia Sicher wrote in 1955 that, “The idea of living on a vertical plane is perhaps the most neuroticizing element of all… Yet so much of the training of children is based on it” (Sicher, 1955, p. 100). Western culture is steeped in vertical striving, as evidenced by the aforementioned obsession with work. Contribution to others is rarely emphasized and made more difficult as the digital age continues to further disconnection through platforms such as social media. Self-improvement and self-care are often only discussed in the context of how they will make the individual more practically effective or competitive.

Horizontal striving is an essential mindset for a practicing therapist to hold. A deep caring for clients, fellow practitioners, and humanity at large defines the profession. And yet even horizontal striving can lead to imbalance. If a practitioner cares only for others while neglecting self-care, burnout is the likely outcome. David discovered this for himself when his good intention to care for clients was thwarted by fatigue due to a lack of self-care. A final concept from Eastern philosophy offers the counterpoint to horizontal striving.
**Wu-wei - effortless action.** In 2014 author Edward Slingerland summarized the history of the Eastern philosophical concept of *wu-wei* in his book entitled *Trying Not to Try: Ancient China, Modern Science, and the Power of Spontaneity*. *Wu-wei* translates literally to “non-doing,” but its meaning is more accurately approximated by the phrase, “effortless action” (Slingerland, 2015, pp. 7-9). Effortless action refers to the state of spontaneous ease that arises when humans are “in the zone” during a focused activity. This spontaneous state allows a person to undertake the task at hand with no conscious effort, each action occurring almost automatically (Slingerland, 2015, pp. 19-25). This has been likened to the automatic function of instinct in animals. Animals need not be aware of a particular skillset or desired outcome in order to take an action. They act because their instinct tells them to, and they move towards harmony with their environment as a result. The state of natural ease brought on by *wu-wei* is thought to promote virtue and a sense of wellbeing and harmony with life. This harmony arises naturally as a byproduct of simple actions repeated diligently over time. “Act without doing; work without effort… The Master never reaches for the great; thus she achieves greatness” (Lao-tzu, 63).

*Wu-wei* has been likened to the more modern concept of *flow state* pioneered by author Mihaly Csikszentmihalyi. Flow state arises in circumstances where a person’s skill properly matches up with the level of challenge presented to them (Csikszentmihalyi, 2008, pp. 71-75). This can inspire a state of intense focus, loss of awareness of time and self, and, upon reflection, a feeling of accomplishment and happiness. Flow state is experienced by athletes, artists, writers, craftsmen, orators, and countless others when they feel fully merged with the task at hand. While each of these professionals might have some greater ultimate goal in the back of their mind, in the moment their focus is entirely on their craft (Csikszentmihalyi, 2008).
Effective athletes focus on the movements of their own body, not the scoreboard. Effective artists focus on the movements of their brush, not the acclaim they hope their piece will bring them.

In Adlerian terms, this might be thought of as a state of “non-striving.” If vertical striving is action in the pursuit of superiority over, and horizontal striving is action in the pursuit of superiority with, non-striving is action without any overt goal at all. Actions are engaged in because they resonate with one’s nature, not because they will lead to some particular outcome. This contrasts with Adler’s concept of teleology - the idea that all human action is goal-driven (Griffith & Powers, 2007, p. 100). Wu-wei actions are not pursued in the interest of some future advantage. In fact, to pursue them in this way tends to sabotage them (Slingerland, 2015). A person who tries very hard to appear relaxed and confident in a social situation often only adds to their own anxiety and increases the odds of an embarrassing misstep. The only way to overcome this is to focus not on the goal in mind (in this case, a pleasant social interaction) and instead on the simple practices that facilitate it (perhaps a calming breathing exercise before the interaction).

Non-striving serves as a counterbalance to horizontal striving. Caring for others is essential but caring for the self is equally critical. Experiencing carefree, spontaneous enjoyment of a favorite activity - outside of the workplace - is a key component of self-care. David, for example, is learning to use wu-wei in his daily 5-minute exercise routine. The goal of reduced anxiety and tension is in the back of his mind, but his focus is on the simple task at hand. This time spent in an undisturbed flow state enhances the effect of his self-care practice. This allows David to then show up at work fully energized and prepared to strive horizontally without such a risk for burnout.
Proposed Interventions

The interventions proposed below have been chosen to focus on reconnecting individuals with the natural state of their bodies and with nature in general. Each of these practices have been selected for their accessibility, minimal resource requirements, and overall simplicity. It is hoped that these interventions can be of use throughout the entire work week - during short breaks, client sessions, lunch hours, nights at home, and days off. Most if not all of these interventions can be practiced in increments as small as five minutes, depending on circumstances and available resources. The intention is to provide very simple, repeatable practices that come from a holistic and non-striving mindset. These practices slip under the radar by being short and simple but deliver a significant self-care payoff when engaged in consistently.

Mindfulness and Relaxation

One core method of counteracting both physical and psychological stress involves the cultivation of mindfulness. Mindfulness is a broad term and may be defined differently by many groups, but generally it tends to describe a state of present-moment awareness and overall calm. When this state of presence and calm is maintained on an ongoing basis, a number of mental and physical health benefits may be obtained. For the purposes of this paper, the pursuit of mindfulness will be explored through the practices of meditation, mindful breathing, and progressive muscle relaxation (PMR). Different techniques might better suit different individuals, and these three do not constitute an exhaustive list of ways that mindfulness and relaxation can be pursued. Yoga, art, dance, music, and many other pursuits represent equally promising options, though they are beyond the scope of this particular literature review.

While techniques vary, the pursuit of mindfulness appears to be beneficial to most members of the population. A common thread shared throughout mindfulness practices is
concentration on the breath. Focusing on the breath is a foundational practice in the process of reconnecting with the natural state of the body. With practice, awareness of the breath can serve as an early indicator of stress. As well, focusing on breathing calmly and evenly is itself an intervention for reducing stress. While these concepts have long been intermeshed with Eastern philosophy and health practices, modern science is now helping to explain the value of mindfulness practice empirically.

**Meditation practice.** Mediation is one of the first practices that comes to mind as a way to cultivate greater mindfulness in daily life. Until recently, meditation was considered by many to be a purely religious activity. Today, decades of scientific study have raised popular interest in the many mental and physical health benefits brought by a regular meditation practice. In 2008’s *Train your mind: Change your brain*, author Sharon Begley summarized preliminary research indicating that meditation can improve neuroplasticity, executive functioning, and general compassion. This provided an empirical foundation for the claim that meditation can help people to feel more adaptable, productive, and calm. Certainly these are desirable traits for mental health practitioners as well as anyone, useful both in-session and in the pursuit of self-care. Begley’s work helped to argue that meditation can play a valuable role in the lives of all persons, from Buddhists to neuroscience enthusiasts to practicing therapists.

There is a growing concern in the scientific community that meditation is being overhyped and sold as a panacea through a deluge of self-help books, articles, and blog posts (Lauricella, 2016). Indeed, meditation must be studied objectively with sound methods, adapted to fit the intended users, and combined with other mental and physical health interventions if it is to be of any significant benefit. That said, several strong studies have demonstrated the value of
meditation practice. Future studies, conducted under rigorous and careful testing conditions, might further verify the value of meditation.

**Natural origin and purpose of meditation.** People have practiced meditation in various forms for thousands of years (Chow, 2015). It has been hypothesized that meditation’s presence throughout recorded human history indicates that the drive to meditate is almost instinctual. In 2016, authors Alex Hankey and Rashmi Shetkar sought to expand on the scientific understanding of meditation by drawing on the concept of *criticality*. This term refers to the adaptive ability of organisms to critically consider themselves and their environment. Given that meditation measurably increases this ability, meditation can be said to provide a biological benefit.

Meditation allows conscious organisms to experience a *content-free* state of mind, clearing the mind of distractions and thus enabling the practitioner to better address the challenges of a complex environment. This would suggest that humans that kept a clear mind by practicing meditation were better able to adapt and survive throughout history. In a counseling setting, this mental clarity benefits the client in the form of more effective care, and the therapist in the form of a valuable self-care practice outside of sessions. The concept of criticality in biology is still brand-new and in need of further study, but such research represents a renewed effort to explore the possible origin and purpose of practices like meditation in human history.

**Meditation for the treatment of chronic stress and chronic pain.** A regular meditation practice has been shown to provide a number of benefits to a broad range of the population. Two common ailments affecting the population would be chronic stress and chronic pain. When these conditions affect a mental health practitioner, they can easily distract from the work at hand and make proper self-care increasingly more difficult. Both chronic pain and chronic stress have
been effectively treated through meditation practices, especially when combined with conventional treatments.

When looking at meditation as a way to deal with chronic stress, numerous studies have found promising results. One such study, conducted in 2015 by authors Roberta Szekeres and Elanor Wertheim, focused on Vipassana meditation. Training in Vipassana centers around developing a present-moment awareness of one’s own internal state. This enables practitioners to better identify stress and stagnant emotions in their own body, as well as to release them and find greater mental clarity as a result. Szekeres and Wertheim’s study found that Vipassana training was effective at reducing chronic stress levels in participants as compared to a control group.

A meta-analysis conducted in 2016 looked at studies using Mindfulness Based Stress Reduction (MBSR) to treat chronic pain and related symptoms such as depression and anxiety (Veehof, Trompetter, Bohlmeijer, & Shreurs, 2016). Their analysis found that MBSR was moderately effective at reducing overall pain, and somewhat effective at reducing related symptoms. One noteworthy finding from their study was that meditation must be practiced indefinitely if results are to be maintained. A short-term intervention produces results, but those results will fade if not reinforced.

A similar analysis in 2017 mirrored this finding, showing that MBSR was useful for pain management in the short term, but was not a substitute for long-term conventional treatment (Anheyer et al., 2017). This was especially true for secondary symptoms of chronic pain such as depression and anxiety, for which programs such as Acceptance and Commitment Therapy (ACT) were more effective. This suggests that mindfulness training programs are often useful as supplements to conventional treatments, though not necessarily as outright replacements for
them. One noteworthy advantage of mindfulness interventions is that they typically introduce minimal or zero adverse effects, which may not always be the case with treatments like medication or surgery. As with many conditions, a blend of conventional and alternative treatments is often the surest route to recovery.

**Meditation in mental health workspaces.** Teaching mental health practitioners to meditate has often proven highly beneficial to both employer and employee. A study in 2012 provided practitioners at an Australian youth mental health service an eight-week calming meditation training (Rocco, Dempsey, & Hartman, 2012). As a result of this training, practitioners reported feeling more mindful, more balanced, and much less reactive toward stressors at work. The study by Rocco, Dempsey, and Hartman noted the goals shared by the calm-abiding meditation course and the more widely-known Mindfulness Based Stress Reduction program (Center for Mindfulness, 2017). These goals include: “ability to attend to present moment experience, increased intra-personal awareness, and understanding of the relationship between thoughts, feelings, actions, and consequences” (Rocco et al., 2012, p. 196). These are certainly valuable traits for a mental health practitioner to cultivate.

Having made progress towards these goals, study participants reported that they felt better able to manage stress, make healthy lifestyle choices, appreciate themselves and others, and navigate challenges in work and life (Rocco et al., 2012). Such results have been replicated frequently. A 2016 study by authors Monica Leppma and Mark E. Young taught Loving-Kindness meditation to Masters-level counseling students. The results of this study found an increase in empathy and overall mood. For some participants mood did not improve, and it is thought that this is due to the inherent frustration that can come with beginning an unfamiliar
practice such as meditation. In such cases, more practice may be of benefit or another intervention might be better suited to those participants.

Completing a meditation training while still balancing a normal workload can prove challenging. Participants in Rocco, Dempsey, and Hartman’s 2012 study were given time specifically allotted for meditation training, but absences due to workload concerns were still an issue for the study. Care must be taken to ensure that meditation training is not viewed as simply another burden in a practitioner’s already busy schedule. Fortunately, many meditation trainings such as the aforementioned MBSR have become quite standardized and accessible. This is an encouraging step towards bringing meditation practice into the mental health workspace. Generally speaking, mindfulness/meditation training programs are a cost effective way to improve employee wellbeing and increase their effectiveness in the workspace.

**Relaxation techniques.** Two easily practiced and thoroughly studied techniques for cultivating mindfulness are relaxation breathing and progressive muscle relaxation. Both of these techniques serve as accessible ways for practitioners to reconnect with their body and increase their level of mindfulness. It has been theorized that focusing on the breath acts as a fast-track for communicating with the autonomic nervous system (Jerath, Crawford, Barnes, & Harden, 2015). This foundational part of the nervous system is responsible for many automatic responses to stimuli, notably the fight-or-flight response to a perceived threat.

In many ways, anxiety can be thought of as an ongoing experience of fight-or-flight activation. Both states can be defined by the presence of an elevated heart rate, increased cortisol levels, and an ongoing experience of heightened alarm (Encyclopedia Britannica, 2017). Calming this response can help with both acute fight-or-flight situations and more ongoing experiences of anxiety.
A 2015 article in Applied Psychophysiology and Biofeedback suggested that breath work might be a valuable way of addressing anxiety and resolving negative emotions that are potentially going unaddressed (Jerath et al., 2015). The same may be said for Progressive Muscle Relaxation (PMR), which can make users consciously aware of previously ignored tension and stress. Relaxation techniques such as breathing exercises and PMR have one advantage over meditation in that they take very little time to learn and practice, while still providing a very concrete connection to the body.

**Mindful breathing techniques.** Of all the mindfulness interventions described here, mindful breathing is certainly the simplest. Mindful breathing requires no special equipment, minimal training, and is accessible even to those for whom breathing is challenging due to chronic conditions. Even participants contending with chronic obstructive pulmonary disease (COPD) have been able to reduce their stress level and improve their lung function and exercise capacity through programs incorporating mindful breathing techniques such as Tai Chi (Yeh et al., 2014). Various formal regimens for mindful breathing have been proposed over the years, but the basic goals of mindful breathing are simple - to make the process of breathing more intentional, to learn to breathe more steadily and deeply, and to experience increased calm and clarity.

Preliminary evidence suggests that the breath might provide a critical bridge between the mind, the physical body, and the emotions. Understanding such a link, as well as ways to improve it, would be invaluable to mental health practitioners pursuing proper self-care. Recall that David found success in establishing a mindful breathing practice that he could use both at work and at home. Mindful breathing is finding acceptance as an evidence-based intervention for a number of psychological symptoms (Crockett et al., 2016). A 2016 article outlined the
current state of breathwork in mental health settings. Participants in this study illuminated a strong correlation between dysfunctional breathing patterns (defined as shallow breathing, hyperventilation, poor breath control, etc.) and psychological symptoms such as anxiety and alexithymia. Alexithymia is defined as the impaired ability to perceive, identify, and express emotion (Plaza et al., 2006). Often alexithymia masks an underlying state of chronic stress or anxiety, though this may be addressed through mindfulness interventions. Alexithymia in particular is a concern for mental health practitioners, as it is essentially a synonym for compassion fatigue, a common symptom of helper burnout.

Evidence suggests that practicing mindful breathing reduces some of these symptoms. A 2016 study looked at the effectiveness of mindful breathing interventions at reducing test anxiety in university students. With just one week of training, participants demonstrated significantly reduced anxiety in subsequent testing environments (Cho, Ryu, Noh, & Lee, 2016). This effect was found to be on par with more traditional cognitive reappraisal techniques. Training in mindful breathing carried the added benefit of an increase in automatic positive thoughts that was not seen in the cognitive reappraisal group. This might suggest that mindful breathing was doing more to address the physical aspects of anxiety, not just the psychological aspects as in cognitive reappraisal.

**Progressive muscle relaxation.** Muscular tension can be an indicator of both physical and psychological stress. Recent research has attempted to formally study the connection between physical tension and mental frustration. As well, techniques such as progressive muscle relaxation have been developed to both reduce the psychological experience of stress and relieve physical strain.
A systematic review conducted in 2015 collected studies on the effects of providing relaxation interventions to older adults (Klainin-Yobas, Oo, Yew, & Lau, 2015). Alternative treatments are increasingly being studied in this population, as medications tend to introduce side effects that are more strenuous on older individuals. The results of this review indicated that relaxation techniques, and especially progressive muscle relaxation, were successful in reducing anxiety and depression in older adults. This agrees with numerous findings indicating that progressive muscle relaxation provides a significant psychological benefit.

Turning to younger populations, research conducted in 2015 sought to measure the physiological markers of the benefits of progressive muscle relaxation in university students (Chellew, Evans, Fornes-Vives, Pérez, Garcia-Banda, 2015). An 8-10% decrease in salivary cortisol was recorded following the application of progressive muscle relaxation. This was accompanied by self-reported feelings of significantly reduced stress.

Progressive muscle relaxation represents another highly accessible intervention for the reduction of chronic stress. Currently research is lacking on the usefulness of this technique for mental health professionals, but there is a strong body of research on the use of PMR for relieving stress in the medical profession. Medical students and physicians experience high levels of depression, anxiety, and subsequent burnout (Wild et al., 2014). An evaluation conducted in 2014 looked at the use of relaxation techniques for addressing these issues in medical students and professionals. The results indicated that levels of overall stress, anxiety, and to a lesser extent depression were achieved following the practice of PMR over the course of one semester.
Physical Enrichment

Wilderness therapy and forest bathing. A relatively new area of research centers on the beneficial effects of spending time in natural environments. Two main terms have arisen to spearhead this area of research - wilderness therapy and forest bathing. Wilderness therapy is a more specific term, referring to therapy sessions conducted in a natural environment or wilderness expeditions conducted for a desired therapeutic effect. Forest bathing, or shinrin-yoku, is a similar concept originating from Japan that looks more generally at the effects of intentionally immersing oneself in a forest environment. Wilderness therapy generally describes a therapist-client interaction, while forest bathing may be easily undertaken by anyone as a self-care practice.

Wilderness therapy. People are generally aware that spending time in nature contributes to wellbeing. Few studies have been conducted to demonstrate this effect in a scientific manner (Barton, Bragg, Pretty, Roberts, & Wood, 2016). A study by Barton and colleagues conducted in 2016 set out to provide quantitative data regarding the therapeutic value of wilderness expeditions. They developed a pre-test post-test study with 130 adolescent participants placed in various wilderness scenarios. Their research found that both self-esteem and a sense of connectedness with nature were increased as a result of wilderness expeditions. These effects were confirmed even when controlling for factors such as the gender and living environment of the participants. A similar study in 2016 agreed with these findings and added that wilderness expeditions appear to improve BMI scores as well as general mental functioning in adolescents (Tucker, Norton, DeMille, & Hobson, 2016).

One limitation of wilderness therapy research is that much of it has been conducted with adolescent participants. This makes it more difficult to generalize findings to the overall
population. Further, given that wilderness therapy is mainly studied as a specific therapeutic intervention it can be difficult to find studies that discuss it as an option for practicing self-care. That said, available studies indicate that wilderness therapy is as beneficial to adults as it is to adolescents (Bettman, Gillis, Speelman, Parry, & Case, 2016). A 2016 meta-analysis sought to consolidate research on the value of wilderness therapy to adult clients. This analysis found that wilderness therapy interventions improved scores for self-esteem, locus of control, and personal effectiveness, as well as aided in therapist efforts at client observation and assessment. This was beneficial to the clients involved in the study, though presumably the therapists involved would have derived some benefits as well. This possibility will be further explored in the subsequent section on forest bathing.

Historically there have been some concerns about the ethics of wilderness therapy. In 2010 author Stephen P. Becker sought to illuminate some of these concerns. The ethical challenges faced include, for example, a blurring of client/therapist boundaries, difficulty in maintaining confidentiality, increased cost, and a greater responsibility to provide sound aftercare (Becker, 2010). These and several other valid concerns will need to be addressed if wilderness therapy is to find a place in mainstream treatment courses. That said, preliminary evidence suggests that wilderness therapy is a valid way to introduce a more holistic approach to the therapeutic process. This may prove to be of benefit to both the client and the practitioner as they share time in natural spaces. Wilderness therapy is a relatively new concept, and it may be difficult to persuade employers or insurers to allow such sessions. Still, future research may prove the value of wilderness therapy and bring it into more mainstream practice.

Forest bathing. Connection with nature has long been promoted in Japanese culture as being essential to health. It was not until recently that the specific physiological and
psychological effects of intentionally spending time in nature began to be studied empirically (Kim, 2016). In 1982 The Japanese Ministry of Agriculture, Forestry and Fisheries popularized the term shinrin-yoku, roughly translating as “forest bathing.” All one has to do to practice forest bathing is to head out to a natural setting and spend a short while focusing their attention on basking in the sights and sounds of the area. The term forest bathing is a useful addition to the research pool as it explores the beneficial effects of time spent in nature in a more general sense than with wilderness therapy. Forest bathing is quite promising as a self-care practice as it is simple, requires a minimal time commitment, and is generally accessible to most of the population.

Regarding accessibility, an encouraging study conducted in 2014 in Finland found that many of the benefits of forest bathing can be achieved even when spending time in man-made natural environments such as city parks (Tyrväinen et al., 2014). Such “urban green environments” were only slightly less therapeutic than existing natural woodland areas, indicating that access to a sprawling ancient forest is not essential for enjoying the benefits of forest bathing. In the case of forest bathing, the only requirement appears to be the presence of flora, fauna, sunlight, and fresh air. When people mindfully observe such stimuli a number of benefits naturally arise. This means that mental health practitioners need only secure a short break away from work in a nearby park or find their way to a forest area outside of the workday in order to enjoy the benefits of forest bathing.

A preliminary meta-analysis on forest bathing was conducted in 2010 by author Bum Jin Park and colleagues. The findings of their research indicated that across these studies forest bathing successfully improved measures for salivary cortisol, heart rate, and blood pressure (Park, Tsunetsugu, Kasetani, Kagawa, & Miyazaki, 2010). Mood states were also recorded, with
standardized measures for tension, fatigue, anger, and depression generally improving in participants across all studies. This speaks to the interplay between physiological and psychological stress factors, with both being addressed by forest bathing interventions.

A meta-analysis conducted in 2017 sought to provide a more up to date analysis of the physical effects of forest bathing (Ideno et al., 2017). This analysis found that forest bathing significantly reduced blood pressure for the 732 participants involved across 20 different studies. Regarding psychological effects, a 2016 study found that forest bathing improved not just physical measures such as heart rate, but also measures for anxiety, depression, and fatigue (Li et al., 2016). Research into forest bathing is very preliminary, but given that it is an accessible, simple, and affordable-if-not-free intervention it is a prime candidate for increasing self-care in mental health practitioners.

**Physical activity.** Regular physical activity is one of the single most important interventions for mental and physical wellbeing. This is as true for practicing therapists seeking to counteract burnout as it is for any other member of the population. While the physical benefits of exercise are generally obvious, each year more is learned about the psychological benefits of regular exercise. Beginning with a study by author James Blumenthal and his colleagues in 1999, research has increasingly reported that exercise can be as effective as antidepressant medications in treating depression (Weir, 2011). Researchers such as Dr. Michael Otto and Jasper Smits have conducted numerous studies and written extensively on the subject of exercise’s ability to counteract symptoms of anxiety (Allen, 2013). While exercise can seem like an involved task or “just one more thing to try and fit in,” recent evidence suggests that very modest levels of activity can improve wellbeing. Just five minutes of simple exercise can spark an upturn in overall mood and energy level (Weir, 2011). A brisk walk in between client
sessions may be all it takes for mental health practitioners to overcome the negative effects of a
sedentary workplace.

*Standing breaks/standing workstations.* One very simple way to increase physical
activity is through the use of regular standing breaks and/or standing workstations. Height-
adjustable workstations allow employees to choose between a sitting or standing posture at will
without disturbing the contents of their desk. They represent a relatively inexpensive way for an
employer to improve the health and wellbeing of their employees. A literature review conducted
in 2015 gathered information from studies on the use of height-adjustable workstations as a
means of reducing sedentary behavior (Tew, Posso, Arundel, & McDaid, 2015). Studies on the
use of standing workstations are still few in number, and this prevented a full statistical analysis
of the results collected. Each of the five studies included in the review individually reported that
height-adjustable workstations significantly reduced sedentary behavior in employees. This
preliminary finding establishes that employees will likely make use of the option to vary their
workstation between sitting and standing configurations.

The health benefits of sitting less throughout the day have been well established. As
mentioned in “Conceptualization of the Problem,” sedentary behavior carries numerous health
risks and increases overall mortality rates. Standing on a regular basis, on the other hand, is
associated with improved cardiovascular health, reduced risk of cancer and diabetes, improved
bone strength, and improved mood and focus (JustStand.org, 2017). In a 2016 study it was
reported that participants that regularly took breaks from prolonged sitting experienced improved
mood, felt less fatigue, and were less likely to have intense food cravings (Bergouignan et al.,
2016). General cognitive functioning was also measured but no significant changes were found.
The breaks taken from sitting by participants in this study were neither lengthy nor strenuous, consisting of five minutes of moderate physical activity.

Implementing height-adjustable workstations and/or encouraging regular standing breaks in counseling settings could prove to be a simple and effective counter to therapist burnout. It would appear that employers might also enjoy the added benefit of improved productivity from their employees. A 2016 intervention placing height-adjustable workstations in a call center found that employees who used the stations to stand were significantly more productive than those who remained seated (Garrett et al., 2016). Productivity in the standing group rose by 23% in the first month of use, and that number climbed to 53% by the end of the 6 month intervention. Even if height-adjustable workstations are not adopted by employers, practitioners still have the option to implement their own standing breaks. A simple 5 minutes of moderate activity each hour has been shown to counteract the majority of maladies brought on by “the sitting disease” of this modern culture (JustStand.org, 2017).

*Martial arts.* A final recommendation for physical activity is the practice of martial arts. Martial arts represent an opportunity to bring together many of the interventions mentioned here. The majority of martial arts practices incorporate material from areas such as mindfulness, breathing techniques, philosophy, physical activity, and connection with community (Clark, 2000). Once basic knowledge of a martial art is gained, it can be used as a simple and accessible intervention for improving physical and mental wellbeing. A practicing therapist might use martial arts in the spaces between client sessions as a way to center their mind and energize their body. Interest in the practices of Tai Chi and Qigong in particular have grown in Western culture recently. Both the general population and researchers are beginning to recognize the holistic benefits offered by these practices. A national survey conducted in 2016 found that the
practices of Tai Chi and Qigong are slowly being adopted into Western culture (Lauche, Wayne, Dobos & Cramer, 2016). The majority of respondents indicated that they practiced Tai Chi and Qigong for the increase in energy level, general improvement in wellbeing, reduction in stress level, and improved sleep. Despite increasing evidence of the benefits of Tai Chi and Qigong practice, only 3.1% and 1.2% of the population are currently practicing, and 12.7% of respondents reported that their health practitioner had discouraged their practice. This suggests that further research and promotion of these and other martial arts are needed to dispel misconceptions and increase interest levels (Lauche et al., 2016).

Tai Chi is a holistic martial art that uses slow, controlled movements with occasional strikes and very light-contact sparring. Its gentle movements promote balance, patience, bone and joint strength, and healthy circulation and breathing (Clark, 2000). A 2014 meta-analysis conducted by author Fang Wang and colleagues summarized some of the empirical findings on the benefits of Tai Chi practice. Improvements were recorded in measures of anxiety, depression, overall stress level, and sense of self-efficacy during exercise (Wang, Lee et al., 2014). It is suggested that the moderate physical activity level involved in Tai Chi and Qigong serves as a middle ground suitable for treating psychological concerns at either end of the spectrum. Those struggling with depression are able to get up and move, introducing energy into the body. Those for whom anxiety is a concern benefit from the slow, steady movements and calming breathing patterns. And for those who would simply like to destress and feel more balanced, Wang et al.’s study discovered numerous studies pointing to general quality of life improvements in participants. This was especially true when those participants were suffering from physical maladies such as arthritis or cancer symptoms.
Another accessible and increasingly popular martial arts practice is that of Qigong. Even gentler than Tai Chi, Qigong can be thought of as a system of slow rhythmic movements combined with breathing exercises. Qigong has seen increased popularity in research of late. A meta-analysis of randomized controlled trials (RCTs) on the benefits of Qigong was undertaken in 2014. The results of this analysis identified seven studies meeting the proper RCT criteria for inclusion. The general consensus among these studies was that Qigong practice relieved anxiety to a minor degree as soon as practice began, and to a more significant degree after one to three months of practice (Wang, Chan et al., 2014). Looking at Qigong as a workplace intervention, a 2012 study provided a 6-week mindfulness training program to students preparing to enter into a helping profession. This study found that qigong combined with the more prevalent MBSR training mentioned above was more effective than MBSR alone at reducing stress and improving self-compassion and mindfulness (Newsome, Waldo, & Gruszka, 2012). This speaks to the value of Qigong and mindfulness training as a self-care practice for mental health professionals. Tai Chi and Qigong represent another opportunity to connect with the needs of the body and improve overall physical and mental health.

**Mindful nutrition.** Each year new links between diet and mental health are discovered. The use of nutrition to combat mental health issues is a relatively new concept but entirely new professions are already being founded on the idea, such as that of “nutritional psychiatry.” When looking at nutritional recommendations for reducing psychological distress, guidelines are generally simple. Authors in 2017 outlined some of the basic dietary recommendations for counteracting major depressive disorder (Opie et al., 2017). The five guidelines outlined were, “(1) follow ‘traditional’ dietary patterns, such as the Mediterranean, Norwegian, or Japanese diet; (2) increase consumption of fruits, vegetables, legumes, wholegrain cereals, nuts, and seeds;
(3) include a high consumption of foods rich in omega-3 polyunsaturated fatty acids; (4) replace unhealthy foods with wholesome nutritious foods; (5) limit your intake of processed-foods, ‘fast’ foods, commercial bakery goods, and sweets” (Opie et al., 2017, p. 162). In short: Eat a lot of plants, get enough omega-3, avoid junk food.

A notable addition would be the inclusion of probiotic supplements. Early evidence indicates that probiotics may be an effective treatment for depression (Wallace & Milev, 2017). A 2017 meta-analysis conducted by authors Wallace and Milev explored studies on the use of probiotic supplements for the treatment of depression. Eight of the ten studies analyzed reported a reduction in depression symptoms as a result of probiotic supplementation.

It is now known that 90% of the body’s serotonin is manufactured in the gut (Stoller-Conrad, 2015). The microbes present in the gut play a role in this process, and researchers learn more every day about the critical importance of a healthy gut flora balance. The gut is now frequently referred to as the “second brain” by scientists, noting the major role played by the enteric nervous system (ENS). The enteric nervous system is comprised of over 100 million nerve cells spanning the entire digestive system (Johns Hopkins Medicine, 2017). It is now understood that the gut sends more information to the brain than the brain does to the gut.

This explains recent findings that have linked the experience of functional digestive disorders such as irritable bowel syndrome (IBS) to psychological problems like depression and anxiety (Johns Hopkins Medicine, 2017). Research-based diets such as the low-FODMAP diet have outlined particular lists of foods that promote a healthy gut flora balance, reduce inflammation in the gut, and support physical and mental wellbeing overall for IBS patients (Monash University, 2018). As diets like these become more standardized and accessible,
nutrition may become one of the most direct ways in which individuals can influence their own mental health.

Discussion

Implications for Practice

It is hoped that the information presented here sheds light on some of the societal issues affecting modern Western culture as well as interventions for overcoming them on a personal level. Many of the cultural shifts mentioned here are still in motion or even accelerating, increasing overall stress levels and the risk of burnout. Practicing therapists can make use of the information gathered here to contextualize some of the cultural shifts taking place in modern society. The interventions discussed here can then be put into action both with clients and in the pursuit of self-care.

In bringing this information to practice, the philosophical concepts of nature, holism, striving, and wu-wei can highlight new opportunities for practicing self-care. Therapists might contemplate ways to incorporate their individual nature as well as principles of human and universal nature into their practice. A more holistic mindset allows practitioners to better understand and serve their clients as well as better care for themselves. The Adlerian concept of horizontal striving highlights the importance of client care, as well as the need for proportionate self-care. The Eastern concept of wu-wei introduces the opportunity for non-striving activities that restore energy and harmony without the need for any particular overt goal.

Recommendations for Future Research

Several of the subjects discussed above warrant further research. Factors such as rapid changes in technology are constantly shaping Western society, and this makes the need for empirical inquiry greater than ever. Future research might illuminate the role of social media in
human relationships. In particular, causational research that clarifies the effects of social media beyond mere causation would be beneficial. Research into the effects of screen time and the concept of technology addiction might help those who are struggling to break away from compulsive use of technology. Further analysis by professional organizations may yet bring recognition of technology and/or internet addictions as legitimate disorders in future editions of the *Diagnostic and Statistical Manual of Mental Disorders*. Finally, research into the effects of intentional “technology breaks” would provide valuable causational data on the effects of technology use. Breaks might entail simple moderation or even full abstinence from technology use for a length of time. Currently this topic is sparsely represented in the research.

Many of the interventions discussed here are holistic in nature. There is still a bias against holistic interventions due to a perceived lack of empirical evidence. Future research might help to further verify the usefulness of holistic interventions in modern counseling settings. In particular, research that focuses on the combination of holistic interventions with traditional methods such as cognitive therapy or medication would be valuable. Solutions need not be either/or, and often the combination of multiple approaches leads to a greater overall benefit for the client in question. Several holistic disciplines are poised to be integrated in this way, such as yoga, dance, martial arts, art therapy, and so on.

The intersection of nutrition and mental health is another area in need of further study. Given that so much about nutrition remains unknown, many opportunities for new research into this area will likely arise in years to come. One example that speaks to this is the recent spike in awareness of the importance of the gut biome and its role in mental health. Future studies might seek to combine interventions that target the gut biome, such as supplementing with probiotics, with traditional counseling interventions. Another area of research related to nutrition is that of
chronic inflammation and its effects on mental health. While researchers are starting to note a likely connection between bodily inflammation and the experience of mental illness, far more research is needed in order to establish this link empirically.

**Conclusion**

In conclusion, numerous intersections exist between Adlerian psychology, Eastern philosophy, and modern empirical research. Bringing aspects of these three disciplines together enables practitioners to be more effective in their pursuit of self-care. This is essential for proper client care, as a therapist that has burned out is no longer able to offer their best to their clients. Practices such as meditation, forest bathing, martial arts, and mindful nutrition are providing promising new avenues towards counteracting recent cultural shifts. By prioritizing self-care, practitioners make themselves more resilient to burnout and therefore more effective for their clients.
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