



MINDFUL SELF-CARE DIMENSIONS AS AGENTS OF WELL-BEING FOR STUDENTS IN MENTAL HEALTH FIELDS

Zeynep Aydın Sünbül¹ⁱ,

Asude Malkoç¹,

Meltem Aslan Gördesli¹,

Reyhan Arslan²,

Ferah Çekici¹

¹Dr., Istanbul Medipol University,

Faculty of Education,

Turkey

²Research Assistant,

Istanbul Medipol University,

Faculty of Education,

Turkey

Abstract:

The purpose of the study was to examine the role of mindful self-care along with the sub-dimensions of physical care, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation and supportive structure in predicting well-being level of students attending to mental health programs. A total of 262 undergraduate students (191 female, 71 male) from the departments of psychological counseling and guidance and psychology formed the sample group. The mean age of the participants was 20.31 (SD=1.45). The data were obtained through Mindful Self-care Scale (Cook-Cottone and Guyker, 2018) and The Well Star Scale (Korkut-Owen, Doğan, Demirbaş-Çelik and Owen, 2016). The results of multiple linear regression analysis yielded that all of the mindful self-care dimensions significantly predict well-being. Regarding the contribution of each self-care dimension on well-being scores; supportive structure has the highest contribution followed by self-compassion and purpose, supportive relationships, mindful awareness, physical care and mindful relaxation. In addition, mindful self-care was found to explain 39% of the variance of the well-being scores in candidate mental health professionals.

Keywords: mindful self-care, mindful self-care dimensions, well-being, candidate mental health professionals

ⁱ Correspondence: email zsunbul@medipol.edu.tr

1. Introduction

Self-care is a subject matter used to attract attention of various disciplines such as health, education, social work and psychology. Apart from the divergence over defining this concept, the first attempts to conceptualize self-care touch upon the activities initiated to promote individuals' physical wellness. In such view, self-care is described as one's daily engagement and behaviors to preserve their physical health (Ziguras, 2004). Following this perspective, extensive definitions of self-care were implemented by different disciplines. This second part of the extended self-care literature considers other life areas as care mechanisms as well as the healthful physical patterns. Such that, for one caring for their self, a mental health engagement was also cultivated as a self-care mechanism. From this view, Salvucci (2001) defines self-care as the responsibility and vitalism of individuals to preserve their well-being by promoting themselves in the bodily, emotional and moral zones.

The therapeutic influences of self-care along with diverse psychological attributes were examined for various groups. For instance, regardless of the physical or mental alliances, the promoter care for the self was found to be an essential well-being and healing component in social workers (McGarrigle and Walsh, 2011); physicians (Kearney, Weininger, Vachon et al., 2009); patients suffering from chronic illnesses (Riegel, Jaarsma and Strömberg, 2012); medical students (Slonim, Kienhuis, Benedetto and Reece, 2015) and clinicians working with trauma survivors (Killian, 2008). As well, Cook-Cottone (2015) also implemented mindful self-care along with self-regulation as important therapeutic factors over preventing eating disorders in composite populations.

As well as its strength over the psychological/physical health for different populations, self-care can also be regarded as a vital process for mental health candidates and professionals (Christopher and Maris, 2010; Richards, Campenni and Muse-Burke, 2010; Williams, Moore and Gambrel, 2010). Actually, this group of individuals are highly susceptible to burnout (Maslach, 1978), compassion fatigue and vicarious traumatization (Baker, 2003). Surprisingly, such unfavorable experiences don't only target to active counseling professionals but also the students studying in counseling and clinical training (Christopher and Maris, 2010). Thus, caring for the self and engaging in supportive activities can be regarded valuable agents to wellness for both mental health professionals and students studying in these areas (Shapiro, Brown and Biegel, 2007).

Considering the therapeutic effects of self-care, the study attempts to examine the self-care and well-being connection in mental health candidates through a novel perspective to self-care: mindful self-care. Mindful self-care is defined as a consistent engagement in mindful awareness and evaluation of intrinsic needs and external demands and purposeful commitment in certain actions to meet these needs and demands in order to acquire wellness and personal efficiency. For promoting a healthy experience with self, the person should have a favorable harmony with the self as well as a curious interest and attention in all of his/her relations from family to the culture

(Cook-Cottone, 2015). In this direction, mindful self-care includes the following components as care mechanisms: physical care (engaging in nutrition, hydration and exercise), supportive relationships (selecting and pursuing positive relations), mindful awareness (an integrative and congruent attitude to internal and external experiences), self-compassion and purpose (a compassionate and goal directed attitude with the self), mindful relaxation (certain activities that help to relax) and supportive structure (forming a supportive surrounding and balancing out the environmental demands) (Cook-Cottone and Guyker, 2018).

2. Method

2.1 Participants

The participants of the study were 262 students studying in the departments of psychological counseling and guidance (N=211) and psychology (N=51) in Istanbul Medipol University. The gender distribution of the sample was 191 female (72.9%) and 71 male (27.1%) along with the mean age of 20.31 (SD=1.45). A convenient sampling method was utilized to select the participants (Fraenkel, Wallen and Hyun, 2011).

2.2 Instruments

A. Mindful Self-Care Scale (Cook-Cottone and Guyker, 2018) is a 33-item instrument measuring the self-care related actions. There are six sub-scales in the scale: physical care, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation, and supportive structure. The six factor structure of the scale was supported through confirmatory factor analysis during the initial development phase ($\chi^2/df = 3.02$, SRMR = 0.071, RMSEA = 0.071 and CFI = 0.96). As well, Cronbach alpha value for the whole instrument was .89 and for the subscales it was as follows; .69 in Physical Care, .86 in Supportive Relationships, .92 in Mindful Awareness, .83 in Self-compassion and Purpose, .77 in Mindful Relaxation and .77 in Supportive Structure.

B. The Well Star Scale (Korkut-Owen, Doğan, Demirbaş-Çelik and Owen, 2016), is a 24-item measure that assesses well-being through physical, social, cognitive, emotional, and spiritual aspects. Confirmatory factor analyses provided evidence for the five factor component of the instrument ($\chi^2 (239, N = 156) = 490.28$, $p < 0.01$; CFI = 0.90; IFI = 0.90; SRMR = 0.085; RMSEA = 0.082). In addition, Cronbach alpha value for the whole scale was .96 while for the subscales it was .79 for physical well-being, .77 for social well-being, .63 for cognitive well-being, .57 for emotional well-being and .71 for spiritual well-being.

2.3 Data Analysis

Before the data analysis step, the raw data were screened and cleaned in terms of the missing values and outliers. Then, normality, homoscedasticity and linearity, the basic assumptions of linear regression, were examined. Given the satisfactory evidence from the results of pre-analyses, a multiple linear regression was conducted by using SPSS 20 statistical program (IBM, 2011).

3. Results

Data were analyzed through multiple linear regression analysis steps to assess the relationships between the mindful self-care dimensions of physical care, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation, supportive structure and well-being. First of all, descriptive statistics for these variables (mean, standard deviation and correlation matrix) were examined and presented in Table 1.

Table 1: Means, standard deviations and intercorrelations between variables

Variable	M	SD	1	2	3	4	5	6	7
1. Physical care	19.57	6.13	-						
2. Supportive relationships	19.23	3.97	.10**	-					
3. Mindful awareness	13.82	3.39	.22***	.33***	-				
4. Self-compassion and purpose	20.89	6.15	.17**	.44***	.43***	-			
5. Mindful Relaxation	19.49	4.54	.19**	.41***	.30***	.36***	-		
6. Supportive Structure	11.29	3.67	.29***	.41***	.40***	.54***	.40***	-	
7. Well-being	86.94	11.75	.29***	.43***	.43***	.48***	.41***	.50***	-

Note. N = 262; *p < .05, **p < .01, ***p < .001

From the correlation matrix presented in Table 1, it can be inferred that a significant positive correlation exists within all of the six mindful self-care dimensions. In addition, the dependent variable, well-being shows significant positive correlations with the independent variables of physical care ($r=.29$, $p < .001$), supportive relationships ($r=.43$, $p < .001$), mindful awareness ($r=.43$, $p < .001$), self-compassion and purpose ($r=.48$, $p < .001$), mindful relaxation ($r=.41$, $p < .001$) and supportive structure ($r=.50$, $p < .001$).

At the next step of the regression analysis, unstandardized and standardized weights, effect sizes, significance of regression coefficients, R^2 and adjusted R^2 values were checked and results were presented in Table 2.

Table 2: Summary of linear regression analysis
for mindful self-care dimensions predicting well-being (N= 262)

Variable	B	SE	β	T	P	R^2	ΔR^2
(Constant)	45.01	3.58		12.57	.000	.40	.39
Physical care	.26	.09	.14	2.64	.009		
Supportive relationships	.48	.17	.16	2.82	.005		
Mindful awareness	.54	.19	.16	2.78	.006		
Self-compassion and purpose	.32	.12	.17	2.72	.007		
Mindful Relaxation	.34	.15	.13	2.36	.019		
Supportive Structure	.61	.20	.19	3.04	.003		

Notes: $F(6, 255) = 28.97$, ($p = .000$).

Table 2 displays that the regression model significantly predicts the well-being scores of students studying in mental health fields ($F(6,255) = 28.97$, $p < .001$). The adjusted R^2 value of .39 shows that physical care, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation and supportive structure account for 39%

of the variance in the well-being levels of participants. When individual variables were checked against their unique contributions shown in beta coefficients supportive structure has the highest contribution for explaining the variance ($\beta = .19, t = 3.04, p < .01$) in well-being followed by self-compassion and purpose ($\beta = .17, t = 2.72, p < .01$), supportive relationships ($\beta = .16, t = 2.82, p < .01$), mindful awareness ($\beta = .16, t = 2.78, p < .01$), physical care ($\beta = .14, t = 2.64, p < .01$) and mindful relaxation ($\beta = .13, t = 2.36, p < .05$).

4. Discussion

This study was an attempt to examine the role of mindful self-care dimensions in predicting well-being among mental health candidates. Based on this premise, physical care, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation and supportive structure were proposed as the predictor variables of well-being. The results of multiple linear regression analysis showed that these variables account for 39% of the variance in well-being scores of counseling and psychology students. In addition, all of the mindful self-care dimensions were found to have positively significant relationships with well-being.

The results of the study displayed that, among all, supportive structure that is constituting a supportive living environment such as committing to a time table and forming promoter conditions for the job/school work and balancing out the environmental demands is the highest predictor of well-being in mental health candidates. One of the drawbacks that young mental health students and professionals may face is the school/work-related stress that may lead to harmful psychological effects in these groups (Skovholt and Ronnestad, 2003). Thus, as a preventive way to cope with such stress and here at burnout, candidate therapists or therapists may use planning skills to manage their school/work schedule such as by pursuing a rational load and generating a promoter environment (Killian, 2008). This premise may also be valid in candidate therapists who may experience challenges to protect their personal zones in the face of environmental demands. So as to balance the expectations perceived from the environment, these individuals are also recommended to set up and take a stand on their personal and professional boundaries (Corey, Muratori, Austin II and Austin, 2008).

Another finding of the study distinctly indicates that self-compassion and purpose that is a compassionate and purposeful attitude with the self is another road to well-being in mental health candidates. Counseling training and profession require therapists to put up their own feelings out of the therapy room, set plans and goals for the problems and stories presented and have an objective and compassionate view toward their clients. However, getting such a compassionate for others and goal directed stance may sometimes impair therapists' own compassion and goal orientation in their personal life by leading to the phenomenon of compassion fatigue and burnout (Figley, 2002; Patsiopoulos and Buchanan, 2011). Thus, it can be frankly indicated that in addition to raising compassionate feelings toward clients, holding a kind and tolerant

attitude for the inner self and suffering as well as leading a purposeful life appear as protective care factors functioning against the burdens and challenges of both counselor education and also counseling profession.

Following the supportive structure and self-compassion/purpose agents of care, supportive relationships were also found to have significantly positive effects on well-being. Traditionally, the support dimension of self-care implies the promoter personal or professional support mechanisms (Richards, Campenni and Muse-Burke, 2010). The supportive connections factor of self-care embedded in this study implies to intentionally choose and maintain positive alliances. Such supportive relations as in the form of personal support can be established with friends, couples, family or colleagues that facilitate both personal and professional involvement (Coster and Schwebel, 1997). In other words, perceiving promoter and positive individuals around and creating times to meet with these individuals seem to be a wellness agent for the mental health students.

Given the findings over the predictor roles of mindful awareness on well-being, mindfulness was also found to be a positive significant factor of wellness. Mindfulness is a specific way of orienting attention to the inner and external present experiences (cognitions, sensations, physical existence) through a non-judgmental and accepting stance (Germer, 2005; Kabat-Zinn, 1994). In fact, the efforts to cultivate mindfulness as a self-care agent is not a new effort and there are many studies indicating mindfulness as a healing factor for therapists and also candidate mental health professionals (Christopher and Maris, 2010; Christopher and Schure, 2006; Dorian and Killebrew, 2014; Felton, Coates and Christopher, 2013; Richards, Campenni and Muse-Burke, 2010; Shapiro, Brown and Biegel, 2007). Supportively, this study also shows that a holistic, accepting and consistent attitude toward feelings, cognitions and actions is a healing factor acting as a care agent of well-being.

The study further implements that physical care is also another significant contributor of well-being in mental health candidates. Physical care involves properly meeting the hydration, nutrition and exercise needs of the body (Cook-Cottone and Guyker, 2018). It is a well-known fact that a healthy body reacts to the stress more favorably than an unhealthy body. In other words, getting adequate water, food and exercise is a precursor of physical wellness as well as psychological well-being which is also the case in this study (Davis, Eshelman and McKay, 2008; Cook-Cottone and Guyker, 2018). Similar to physical care, mindful relaxation is another factor significantly predicting well-being scores. Mindful relaxation includes specific self-soothing and calming activities individuals use through their inner capacity to relax (Cook-Cottone and Guyker, 2018). Counselors or candidate counselors often expend time to teach and cultivate relaxation hints and techniques to their clients' wellness. A similar assumption can also be recommended for themselves that they also should engage in such relaxation practices for their own well-being and resilience (Richards, Campenni and Muse-Burke, 2010).

4.1 Limitations

The study has a number of restrictions that other researchers should take into account while making inferences. Initially, in spite of purposefully selecting, randomization wasn't conducted to select the sample. Thus, randomly drawing the sample from a larger sample group would disclose incompatible results than this study. Moreover, all of the participants were selected from one private school who may reflect the same socio-demographic characteristics. So, researchers should be critical to the generalizability criterion for the findings of this study.

References

- Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.
- Christopher, C. J. & Maris, A. J. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research*, 10(2): 114-125.
- Christopher, C. J. & Schure, M. B. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology*, 46 (4): 494-509.
- Cook-Cottone, C. P. (2015). Incorporating positive body image into the treatment of eating disorders: A model for attunement and mindful self-care. *Body Image*, 14, 158-167.
- Cook-Cottone, C. P. & Guyker, M. W. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness*, 9:1, 161-175.
- Corey, G., Muratori, M., Austin II, T. J. & Austin, A. J. (2018). *Counselor self-care*. VA: American Counseling Association.
- Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, 28, 3-13.
- Davis, M., Eshelman, E. R., & McKay, M. (2008). *The relaxation and stress reduction workbook* (6th ed). Oakland, CA: New Harbinger Publications.
- Dorian, M., & Killebrew, J. E. (2014). A study of mindfulness and self-care: A path to self-compassion for female therapists in training. *Women & Therapy*, 37(1-2), 155-163.
- Felton, T. M., Coates, L., & Christopher, J. C. (2015). Impact of mindfulness training on counseling students' perceptions of stress. *Mindfulness*, 6 (2), 159-169.
- Figley, R. C. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *JCLP/In Session: Psychotherapy in Practice*, 58 (11), 1433-1441.
- Fraenkel, J., Wallen, N. & Hyun, H. (2011). *How to design and evaluate research in education* (8th ed.). US: McGraw-Hill Education.
- Germer, G. (2005). What is mindfulness? In G. Germer, R. Siegel, and P. Fulton (eds), *Mindfulness and psychotherapy* (pp. 1-27). New York: Guilford

- IBM Corp. (2011). *IBM SPSS statistics for windows. Version 20.0*. Armonk, NY: IBM Corp.
- Kabat-Zinn, J. (1994). *Mindfulness meditation for everyday life*. London: Piatkus Books.
- Kearney, K. M., Weininger, B. R., Vachon, L. S. M., et al. (2009). Self-care of physicians caring for patients at the end of life “being connected . . . a key to my survival”. *JAMA*, 301(11), 1155-1164.
- Killian, K. D. (2008). Helping til it hurts? A multimethod study of compassion fatigue, burnout and self-care in clinicians working with trauma survivors. *Traumatology*, 14, 32–44.
- Korkut-Owen, F., Doğan, T., Demirbaş-Çelik, N. & Owen, W. D. (2016). Development of well star scale. *Journal of Human Sciences*, 13:3, 5013-5031.
- McGarrigle, T. & Walsh, A. C. (2011). Mindfulness, self-care, and wellness in social work: effects of contemplative training. *Journal of Religion & Spirituality in Social Work: Social Thought*, 30:3, 212-233.
- Maslach, C. (1978). The client role in staff burn-out. *Journal of Social Issues*, 34, 111-124.
- Patsiopoulos, T. A. & Buchanan, J. M. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice*, 42:4, 301–307.
- Richards, C. K., Campenni, E. C. & Muse-Burke, L. J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling*, 32:3, 247-264.
- Riegel, B. Jaarsma, T. & Strömberg, A. (2012). A middle-range theory of self-care of chronic illness. *Advances in Nursing Science*, (35), 3, 194-204.
- Salvucci, P. (2001). *Self-care now! 30 tips to help you take care of yourself & minimize caregiver burnout*. USA: Pauline Salvucci.
- Shapiro, L. S., Brown, W. K. & Biegel, M. G. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1:2, 105–115.
- Skovholt, T. M., & Ronnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development*, 30, 45–58.
- Slonim, J., Kienhuis, M., Benedetto, D. M. & Reece, J. (2015). The relationships among self-care, dispositional mindfulness, and psychological distress in medical students. *Medical Education Online*, 20, 1-13.
- Williams, I., Moore, D. & Gambrel, E. L. (2010). Perspectives on self-care. *Journal of Creativity in Mental Health*, 5, 320-338.
- Ziguras, C. (2004). *Self-care: Embodiment, personal autonomy and the shaping of health consciousness*. London: Routledge.

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