

ANOTHER CHAPTER IN THE STORY:  
AN ANALYTIC AUTOETHNOGRAPHY OF MY JOURNEY  
THROUGH THE MENTAL HEALTH SYSTEM

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Degree of Masters of Education, School and Counselling Psychology Program  
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## Abstract

It is a common practice for therapists-in-training and experienced therapists to ensure their self-care and ethical competency requirements through seeking and maintaining therapeutic counselling when dealing with significant personal concerns (Moulden & Firestone, 2010; Overall & Paulson, 2004; Spelliscy, 2009; Pope, Sonne, & Green, 2006; Amundson, 2009; Tjetviet & Gottlib, 2010). However, therapists-in-training and experienced therapists have reported challenges and barriers that arise when making the decision to seek and maintain therapy. Some of these challenges and barriers of seeking and maintaining therapy noted in the current research literature, includes concerns of public and self stigmas, a fear of emotion, fear of treatment, confidentiality concerns, difficulties with the choice, accessibility, and acceptability of therapists' credentials or educational programs, and the actual financial costs associated with obtaining therapy (Dearing, Maddux, & Tangney, 2005; Komiya, Good, & Sherrod, 2000; Holzman, Searight, & Hughes, 1996; Ey, Henning, & Shaw, 2000; Siebert & Siebert, 2007; Barnett & Hillard, 2011; Gilroy, Carroll, & Murra, 2002; Siebert, 2005). Similarly, current research literature regarding the challenges and barriers that Asian individuals face when deciding to seek or maintain therapeutic counselling, have also reported a list of institutional and sociocultural barriers to seeking services (Shea & Yeh, 2008; Sue & Sue, 2003; Braun, Tanji, & Heck, 2001; Park & Kim, 2008; Tsang, Tam, Chan, & Cheung, 2003; Chen & Mak, 2008; Akutse & Chu, 2006; Zane & Yeh, 2002).

Acculturation is the process of adapting to behaviours, values, knowledge, and identity of the dominant society (Kim & Abreu, 2001). It has been found, that different levels of acculturation will affect an individual's level of tolerance towards social, professional, and cultural stigmas, as well as their level of confidence in seeking therapy (Zhang & Dixon, 2003). Leong & Lau, 2001, stated that an individual's level of acculturation has a major influence on the attitudes towards seeking therapy. It is these themes in the current research literature on the challenges and barriers to seeking and maintaining therapy that resonated with my own personal experience navigating through the mental health system for therapeutic support as a first generation Asian individual, therapist-in-training. Being an acculturated first generation Asian and therapist-in-training, through careful consideration, I use analytic autoethnography as my methodology to explore, reflect, and share my experiences and journey navigating through my self-care journey before and after my father's death. With the use of analytic autoethnography, I

bring together parallels between my personal experience with what themes are noted in current research literature on the challenges and barriers to seeking and maintaining therapy.

*Keywords:* self-care, self-awareness, personal growth, personal development, burnout, stress, challenges, barriers, avoidance, competency, Canadian Code of Ethics for psychologists, helping professionals, student therapists, therapists-in-training, experienced therapists, Asians, acculturation, mental health, counselling, and therapy.

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## **Dedication**

This thesis is dedicated in memory of my dad, who died suddenly on July 1, 2007 in second year of my Masters training. Regardless of our past, I love you and miss you so much. You taught me to “always finish what you start”. I am proud to tell you that I am finished my thesis!

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## **Chapter 1**

### **Introduction**

Through exploring my journey of self-care, my analytic autoethnographic study will explore the challenges and barriers I experienced while seeking and maintaining therapeutic counselling as an acculturated Asian, therapist-in-training, before and after my father's death. As I explore the current research literature, I describe in more detail those challenges and barriers of seeking and maintaining therapy for individuals, therapists-in-training, experienced therapists, and Asian individuals; and then examine those challenges and barriers in comparison to my personal experiences. It is my hope that exploring and sharing my journey of healing, self-care, and personal growth through seeking and maintaining therapy, it will add to current research literature by helping the reader further understand, relate, and build insight into their own experiences of seeking and maintaining therapy in differing cultural and professional roles. Furthermore, I hope that by sharing my story, reflections, and insights as I overcame some of the challenges and barriers to seeking and maintaining therapy, the reader is also able to feel a sense of connection to my experiences, and take some of those learnings to overcome any challenges and barriers they are experiencing with seeking and maintaining therapy.

In this chapter, I will do a brief overview on the themes in the current research literature that lead to the rationale of the research topic that is in relation to my journey through seeking and maintaining therapeutic counselling. From here, research questions are presented to further guide my inquiry. Following the research questions, will be a brief summary of my background, identity, culture, and life events which have led me down the specific therapeutic journey of self-care through the mental health system. In Chapter two, I will further expand on the themes found in the current research literature. I will explore the current research literature on what self-care is, how self-care is described in relation to this research topic, the importance of self-care, and how self-care and fostering self-awareness and personal development, are fundamental ethical requirements to the Canadian Code of Ethics for Psychologists. Next, I review the reported challenges and barriers that individuals, therapist-in-training, and experienced therapists face when deciding to seek and maintain therapy. Following this, I report the challenges and barriers Asian individuals face when deciding to seek and maintain therapy; and lastly explore the concept of acculturation and how levels of acculturation affect an individual's choice in seeking therapy. As the chosen method for my research, I will do an overview of Anderson's

(2006) analytic autoethnography in Chapter three. I will discuss the criticisms and limitations, benefits and strengths to using analytic autoethnography, and give further details on my data collections and data analysis techniques. Chapter four will be my data collection. Keeping in mind Anderson's (2006) five concepts of analytic autoethnography, I choose carefully and transcribe excerpts of my journals and daytimers, and provide field notes along the way that describe the themes in regards to the challenges and barriers to seeking and maintaining therapy before and after my father's death. Lastly, Chapter five, will be my data analysis, where I compare the themes noted in my experiences in relation to the current research literature, present any additional challenges and barriers noted in my experience, share my learnings and insights to overcoming those challenges and barriers, and provide future considerations for future research.

Due to the differing terms found in the current research literature that refer to the same concept, there are several terms that are used synonymously throughout the research document. Examples of this include interchanging words such as therapy, therapeutic counselling, therapeutic support, and counselling. As well, this includes interchanging terms such as personal development, personal growth, and personal wellness. However, I will ensure to be conscious of specifying, where possible, any specific use of any of these terms.

### **Overview of the Themes in Current Research Literature**

Current research (Moulden & Firestone, 2010; Everall & Paulson, 2004; Spelliscy, 2009; Pope, Sonne, & Green, 2006; Amundson, 2009; Tjetviet & Gottlib, 2010) suggests that even though it is a common practice for therapists-in-training and experienced therapists to ensure their self-care and ethical requirements through seeking therapeutic counselling when dealing with significant personal concerns, there are still many reported challenges and barriers that arise when making the decision to seek or continue therapeutic treatments (Dearing, Maddux, & Tangney, 2005; Komiya, Good, & Sherrod, 2000; Holzman, Searight, & Hughes, 1996; Ey, Henning, & Shaw, 2000; Siebert & Siebert, 2007; Barnett & Hillard, 2011; Gilroy, Carroll, & Murra, 2002; Siebert, 2005). Some of these challenges and barriers noted in the current research literature include concerns of social stigma or censure (either by faculty, colleagues, other students, clients, or friends), fear of emotion, fear of treatment, confidentiality, difficulties with the choice, accessibility, and acceptability of therapists' credentials or educational programs, and not to mention the actual financial costs associated with obtaining therapy (Ey, Henning, & Shaw, 2000; Gilroy, Carroll, & Murra, 2002; Dearing, Maddux, & Tangney, 2005). These

challenges and barriers can affect whether a therapist-in-training or an experienced therapist decides to seek or not seek support services designed to work through their past or present concerns. Subsequently, these decisions may have a direct impact on their professional practice and longevity in this challenging profession (Roach & Young, 2007).

Similarly, current research literature regarding the challenges and barriers that Asian individuals face when deciding to seek or maintain therapeutic counselling, have also reported a list of institutional and sociocultural barriers to seeking services (Shea & Yeh, 2008; Sue & Sue, 2003; Braun, Tanji, & Heck, 2001; Park & Kim, 2008; Tsang, Tam, Chan, & Cheung, 2003; Chen & Mak, 2008; Akutse & Chu, 2006; Zane & Yeh, 2002). At the institutional level, some of these challenges and barriers noted in the current research literature include a lack of culturally competent therapists and services; reporting differing values between Asian individuals and the therapist's "Western" model of counselling, and a difference in communication styles (Sue & Sue, 2003; Park & Kim, 2008). Likewise, with sociocultural barriers that Asian individuals face when deciding to seek or maintain therapy, include the concept of "saving face", in regards to preserving family honour, maintaining familial hierarchy, having emotional restraint, and avoiding shame to themselves and their family members (Zane, & Yeh, 2002).

Acculturation is the process of adapting to behaviours, values, knowledge, and identity of the dominant society (Kim & Abreu, 2001). It has been found, that different levels of acculturation will affect an individual's level of tolerance towards social, professional, and cultural stigmas, as well as their level of confidence in seeking therapy (Zhang & Dixon, 2003). Leong & Lau, 2001, stated that an individual's level of acculturation has a major influence on the attitudes towards seeking therapy. Though I am Asian in background, raised with an Asian perspective and have adapted a Western perspective and lifestyle by living in Canada all my life, concepts of acculturation have also affected my challenges and barriers to seeking and maintaining therapy.

It is these themes in the current research literature that resonated with my own personal experience navigating through the mental health system for therapeutic support. Being that I am a therapist-in-training, of Asian background, and acculturated to a Western perspective, I realized that there were challenges and barriers experienced when making the decisions to seek and maintain therapy. Through using analytic autoethnography, I hope to explore and share my experiences and insights as I navigate through my therapeutic journey before and after my

father's death, while bringing together parallels between my experience and what has been reported in current research literature.

### **Rationale and Research Questions**

As stated in the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2001), it is a basic expectation to do no harm; thus it is incumbent upon both psychologists and students enrolled in professional psychologist training programs to consider their own wellbeing; so as to limit the potential harm and maximize benefits for present and potential clients. Principle II in the Canadian Code of Ethics for Psychologists (p.63) states the importance of maintaining competence and increasing self-knowledge; and how important self-awareness is in relation to the accuracy of our professional judgements and interpretations (Canadian Psychological Association, 2001). Thus, one way to limit potential harm to clients is when therapists-in-training and experienced therapists actively engage in self-reflection through seeking appropriate self-care activities, whether it be taking time off engaging in other hobbies or activities (e.g. journaling, art making, physical activity, meditation, etc.), or seeking therapeutic counselling to prevent or avoid conditions such as burnout or other unhealthy related conditions that could impair personal judgement. Because of this, it becomes important and essential that seeking self-care activities is a vital part to professional practice in counselling. Related to this research topic, I will refer more specifically to seeking therapeutic counselling as a form of self-care, as this was for me, a self-care route that was most beneficial to facilitating self-awareness, self-reflection, and self-knowledge; and one that presented with challenges and barriers.

My research will be guided by a central question: What are the challenges and barriers of seeking and maintaining therapeutic counselling as an acculturated Asian therapist-in-training? Secondary questions to this central question are: 1) Why are self-care, maintaining personal development, and building self-awareness important to therapists-in-training and experienced therapists? And how is fostering self-awareness and maintaining self-care related to the competency requirements of the Canadian Code of Ethics for Psychologists, and the Canadian Counselling and Psychotherapy Association? 2) What are the challenges and barriers that therapists-in-training and experienced therapists face when deciding to seek and maintaining therapy? 3) How do Asian perspectives on seeking therapy affect the decision to seek and maintain therapy?

## **Background Overview**

### **Coming to Canada, Growing up, and School**

As a first generation Asian Canadian, I was initially brought up with traditional Chinese values, perspectives, and scripts. Showing emotions, and discussing of personal conflicts were seen as disrespecting family privacy and not “saving face” in the Chinese culture. However, as I immersed into the Western culture, my lack of emotional expression was being interpreted as being emotionally closed, not personable or genuine. Other Asian cultural messages, such as the beliefs that one’s involvement in counselling was only for the mentally insane, or beliefs that if you cannot deal with your own problems within the family you are “weak”, were messages that I grew up with. The idea of asking for help or seeking therapy from someone outside of the family was a challenge right from the beginning for me.

My story of becoming acculturated Asian, as well as the journey through the mental health system as a therapist-in-training, started back when I was born in Taiwan and immigrated to Canada with my parents when I was six month old. Once in Canada, we moved into a multigenerational household with my dad’s parents, and my uncle. Soon after arriving to Canada, my grandfather passed away, and a progressive decision was made by my father and uncle to place my grandmother into a Chinese senior’s apartment building. From there we all moved into separate homes, versus continuing to live in a multigenerational household.

My parents and I moved into our first apartment in an area of the city, which in the 1980’s was considered a modest neighbourhood consisting of primarily Caucasian middle to lower income class families. As new immigrants, my parents worked hard to provide for the family, and as an outcome, did not provide themselves with the same opportunities to socialize with other individuals in the community. As well, because of the primarily Caucasian community we lived in, there were also limited opportunities for my parents to interact with other Asian families. Due to these circumstances, I remember growing up hidden from the Western world, and isolated at home with very traditional Chinese values, perspectives, scripts, and language instilled in me. This is where the concept of “saving face” really became a prominent lesson in my identity. I remembered my parents being very concerned with how others perceived our appearance, and how our appearance related to our economic status, and how our status and behaviours would indicate where our level of class and sophistication was at. I remember my parents keeping family conflicts and emotional discussions private within the

family, and would never speak of any immigrant hardships to anyone else. I remembered that I had to act and be perfectly behaved when I was not at home. Because my parents had this vigilant concern regarding my outward perceptions, I grew up with persistent worry from my parents about the potential judgement from others. One significant decision made by my parents that was related to this worry of judgment from others, was in addition to starting me in a Chinese school, they also started me in a prestigious French immersion school that was in a neighbouring affluent community. By attending this school, it would give others the perception that I was from a family that was financially well off.

In school I learned to communicate in French. I learned English through classmates during recess. At home, I communicated in Mandarin. It was not until grade five, when I took my first English class. It was not until I started to take English classes that I really began to communicate and socialize with the other students. Western language patterns, tenses, idioms, metaphors, and sarcasm were unknown to me at the time; as I never learnt about them at home. But as I slowly socialized and made friends, I started to learn and incorporate not only the language, but Western culture into my way of thinking, behaviour and perspective. Growing up with these differing cultural perspectives, I struggled with balancing the Asian and Western perspectives of thinking, behaving, and feeling. With my Asian identity governed around “saving face”, a strong awareness of what other people think of you, keeping conflict and emotions private and within the family, respecting family and elders, withholding strong emotions, and being more passive in communications, versus the Western identity, where I learned that it was appropriate for emotional expression, individuality, openness in communication, and that it was ok to take care of yourself first; I struggled to find balance. I realised I was starting to live in cognitive dissonance, where I constantly would hold two opposing ideas about the same topic. In Chapter 2, I explore more the differences between Asian and Western perspectives and its relation to my journey seeking and maintaining therapy.

As I finished up junior high and entered high school, I continued work towards incorporating both Asian and Western identities. At home, around family members, or at Chinese school, I felt more compelled to be well behaved and be conscious of the traditional Asian values. Examples include, not talking back to my parents or teachers, keeping emotional issues quiet and personal, placing family first, having high expectations on school and extracurricular lessons (piano, swimming, and gymnastics), and always being aware of my

behaviour and attitudes in public. When I was at public school and around friends, I adopted a Western perspective; such as verbalizing my opinions, attempting to express emotions, placing my personal needs first, working towards an attitude of “trying your best” versus having to be perfect, and working towards being less judgmental of myself and less worried about what others thought of me.

Because our family did not socialize with many other Asian families growing up, primarily due to the community we resided in the city, most of my friends became predominantly Caucasian. I began to develop a significantly strong Westernized perspective in my personality by the time I was finishing high school. My father started calling me a “banana” and “selfish”, stating that I was not Asian anymore, and that even though I was “yellow” on the outside (a slang term for being Asian), I was “white” on the inside. I was criticized for putting any personal needs first, accused of not caring about the family, and I had many of my behaviours, decisions, opinions, and perspectives disapproved of, as they were not accepted by my parents. Though I had incorporated and acculturated to a level of Western culture, I still struggled with the balance between Asian and Western differences around family members. I felt I was letting my parents down with who I was becoming.

### **Leaving Home, University, and Life**

In 1999, right after high school, I entered a University and enrolled in a biochemistry program. The University was not in the same city I was raised. Leaving home at seventeen years old, renting, and applying for a student loan was hard for my parents to accept; as they felt obligated to financially help me out, and physically watch over me. They felt it would have been more financially sensible to stay in the same city as them, and that my morals and values would be less affected by staying at home. Needless to say, entering a world outside of my city and parents home really changed my perspective on life. I found myself sifting through the lessons I learned from my parents, and the life lessons I learned; and coming up with a new set of perspectives, morals, and values that incorporated a mix of Asian and Western culture that worked best for me. In my second year of University I switched my major from biochemistry to psychology, and experienced my first supportive therapy session. As a result I started to realize how I was still dealing with personal and emotional issues in my life in a very traditional Asian way; despite becoming quite acculturated to a Western perspective. I realized that I was very emotionally closed, reluctant to share or express my emotions, and held myself to a standard of



perfection much like the one my parents held to me. This realization challenged my healing processes through therapy. I was always in cognitive dissonance, and struggled to choose what to believe.

My desire to become a psychologist began in 2000 when I made the decision to switch majors in university from biochemistry to psychology, when I realized that I was not excelling in physics, and that I had strong interests in human behaviour and helping others. That same year, my maternal grandmother passed away and feelings of grief set in, I started to become aware of the importance of ensuring personal healing to keep mentally healthy. At this point in time, I began to build awareness and hesitation in regards to whether I should seek therapy since I would be actively pursuing professional connections and employment opportunities to support a career in counselling psychology in the years to come. I had tried other forms of self-care to help manage the feeling of grief, such as engaging in physical activity, journaling, and meditation, but felt that I needed more to help move past the grief. I knew that it would be healthy to seek therapy to help the grief I was experiencing, but I was feeling an odd sense of self-judgement for choosing to speak to someone other than family and friends about such personal emotions. I worried about seeking support from a therapist that may in the future become colleagues. I worried about confidentiality, and whether I could trust a stranger with details of my life. I worried that the therapist would think I would be “crazy”, and start me on medications or give me a diagnosis; and lastly I worried that seeking therapy for grief would open deeper issues I may not have previously dealt with and end up creating more emotional turbulence. In addition to these fears, I felt I also had cultural differences that affected my decisions to seek support; such as worrying about what my parents and other family members would think of me seeking support outside of the family, worrying about how I would emotionally open up, and staying emotionally in control. In the end, I placed some of these fears aside, as there were still many years away before becoming a psychologist. I decided to seek and maintain therapy after my grandmother’s death, and focused on my journey to staying mentally healthy during my undergraduate psychology program.

I completed my undergraduate degree in psychology in 2004, and during this time, I continued to experience many losses. I lost my maternal grandfather in 2002, my paternal grandmother on my father’s side in 2003, and my uncle in 2004, whom all raised me growing up in a multigenerational household. I had also experienced my first romantic relationship break up.

I had found my involvement with counselling quite effective at that point, and decided to continue to seek therapy to help manage feelings of grief, managing emotions, building awareness and insight on future life goals, reflect on personal expectations, developing personal identity, and accepting the challenges of growing into an adult. However with all the benefits received from seeking and maintaining therapy, I was also becoming more conscientious of some of the challenges and barriers to maintaining therapy as I dove deeper in trying to sustaining longer term therapy.

During the time in undergraduate university, I saw three different therapists (2 psychologists, and 1 social worker), due to a change in staffing at counselling facility for students. All three therapists only offered short term counselling, with a maximum of six sessions, which was not adequate to help manage personal issues, in addition to the grief experienced through my undergrad experience. With each therapist I struggled with how to express my emotional ambivalence. It was a challenge to find a therapist that not only provided long term therapy but also did not cost a lot of money per session. As I started to dive deeper into my career path in psychology, it became even more important to me to ensure my anonymity, confidentiality, and professionalism as a future therapist. It became even more important to find a therapist within an organization that I would not eventually be completing a practicum placement, an employment prospect, or volunteer opportunities with. In these years of seeking therapy, it helped develop my awareness of how therapy challenged my personal identity, and how culture has affected how therapy is sought out, and how therapy is maintained. My engagement in therapy challenged how I defined what self-care and self-awareness meant to me. It challenged my character development, and my professional development.

I moved back to my parent's home in 2004 when I completed my undergraduate degree, and finished the remaining sessions I had with counselling. Being financially tight and unemployed, moving back home was a straightforward decision to make at the time. However moving back home came with noticeable changes in my relationship with my parents. There was difference in opinion around how I had chosen to live my life; from having to be back home at a specific curfew time, to my parents feeling like I talked too much by expressing my thoughts and emotions, to disliking how I dressed, what I ate, and how I acted around my friends. I did not have a job or career after school was finished. I was, in their eyes, a failure. I had planned a backpacking trip to South East Asia the summer of 2004, which was considered "selfish" by my

family's standards. The idea that I was doing a trip for myself, paid for by my part time jobs, and to go ahead with an experience that explored more of the world was not acceptable to my parents. It was expected that I saved my money, focused on getting a career, and placed more focus on supporting the family after my uncle's death. With a difference in opinion, I made a difficult decision, chose to place my needs first, decided to go on the trip, and decided to focus on my career path when I returned.

### **Becoming a Therapist-in-Training**

It was not until after I returned back home from back packing South East Asia in late 2004 that I started to focus again on my career path in counselling psychology. I made the decision to be independent from my parents, and I started to look for a place to rent. I enrolled myself in a post undergraduate counselling diploma to improve on my GPA for application into a Masters in counselling psychology program. On my trip, I had taken significant time to reflect and re-evaluate who I was as a person, and who I wanted to become. I took time to figure out what I liked about myself, and what I did not like about myself. It was as though, I started to pick and choose which aspects and characteristics of myself I liked and which I disliked, and which Western or Asian values and perspectives I wanted to retain and which I wanted to discard. I had started to adapt the perspective and importance of ensuring self-care, which was considered "selfish" by my family's standards. The idea that I was focusing on myself and not on my family was not accepted or understood.

In the following two years while finishing my counselling diploma certificate, I maintained a full time job in mental health within a government funded facility, a part time clerical job with a government funded facility, and volunteering with five different mental health organizations. I was hoping to boost my résumé to help my application into graduate school, as well was trying to prove to my parents that I could be financially independent from them. With the busy lifestyle I created for myself, I realized for the first time what the feeling of burnout was like. I decided to seek counselling support for burnout, and felt limited in the counselling services I could access, as I was diving deeper in pursuing my career in counselling psychology. I found myself experiencing some other types of challenges and barriers of seeking therapy as a therapist-in-training.

When deciding which facility and therapist to see for burnout support, the fear of someone possibly recognizing me from a facility that I was employed or volunteered at became

more significant. With being employed and volunteering within the mental health system, enrolled in a counselling diploma program, applying for a Masters in Counselling Psychology, and living in the city I grew up in; I found myself caring about the stigma and judgements of what other professionals, colleagues, family and friends would think of me and my involvement with therapy.

During this time, being limited in funds became another obstacle for deciding whom to seek therapy with. Seeking private therapy back then was then out of the question, as I could not afford it. I settled with therapy with a psychologist through a non-government funded counselling program with a sliding scale that provided six to nine sessions of therapy versus going through government funded programs that had the option to provide longer term therapy. The added problem with this therapy option was that I had friends that were completing a practicum placement for their Masters of Counselling Psychology program at this same facility. I consistently found myself booking sessions, at times in order to avoid encountering them. I worried even more about confidentiality and access to my client file. However, despite the challenges and barriers I experiencing while seeking and maintaining therapy with this counselling option, I benefited by developing further insight into my personal growth, continued reflecting on which Asian and Western perspectives and values that benefited me, and learned how to cope and set boundaries within my relationships, between family, colleagues, and friends. I learned what it was like to be in the role of a client, I was learning about different therapeutic styles, and further realized my motivation to pursue a career as a therapist.

It was not until I was accepted into my Master's program in 2006, where I really felt the challenges and barriers of seeking and maintaining therapy, as I was now officially a therapist-in-training. I had decided, when I moved to Saskatoon, that it would be best to continue my involvement in therapy while enrolled in school to continue to deal with past personal issues, continued grief support, as well as maintaining self-care, and burnout prevention. In Saskatoon, I was faced again, with challenges and barriers in deciding where to seek therapy as I was another step closer on my path towards becoming a therapist. With a low student budget, preparing for practicum placements, and being part of a small cohort of other graduate students, finding a facility for counselling support that ensured a level of confidentiality and anonymity became an obstacle. I focused on looking for a counselling facility that I would not be doing a practicum placement with, and a place where I would not be recognized in the future. I became

sensitive and worried about what the other students and faculty members would think of my competence as a practicing therapist-in-training. I was really beginning to understand the stigmas of seeking therapy from a client's perspective; however I was also questioning myself whether the concept of "saving face" was increasing my anxiety of others knowing that I needed help.

I was new to the city, and was not initially familiar with counselling services in the city. I started off involved in a counselling services offered to students, as it was most convenient. Because of my involvement at this facility, I felt that it automatically eliminated that facility as a potential practicum placement option. The second therapist was accessed through a student medical facility. These facilities where I was seeking therapy also offered practicum placement opportunities for other faculties, there were a lot of therapist turnovers, which also added to the challenges of seeking ongoing support from the same therapist.

When I started graduate school, I was connected to two therapists; a psychologist and a social worker. Both therapists offered short term counselling, up to six sessions; however switching from the psychologist to the social worker was due to the client-therapist relationship not being the best fit. This was one of the first times I realized that having a culturally sensitive therapist was important to my therapy. Other challenges and barriers to seeking and maintaining therapy also started to present during this time, such as comments from the therapists I should be able to work through my concerns with the counselling skills I was learning through my program as a therapist-in-training. Words such as "high functioning" were used to describe my personality, which was beginning to make myself question whether I was even an acceptable candidate for therapy. I was beginning to wonder whether I needed a different type of therapy or self-care activity, or a different type of therapist with a different set of credentials, or a therapist with a different therapeutic approach. The comments from the therapists added to my insecurities related to seeking therapy and added to the stigma and apprehensions regarding how my confidentiality would be maintained. I realized that the type, acceptability, and credentials of the therapists were becoming very important to me.

### **My Father's Death**

My father passed away suddenly back home in the summer of 2007 just before my second year of my Masters in a Counselling Psychology program. The idea of taking time off schooling was not an option. Culturally, I knew that my father would have disapproved of me

taking a leave from school to deal with grief issues. My family also placed pressure on me to complete my schooling as it would honour my father's wishes. Thus, I returned to school only a couple months after his passing, despite emotionally feeling that I was not ready to go back. My mother struggled with his death, and I knew that part of my duty as the first born child was to be in charge of some of the estate decisions, as well as be a primary emotional support for my mother, even though I would be living in a different city. Part of my strategy to stay emotionally strong for my mother involved making the decision to dive deep into my personal journey of healing through therapy when I returned back to school. I felt that in order for me to help or be of support to anyone else, I needed to ensure that my emotional health was also addressed; and for me, the best way to do so, was through maintaining my involvement therapy. It was during this time, that I realized my father's death affected my engagement with therapy.

Culturally, personal issues such as death were expected to stay in the family and not talked about with others. My father's death was not an easy thing to hide. The students, the faculty, colleagues, and friends became aware of my loss over time. His death, and my emotional pain was not a secret anymore, and I needed to seek out further therapeutic support. I had assumptions that others would view me as not being a competent therapist-in-training, because I needed therapy. I felt misunderstood by others. My strong ability to compartmentalize my personal and professional life was often misinterpreted as not fully dealing with my grief; when it was a personality trait that was engrained in me as a child as a cultural value. I worried constantly of my confidentiality, and the choice and acceptability of therapist, as this became key challenge and barrier to maintaining therapy. By the second year of graduate school, I was connected to two additional therapists after the two I was connected to in the first year. Both therapists I connected with were through the student medical facility. Both offered short term counselling, and both were social workers. Unfortunately I switched from the one social worker to the other due to cultural insensitivity.

In the summer of 2008, one year after my father's death, I moved back home to manage ongoing family affairs related to my father's passing. Being the first born child, there were cultural expectations of helping manage my father's estate. Even after a year had passed, there were still many loose ends to tie up with my father's estate. This ended up being a large weight to manage while trying to provide emotional support for my mother, finish my thesis, work towards professional registration, and to manage my emotional angst and grief. By this time, I

had secured a job working in mental health within a government funded facility. I was attempting to revisit my thesis research, and also trying to find an acceptable counselling option in the city I had just moved back to.

My father's death ended up being more than just grieving his loss. The relationship that I had with my father had many ups and downs. It included years of verbal and physical abuse, which resulted in needing to seek out further longer term therapy in addition to grief therapy after his death. Because these past conflicts between my father and I are unrelated to this thesis topic, I have chosen to omit further discussions and description of details of my relationship with my father to insure aspects of my confidentiality for personal and professional reasons. Due to the complex relationship that I had with my father, grieving his loss also became complicated; which resulted in needing access to ongoing longer term therapy when I returned back home.

When looking for a therapy option in my home town, I initially ruled out going back to the non-government funded facility I had accessed a few years back, as I knew of some other friends that were employed or completing their practicum placements there. Because of this, and because I did not want to access therapy from the same government funded facility I was working at, I decided to seek therapy through a third party employee assistance program through my work. This placed a lot of challenges and barriers around my anxiety with confidentiality, and worries about others judging my professional competency. I ended up connected with a social worker therapist, who I found quite helpful with issues around complex grief, and was culturally conscientious with my therapy. However, because the employee assistance program only offered short term therapy, when I used up the available sessions, I was encouraged and recommended to seek longer term therapy follow up through a program at a government funded facility. My therapist felt there were therapy programs better suited to my emotional needs and grief symptoms. I initially resisted, and was hesitant to access therapy with the government funded facility, where I was also employed. I was afraid of colleagues knowing someone from a therapy program that I would be involved with. I was worried about my confidentiality; worried about having colleagues, friends, family, or clients seeing me seeking therapy. I was worried that my professional competency would be questioned.

Due to this, I turned to private therapy in 2009, instead of seeking therapy through the government funded facility. My involvement in private therapy also presented challenges and barriers to seeking and maintaining therapy; including finding a therapist that was the right fit,

credentials, style of counselling, culturally sensitive, level of confidentiality, and cost. As I continued my efforts to seek and maintain longer term therapy, I ended up finding a private psychologist that offered student pricing (\$130/hr) that I had developed a good therapeutic relationship with, was culturally sensitive, and provided a style of therapy that met my emotional, grief, and self-care needs.

After some time, of dealing with my mother's continuous, strenuous emotional grief symptoms, it became recommended by my private psychologist, that I would need to access some therapeutic counselling services that would be beneficial to my self-care needs that was not offered through private therapy avenues, such as group counselling or grief specific therapy; which were accessed through government funded facility. With the grief from my father's death, and past personal issues that arose from his passing, I found myself in a place where it was essential to start placing my self-care needs above and beyond everything else. I ended up taking a medical leave from graduate school, placed my thesis research on hold, went from full time work to casual work, and had to consistently set boundaries with my mother for how much time I provided to her emotional needs. This was a difficult decision, in that it went against cultural values around supporting family. I was, again, "selfish".

I was reluctant going through a the same government funded facility that I was employed at, as I did not want colleagues to know I had to continue to seek support for my father's death and personal issues that arose after his passing. I felt an immense amount of shame. I felt shame for feeling like I had not dealt with my emotional stressors as a therapist-in-training. I felt shame for feeling like I had let my family down, for not being strong enough to support other family members. I felt shame for feeling like I did not know how to cope. As the emotional baggage got heavier, I eventually made the decision to seek therapeutic services through the government funded facility in order to receive the best self-care services that was recommended. In 2010, I continued to see my private psychologist, until I could not afford any further sessions; while I was also enrolled to see a psychologist with a specific grief counselling program offered through the government funded facility.

I navigated through the mental health system for the next couple years, as I was referred to other individual therapeutic services and other therapeutic groups within this government funded facility. In those years, I saw therapy with a psychiatrist, a social worker, and two more psychologists before I was finally feeling healed. I was finding the balance between managing



Asian and Western ways of emotionally coping, I learnt to manage self-judgement around seeking support, and I started to overcome shame and embarrassment around seeking self-care as a therapist-in-training. These experiences through my healing journey, was one that was enriching, health-promoting, humbling, and life changing. However, it also included a lot of challenges and barriers that added issues of stigma, judgement, fear of emotion, fear of treatment, worries about confidentiality with colleagues, clients, family and friends, the worries around the choice and fit of therapist and their perceived professional competence. Lastly, it challenged my cultural identity, and sculpted my cultural perspectives on seeking therapy. In Chapter four, I will dive deeper into sharing these experiences, and explore the thoughts and feelings of my journey through past journals, notes, and memories. I will explore those challenges and barriers to seeking self-care through therapy, reflect and provide insight as to how I overcame some of these challenges and barriers to ensure my self-care and ethical competency requirement as a therapist-in-training and acculturated Asian.

### **Summary**

I have had the experience to seek and maintain therapy, through academic student facilities, non government funded facilities, government funded facilities, private services, and third party employee assistance programs; both individual and group therapy. With these experiences, I have become familiarized with the challenges and barriers that a therapist-in-training, acculturated Asian can face when trying to seek appropriate therapy for their psychological self-care needs. I have become aware of the details, and consideration that needs to be in place in order to maintain autonomy, dignity, and professionalism through seeking needed supports as a therapist-in-training. It is from these experiences that has lead me to use an analytic autoethnographic research method to explore and build further connections with the current research literature on how my personal experiences, reflections, insights, and the emotions of what a therapist-in-training may be challenged with when choosing to seek and maintain self-care support to maintain professional competency. Using an analytic autoethnographic approach, which will be further described in Chapter 3, will also help to explore the experiences and emotions of how my acculturated Asian role created challenges and barriers when choosing to seek out or maintain therapy, while brining an analytic perspective to help tie themes in my experience with the themes in the current research literature.

Existing current research literature provides a broad overview of challenges and barriers that therapists-in-training, and experienced therapists face when deciding to seek and maintain therapy. These challenges and barriers include the following: issues with confidentiality, public and self-stigma, feelings of isolation/ostracized by other therapists, self-criticism, fear of emotion, the fear of consequences for admitting any personal impairment, fear of treatment, concern regarding the availability and fit of services, and the challenges of personal and cultural values and perspectives that come into play during therapy (Komiya, Good, & Sherrod, 2000; Ey, Henning, & Shaw, 2000; Barnett & Hillard, 2001; Sibert & Siebert, 2007; Dearing, Maddux, & Tangney, 2005; and Gilroy, Carroll, & Murra, 2002). The same goes for research studies observing the experiences of Asian individuals and their perspective on seeking and maintaining mental health services ((Shea & Yeh, 2008; Sue & Sue, 2003; Braun, Tanji, & Heck, 2001; Park & Kim, 2008; Tsang, Tam, Chan, & Cheung, 2003; Chen & Mak, 2008; Akutse & Chu, 2006; Zane & Yeh, 2002).

The Code of Ethics for Psychologists requires that therapists take appropriate measures to ensure self-care to increase self-awareness and self-monitoring with the goal of understanding their own attitudes towards providing therapy (Canadian Psychological Association, 2001). It appears that seeking therapy is one way that helps to enrich the experiences of therapists-in-training and experienced therapists through facilitating personal growth, and self-awareness (Shovholt & Starkey, 2010). With the everyday stresses, life events occurring, and managing arising past issues, seeking therapy can be most beneficial to personal development; which also should be more motivation to seek out therapy to further ensure professional competency. In Chapter 2, I will go into more details with the themes within the current research literature on the challenges and barriers to seeking and maintaining therapy for therapists-in-training and experienced therapists. I will also further explain the ethical competency requirements that therapists-in-training, and experienced therapists have to uphold to ensure their personal self-care.

There is limited qualitative research on how differing cultural and professional roles affect those challenges and barriers to seeking and maintaining therapy. The importance of my research will help to expand the understanding of the importance of seeking and maintaining therapy through exploring my personal journey of healing through the mental healthy system. I will explore the challenges and barriers I was faced with being in the role of a therapist-in-

training, acculturate Asian seeking and maintaining therapy. My qualitative research will be conducted by using an analytic autoenographic methodological approach, that will encompass examining past journal entries, day planners, notes, and recollections of my experiences seeking and maintaining therapy; and then relating those themes with the themes found in the current research literature.

## **Chapter 2**

### **Literature Review**

This chapter presents an overview of the current research literature that is related to the challenges and barriers both therapists-in-training and experienced therapists have reported when deciding to seek or maintain therapy. I have broken down the literature review into four sections. First, I will review the general importance of self-care, maintaining personal development, and building self-awareness through the use of counselling therapy; and a brief summary of whether there is enough emphasis in academic programs and professional development of ensuring self-care as a therapist-in-training and as an experienced therapist. Second, I will discuss the relationship of how fostering self-awareness and maintaining self-care is related to competency and self-knowledge requirements of the Canadian Code of Ethics of Psychologists and the Cod of Ethics for the Canadian Counselling and Psychotherapy Association. Third, a review of the literature of the last fifteen years describing the challenges, barriers, and the rationales of therapists-in-training and experienced therapist's challenges and barriers when seeking or maintaining therapy; and lastly, a review of Asian perspectives on seeking and maintaining mental health support, a definition of what it is to become and acculturated Asian, and how acculturation affects perspectives on seeking and maintaining therapy.

### **Research Questions**

My literature review was primarily guided by a primary question of: What are the challenges and barriers of seeking and maintaining therapeutic counselling as an acculturated Asian, therapist-in-training? To help break down the main question, I used these three sub questions to help guide my literature review:

- 1) Why are self-care, maintaining personal development, and building self-awareness important to therapists in training and experienced therapists? And how is fostering self-awareness and maintaining self-care related to the competency requirements of the Canadian Code of Ethics for Psychologists and the Canadian Counselling and Psychotherapy Association?
- 2) What are the challenges and barriers that therapists-in-training and experienced therapists face when deciding to seek and maintaining therapy?

3) How do Asian perspectives on seeking therapy affect the decision to seek and maintain therapy?

Reading the current literature with these questions in mind, I also looked to explore the themes found in the research questions through the lens of my personal experiences as permitted in an analytic autoethnographic research methodology, which will be presented and explored in the subsequent chapter.

I began this literature review by identifying keywords to be entered in various journal article databases. These key words were: self-care, self-awareness, personal growth, personal development, burnout, stress, challenges, barriers, avoidance, ethical competency, Canadian Code of Ethics for psychologists, helping professionals, student therapists, therapists-in-training and experienced therapists, Asian perspectives, acculturation, mental health, counselling, and therapy. Various combinations of these key words were entered into the journal article databases (Sage, Ovid, ProQuest, Taylor and Francis). Additionally, the University of Saskatchewan's library catalogue was also utilized to locate additional articles on the related key word searches. Lastly, a global internet search was conducted through Google Scholar, to gather any additional articles until no further relevant and accessible literature was found.

Once the literature was collected, I evaluated each article to determine whether it would be included or excluded in the literature review. The factors that were considered this literature review was the reliability of the source, the applicability to the research questions, the scope of the information, the strengths and limitations, and ensuring that the literature was published within the last fifteen years within journals from the United Kingdom, United States, and Canada. This criterion for this literature search was to ensure that the literature was scholarly, focused on the topic at hand, and as recent as possible.

### **Self-care, Self-awareness, and Personal Development**

“My friend...care for your psyche...know thyself, for once we know ourselves, we may learn how to care for ourselves” – Socrates.

There is a large amount of literature that focuses on the negative effects of stress and burnout on therapist-in-training and experienced therapists. To highlight the importance of self-care, building on self-awareness and maintaining personal growth and development on therapists-in-training and experience therapists, I will examine the themes in the literature that surround the need for self-care in relation to stress and burnout in helping professions.

Along with professional self-care, personal self-care is vital to professional stamina (Skovholt, Grier, Hanson, 2001). Recent literature has placed emphasis and attention on therapists-in-training and experienced therapists' vulnerability to stress and burnout. Due to the nature of the helping professional, therapists may be particularly at risk for stress and burnout (Valente & Marotta, 2005). Skovholt, et al. (2001) states, that therapists are prone to higher levels of stress and over-arousal because of the necessity to focus not only the needs of others, but also personal needs, organizational politics, and policies within the work place. Becvar (2003) states, that those helping professionals must be aware of their vulnerabilities and take steps to protect themselves. Because helping professionals are susceptible to stress and burnout, Richards, Capenni, and Muse-Burke (2010) reports that these vulnerabilities may negatively affect clinical work, thus it becomes imperative that helping professional engage in forms of self-care.

In the current research literature, there are many attempts to describe what entails "self-care". Pincus (2006) describes self-care as "something that one does to improve their sense of subjective well being". In Richards, Campenni, and Muse-Burke's research (2010), physical, psychological, spiritual, and supportive self-care definitions are explored; and the concept of self-awareness emerged as an essential concept for ensuring self-care within the different categories of what "self-care" encompasses. In an article regarding self-awareness, Wicks (2006) concludes:

Self-awareness is an ongoing, dynamic undertaking that requires daily attention. When we have such a process in place, we can become more attuned to the rhythm of our personality and have our "psychological fingers" on the pulse of where we are emotionally with respect to an issue, a person, a challenge, or the general thrust of where our life is moving (p.54).

Self-awareness is simply "knowledge of self" (Brown & Ryan, 2003). Self-awareness has been associated with being a defence against stress and burnout; thus is an essential component for the development of therapists-in-training and experienced therapists (Lambie, 2007). With self-awareness, therapists-in-training and experienced therapists, can work towards identifying and monitoring their stress and burnout levels; and begin to learn how to self-care to maintain balance. In an overview of self-care conducted by Kearney, Weininger, Vachon, Harrison, and Mount (2009), indicated that when clinicians are functioning with less self-awareness, they are

more likely to lose perspective, experience more stress in interactions with their work environment, experience empathy as a liability, and have a greater likelihood of compassion fatigue, stress, and burnout. Thus building self-awareness becomes an essential development for therapists-in-training and a continued exploration for experienced therapists.

In Carl Rogers' book, *A Way of Being*, he described himself as;

“...always being better at caring for and looking after others, than I have been at caring for myself. But in these later years, I have made progress” (p. 80).

With one of the founders of therapy stating the importance of self-care, it is important to address issues of the self. As Lambie (2007) reports, a failure to address stress or burnout, would be similar to not addressing other ethical counselling issues, such as client suicide, violence, and abuse. Valente & Marotta (2005), note that unless therapists continuously strive to understand their own underlying motives and desires, they are in danger of unintentionally neglecting or exploiting their clients, to fulfill their own needs for intimacy, esteem, or dominance. Thus, bringing us to the question, how does one begin to build self-awareness? Valente & Marotta (2005) conducted semi-structure interviews with practicing psychotherapists, inquiring about the significant effects of building self-awareness. It was reported that to achieve self-awareness, therapists must engage and practice a variety of self-awareness activities to help tune into and confronting their own needs, desires, and limitations. Research findings also indicated that a key aspect of developing self-awareness consists of the therapist's own personal development for deeper self-understanding

Personal development, as stated by Torres-Rivera, Phan, Maddux, Wilber, & Garrett, (2001), refers to one's personal and professional growth from gathering knowledge and experience. Donati & Watts (2006) reports that personal development for therapists-in-training and experienced therapists includes a range of specific activities that are directed at the maintenance and development of therapeutic effectiveness; such as further professional training, keeping up with scientific trends, regular supervision, and seeking counselling therapy when needed. With that said it would be important for therapist training programs, such as graduate programs, and experienced therapists to emphasize and continue to practice personal development, as a way to prevent impairment, stress and burnout.

Within the literature review, there appears to be equal amounts of information supporting an emphasis on implementing personal development practices into therapist training programs,

and equal amounts of information supporting that the implementation of personal development practices into therapist training program continues to be a poorly defined area with no significant results on managing stress or quality of therapy (Donati & Watts 2006). In a study conducted by Roach & Young (2007), they examined at 204 students enrolled in a Master's level counselling program, and evaluated whether promoting a personal development wellness program would influence their self-care in all aspects of their life, particularly as a counsellor. It was predicted that more emphasis on personal development would greatly affect their self-care. Though there were no significant trends noted in this specific study, it was identified that some students reported that their self-worth and self-understanding increased due to the emphasis on personal development (Roach & Young, 2007).

Yager, and Tovar-Blank (2007) supports, that incorporating and implementing ways to address personal development in counsellor training programs, would have an impact on the on the long-term effectiveness of counselling practice; which in turn would help make the lives of therapist-in-training more positive and less stressful. Moller & Rance (2012), also reviewed therapists-in-training's perspectives on the implementation of a personal development program, and similar results were noted; whereby some student reported a good experience, some reported a poor experience, and some where indifferent to such a personal development program. However in those students that reported a good experience, they stated that personal development helped with them learning about themselves, helped with understanding the clients, and helped with developing counselling skills and kept them and the cohort healthy (Moller & Rance, 2012). Other students reported that their insights were further developed, and their self-care, self-understanding, understanding of clients, and their counselling development skills were also enhanced (Moller & Rance, 2012).

Within another study by Rizq & Target (2008), the significance of seeking personal therapy and personal development within experienced psychologists and therapists-in-training was examined. Three master themes emerged, stating that personal therapy and personal development provided an arena for intense self-experiences, that it provided an arena for professional learning, and that personal therapy and personal development was integral to training therapists (Rizq & Target, 2008). It is evident that even though some studies have not found any positive benefits to incorporating personal development or personal therapy into therapists training programs, individual reports from therapists-in-training and experienced



therapists within these studies, have found a benefit in using personal development and personal therapy to help deepen their understanding of self.

### **The Importance of Seeking Therapy**

Ensuring personal development and growth through therapy has been supported by many researchers as a means of enhancing reflectiveness within clinical work (Murphy, 2005; Chaturvedi, 2012, Rizq & Target, 2008). In the article written by Rizq & Target (2008), focused on how seeking therapy helps provide an emotional experience as distinct from intellectual or academic understanding, which helps to inform therapeutic work. The therapists-in-training that were part of Roach & Young's study (2007), reported that:

“Personal wellness influences counsellor-client interactions and quality of services provided to clients” (p. 41);

“A counsellor personal wellness is key to becoming an effective therapist; you must take care of yourself first, then your clients” (p. 41);

“My personal wellness is a factor of the strength of my counselling skills” (p. 42);

“As future counsellors, we must be physically and mentally aware of ourselves in order to help others” (p. 42).

Other research looking at emerging themes of the benefits of personal development through seeking therapy, have also indicated that therapists-in-training and experienced therapists reporting several similar themes as noted above regarding the positive effects of personal therapy on client work (Protinsky & Coward, 2001; Skovholt & Starkey, 2010; Reinkraut, Motulsky, & Ritchie, 2009).

Because of these significant themes emerged in current research literature supporting the benefits of personal development through therapy for both therapists-in-training and experienced therapists, it has been recommended that therapist training programs consider expanding their emphasis on self-care development as part of their curriculum (Richards, Campenni, & Muse-Burke, 2010; Valente & Marotta, 2005; Rizq & Target, 2008; Chaturvedi, 2012; Protinsky & Coward, 2001; Donati & Watts, 2006; and Reinkraut, Matulsky, & Ritchie, 2009). Despite some ambivalence of certain studies that did not find any overall significance results of whether the emphasis on ensuring personal development through seeking therapy amongst therapists-in-training; it was the individual reports of these therapists-in-training within the study, that were clear that ensuring personal development through seeking therapy should continue to be included

as a part of counselling psychology training programs. Yager & Tovar-Blank (2007), contend that it is important to continue to emphasize personal development through seeking therapy in counselling programs as a primary means of developing the ability to reflect on the self and build awareness of the need for self-care.

### **Canadian Code of Ethics for Psychologists and the Code of Ethics for the Canadian Counselling and Psychotherapy Association**

Building on self-care through seeking therapy, is not only beneficial for therapist-in-training and experienced therapists; but it is also an important aspect of specific professional practices as described in the Canadian Code of Ethics for Psychologists. Within the Canadian Code of Ethics for Psychologists, Principle II: Responsible Caring, suggests that maintaining competency and self-knowledge can minimize harm and maximize benefits to self and others. (Canadian Psychological Association, 2001). More specifically related to a therapist's self-care: The Canadian Psychological Association (2001) Principle II (Responsible Caring):10-12 (under competence and self-knowledge) states that;

II.10. Psychologist should evaluate how their own experiences, attitudes, culture, beliefs, values, social context, individual difference, specific training, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others (p.61 & 63).

II.11. Psychologist will seek appropriate help and/or discontinue scientific or professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others (p.63).

II.12. Psychologist will engage in self-care activities that help to avoid conditions (e.g. burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others (p.63).

Within the Code of Ethics for the Canadian Counselling and Psychotherapy Association, similar self care principles are also noted for the profession: The Canadian Counselling and Psychotherapy Association (2007) under A. Professional Responsibility; C. Consulting and Private Practice; and F. Counsellor Education, Training, and Supervision states:

A.1. Counsellors maintain high standards of professional competence and ethical behaviour, and recognize the need to continuing education and personal care in order to meet this responsibility (p.5).

C.1. Counsellors provide consultative services only in those areas in which they have demonstrated competency by virtue of their education and experience (p.12).

F.9. Self Development and Self Awareness – Counsellors who work as a counsellor educators, trainers and supervisors, encourage and facilitate the self development and self awareness of students, trainees and supervisees, so that they learn to integrate their professional practice and personal insight (p.20).

F.10. Dealing with Personal Issues – Counsellors responsible for counsellor education, training, and supervision recognize when such activities evoke significant personal issues for students, trainees, and supervisees, and refer to other sources when necessary to avoid counselling those for whom they hold administrative or evaluative responsibility (p.20).

F.11. Self-Growth Activities – Counsellors who work as counsellor educators, trainers, and supervisors, ensure that any professional experiences which require self disclosure and engagement in self-growth activities are managed in a manner consistent with the principles of informed consent, confidentiality, and safeguarding against any harmful effects (p.20).

Both the Canadian Code of Ethics for Psychologists and the Code of Ethics for the Canadian Counselling and Psychotherapy Association address the importance of evaluating and recognizing the need to reflect on the therapists' own experiences and perceptions that influence their interactions with others, to ensure professional competency. Both codes also address the need to engage in self-care activities and self-growth activities to manage personal and professional issues, to in turn, prevent impaired judgement that could potentially interfere with their interactions with clients and colleagues; as well to prevent stress and burnout.

At this time, almost every ethical code for mental health professional includes a provision regarding the importance of self-care. With the importance of self-care, self-awareness, and ensuring personal development stated in the code of ethics for the profession of therapists, it serves as an ethical guideline to adhere to ensure that therapists-in-training remain ethically competent, responsible and able to understand and connect with the clients they work with professionally. Thus it is important for therapists-in-training and experienced therapists to ensure that they consider their own self-care to ensure that the benefits outweigh the potential harm to themselves and to clients.

Moulden & Firestone (2010) state that therapists are at risk for experiencing negative feelings, such as stress, burnout, vicarious traumatization, or compassion fatigue, within the context of the therapy they provide. They propose that therapists need to be aware of the effects of engaging in challenging clinical work, to prevent any negative influences that may interfere with the quality of the services that the therapist delivers. Moulden & Firestone's (2010) research examined the effects of psychotherapy on therapists. They found that self-reflection and self-awareness, as noted by both the American Psychological Association, and the Canadian Psychological Association, plays a role in how therapists engage with their clients, as well as affecting the efficacy of treatment.

Everall & Paulson (2004) states that therapists need to recognize the potential for burnout, or they run the risk for engaging in unethical behaviour. Everall & Paulson (2004) report that it is the responsibility of therapists to broaden the understanding of how the therapist's personal impairment has the potential to impact ethical behaviour. They continue to reinforce that it is an ethical imperative to deal with therapist's personal issues in order to maintain a high standard of practice, and to ensure that they adhere to Principle II – Responsible Caring (Everall & Paulson, 2004). Thus, as discussed above, the importance of self-care, self-awareness, and personal development through seeking therapy becomes an ethical responsibility for all mental health professionals.

As most research suggests, it is noted that the first step to self-care with therapists-in-training and experienced therapists, is increased self-awareness. As the code of ethics suggests, self-care, self-awareness and personal development are both ethical and professional requirements. Spelliscy (2009), states that self-care should be correctly viewed as part of maintaining competency and should be an integral part of continuous learning. Pope, Sonne, & Green (2006), states that when practicing ethically and professionally, it requires the therapists to be intellectually and emotionally honest. They further state that therapists need to be flexible, courageous, and willing to confront and articulate their vulnerabilities, in order to make the necessary changes in their personal lives and practices (Pope, et al., 2006). Amundson (2009) reports, that self-assessment can involve, keeping a check upon the dark angles of our soul.

The ability to confront our vulnerabilities can be an intimidating experience. Tjetviet & Gottlib (2010) discusses some of the vulnerabilities therapists can face when deciding to self-disclose to facilitate self-care, and summarizes that when deciding to seek therapy or further

training, it has been known to raise anxiety and caution in therapists. Tjeltveit & Gottlieb (2010) goes on to review the risk of self-disclosing our vulnerabilities in therapy; and reports that when a therapist chooses to risk such self-disclosure and decides to engage in such discussions, it may not only decrease feelings of vulnerability over time, but also increase long-term resilience for future stress and burnout.

### **Challenges and Barriers of Seeking and Maintaining Therapy**

The process of seeking counselling therapy services has been described by individuals, as difficult, embarrassing, and risky; to the point in which it creates feelings of challenge, fear, and leads to an avoidance of seeking further support (Vogel, Wester, & Larson, 2007). Andrews, Issakidis, & Carter (2001) state, that less than one third of individuals who experience psychological distress seek help from a mental health professional, despite the helpful benefits of counselling services. Thus, it is not uncommon, to hear of individuals seeking therapeutic counselling as a last resort.

Throughout the literature, there are many demographic and cultural characteristics and reasons as to why individuals feel seeking out counselling services as a challenge. Vogel et al. (2007) have summarized a host of distinct themes to explain why individuals fail to seek counselling services. These challenges range from social stigma, a fear of emotion, treatment fears, fear of self-disclosure, social and cultural norms, as well as a variety of demographic influences, such as sex, age, culture, ethnicity, etc. It is important to keep this list of challenges in mind when trying to understand the reasons why making the decisions to seek and maintain therapy becomes difficult. In the next section, a brief summary of these challenges, listed above, will be reviewed.

One research study states that the most common reasons individuals avoid seeking therapeutic counselling is because of the stigma around mental health (Corrigan, 2004). Vogel, Wade, & Haake (2006) discuss two types of stigma associated with the avoidance to seek therapeutic counselling, public and self-stigma. In this study, public stigma is the perception that most forms of help provided by a group or society to an individual is socially unacceptable, which often leads to negative social reactions towards the individual (Vogel, et al., 2006). In contrast, self-stigma is the negative effect on an individual's self-worth caused by the individual self-labelling themselves as someone who is socially unacceptable (Vogel, et al., 2006). Through Vogel, et al.'s (2006) research, individuals provided various statements that

demonstrated how they experienced stigma when deciding to seek therapy. Some examples include:

“If I went to a therapist, I would be less satisfied with myself” (p. 327)

“I would feel inadequate if I went to a therapist for psychological help” (p. 327)

“It would make me feel inferior to ask a therapist for help” (p. 327)

“I would feel worse about myself if I could not solve my own problems” (p. 327)

“Seeking psychological help would make me feel less intelligent” (p. 327)

These perceptions of stigma, can lead to avoidance of seeking therapy. Research shows that individuals do internalize these negative perceptions when choosing to seek therapeutic counselling (Link & Phelan, 2001). Thus, becoming aware and supporting the importance of overcoming perceived stigmas can help individuals receive the support that they need.

In addition to public and self-stigma, there are also demographic characteristics that can also influence an individual’s perspective in deciding to seek and maintain counselling support. Vogel, et al. (2007) explores these demographic influences, such as an individual’s sex, gender roles, age, and ethnicity and culture affect public and self-stigma around deciding to seek therapy. Research has suggested that socially based traditional sex and gender roles have affected professional help seeking behaviours by affecting the level of concern a man or a woman may have about the possibility of seeking help (Vogel, et al., 2007). For example, Moller-Leimkuhler (2002) states that women have sought out help more often than men; and in Addis & Mahalik (2003) research describes males have an increase in perceived avoidance to seeking help, as it would mean that they would be unable to handle problems on their own.

An individual’s age has also largely affected the decision to seek therapeutic counselling. Age demographics, such as adolescents and seniors have been researched to be less likely to utilize therapeutic counselling due to stigma (Andrews, Issakidis, & Carter, 2001). This is also true for differing ethnicities and cultures. Diala, Mutaner, Walrath, Nickerson, LaVeist, & Leaf (2000), supports that if the act of seeking help is not congruent with the individual’s cultural practices and values, the decision to seek therapeutic counselling services would be affected.

Researchers have also identified that a fear of emotion, either through discussing or experiencing emotion, was another common challenge to help explain why individuals avoid seeking therapeutic counselling (Komiya, Good, & Sherrod, 2000). Vogel, et al. (2007) supports that it is these strong emotions that may arise from seeking help that the individual becomes most

fearful of experiencing. This fear of emotionality also relates to feelings of self-stigma, and the fear of treatments. It is not uncommon to hear individuals express fears that the therapist will analyze their thoughts, feelings, and secrets (Vogel, et al., 2007). In turn, this might bring up painful emotions or that painful experiences and memories could surface (Vogel, et al., 2007).

This fear of emotion, then ties closely with the fear of self-disclosure. The choice to self-disclose to a therapist has been researched, and it has been found that when individuals choose to self-disclose, they are actually experiencing positive affect and a decrease in distressing symptoms (Khan & Hessling, 2001). However, Hanna (2002) states, that in order for clients to feel better, they must engage and disclose in some discussion of their emotional pain. Vogel & Wester (2003) states that the fear of self-disclosure is also an important challenge to be aware of and serves to explain why individuals choose not to seek counselling support.

The fear of treatment is another common reason why individuals find it challenging to seek out therapeutic counselling. The fear of treatment is described as the significant fear experienced by the individual in response to what the mental health professional may think of that particular individual if they decide to seek help; as well, it refers to the fear of being coerced by the mental health professional (Vogel et al., 2007). This fear of treatment is closely tied to concept of public stigma noted above. Crisp, Gelder, Rix, Meltzer, & Rowlands (2000), state that treatment fears may be invoked by perceptions based on the inaccurate information gathered from media or other sources, or what they have heard about helping professionals. This also includes predominately negative attitudes and perceptions of mental health, which can be held by family members and friends of the individual choosing to seek therapeutic counselling (Angermeyer, Matchinger, & Ridell-Heller, 2001). The fears of treatment are also associated with how the society constructs their ideations and perceptions about mental health; and example including the notion that if an individual seeks support they will be medicated, or hospitalized, or diagnosed, or controlled by the counsellors (Vogel, et al., 2007).

It is clear that there are many challenging factors and barriers that play a part in how an individual decides to utilize therapeutic counselling supports (Cause, Domenech-Rodriguez, Paradise, Cochran, Shea, Srebnik, & Baydar, 2002). With this said, if individuals are experiencing such challenges, what are therapists-in-training and experienced therapists experiencing when they need to seek out or maintain therapeutic counselling as an option to help

build on their ethical requirement of maintaining personal development, ensuring self-care, and improving on their self-awareness?

### **Challenges and Barriers of Seeking and Maintaining Therapy for Therapists-in-Training and Experienced Therapists**

Therapists-in-training and experienced therapists are not immune from life's every day stresses, thus it is not uncommon to hear of therapists-in-training and experienced therapists choosing to seek counselling support that in turn helps them deal with stress, and to develop as a therapist (Dearing, Maddux, & Tangney, 2005). When a therapist-in-training or an experienced therapist acknowledges the existence of stressor or problem that is affecting their life, the next step involves the decision of whether to seek some form of treatment to alleviate that stressor. Though there are many forms of self-care options to help deal with life stressors, relative to my research topic, engaging in personal development through seeking therapeutic counselling services, is not only an ethical requirement, but also leads to building on self-care and self-awareness. Seeking therapeutic counselling to build on personal development and to improve as a therapist were the main reasons why psychology graduate students sought out therapy (Holzman, Searight, & Hughes, 1996). However, therapists-in-training, as well as experienced therapist might still experience certain obstacles, challenges, and attitudes about seeking therapy (Dearing, Maddux, & Tangney, 2005).

Dearing, Maddux, & Tangney (2005) state that there are a high percentage of psychotherapists and psychotherapists-in-training that engages in personal therapy. However, even though therapists are known to seek counselling when professional or personal concerns arise, research has also found that there are still challenges and barriers that present for therapists-in-training and experienced therapists when deciding to seek or maintain therapy. Stigma associated with receiving psychological treatment continued to be identified as a major deterrent to seeking help with in college students in therapist-in-training programs (Komiya, Good, & Sherrod, 2000). More specifically, in Komiya et al.'s (2000) study, public stigma was rated as the most challenging reason why college students avoided seeking emotional and interpersonal support. Holzman, Searight, & Hughes (1996) also found in their research that psychology counselling students avoided seeking therapeutic counselling, as they were concerned about how their training program would view their participation in therapy.



Similarly, in Dearing, et al.'s (2005) study, it was found that a significant deterrent for therapists-in-training for seeking or maintaining therapy, were concerns of how their psychology department faculty would view their involvement in supportive counselling. Research has continued to show that students are particularly concerned about the public stigma associated with seeking therapy. Ey, Henning, & Shaw (2000) studied the public stigma that students in graduate programs were specifically worried about. Student's concerns included the following: running into people that they know at the student counselling centre, thinking about what other students would think about them going for counselling, worries that they would have to work with the same counselling therapist in the future as a colleague, worried whether seeking counselling would affect their career opportunities in the future, anxieties what the professors and faculty would think about the students, and wondering what family members would think of them if they sought out counselling services (Ey, et al., 2000).

For therapists-in-training and experienced therapists, the inability to solve their own problems has been reported to be self-perceived as an enormous failure that would threaten their confidence in their jobs (Siebert, & Siebert 2007). This relates to the self-stigma described earlier in the chapter. It is not uncommon to hear of therapists-in-training and experienced therapists feeling that it is a sign of personal weakness or inadequacy to seek counselling support for emotional or internal problems (Komiya et al., 2000). In the same study by Komiya et al. (2000), self-stigma was noted as a prominent challenge of why college students avoided seeking therapeutic counselling. Some students stated that they were worried that they felt themselves to be less favourable if they were to seek support, or that they would like themselves less if they were receiving help because they could not solve their problems themselves (Komiya et al., 2000). In Ey et al. (2000) study, it was found that many students would avoid therapeutic counselling services due to their own self-perception of "weakness", and worried that their involvement in psychotherapy was a sign of failure. Both these public and self-stigmas are challenges for therapists-in-training and experienced therapists when deciding to seek or maintain therapy.

Likewise with individuals seeking therapeutic counselling, the fear of emotion as discussed above is also an identified challenge with therapists-in-training and experienced therapists when deciding to seek or maintain therapy. Komiya et al. (2000) stated that college students have avoided seeking therapy due to feeling uncomfortable with not only the external

expression of emotions, but also the internal experience of strong emotions. Research conducted by Barnett & Hillard (2001) stated that the fear of admitting to another therapist such emotional impairment, often has prohibited psychologists from seeking personal therapy. This significance was also noted in a study conducted by Gilroy, Carroll, & Murra (2002), whereby certain psychologist decided to avoid therapy, as they reported that they were unwilling to admit that their emotional concerns were serious.

Komiya et al. (2000) also tie the fear of emotion concept, with the fear of self-disclosure; stating that the reluctance to self-disclose, and the tendency to conceal distressing and negative and personal information have been associated with college student's unwillingness to seek professional help. However what differs from an individual's fear of self-disclosure from that of a therapist-in-training and experienced therapist's fear of self-disclosure is that the latter's fear of self-disclosure stems from a fear of a breach in confidentiality (Siebert, 2005). College students in Holzman et al. (1996) research stated that one of the primary reasons why students choose to not engage in supportive therapy were because of their concerns about confidentiality. Issues of confidentiality are of particular concern for therapists-in-training and experienced therapists (Dearing et al., 2005). Dearing et al. (2005) state that it is within these therapeutic settings, therapists-in-training and experienced therapists fear that receiving therapy could raise questions among other therapists and peers about their emotional stability and appropriateness for the mental health profession. Gilroy, Carroll, & Murra (2002) discuss how therapists often felt ostracized by other colleagues who learned of their mental health concerns.

Along with ensuring confidentiality, when deciding to engage in therapeutic counselling, therapists-in-training and experienced therapists also look at the reputation of the therapists they are receiving support and treatment from (Gilroy, et al., 2002). Similarly, with the fear of treatment that individuals experience when deciding to seek therapeutic counselling, as noted earlier in this chapter, it is also experienced by therapist-in-training and experienced therapists (Gilroy, et al., 2002). However, the fear of treatment and the type of treatment received for therapists-in-training and experienced therapists is related to the credentials, experience, and the competency of the therapist they plan to engage with (Gilroy, et al., 2002). The time and energy that would be taken for treatment, the effectiveness of the chosen type of treatment, the experience and knowledge level of the therapist, and the personal and professional characteristics and counselling style of the therapist are all taken into consideration by therapists-in-training and

experienced therapists when seeking or maintaining therapy (Ey, et al., 2000). Also included in the list of challenges and barriers that therapists-in-training and experienced therapists face when deciding to seek or maintain therapeutic counselling, is the availability of the therapist (e.g. time of day, or day of week), the knowledge of the therapist (e.g. counselling styles, cultural awareness, etc), and the accessibility of the therapist (e.g. distance, cost, and location) (Dearing, et al., 2005).

Another theme associated with the challenges and barriers reported in the literature for what therapists-in-training and experience therapists face when deciding to seek or maintain therapeutic counselling, includes the finances of the students, as well as the cost of the counselling service (Dearing, et al., 2005). Dearing, et al. (2005) found that the cost of therapy was a significant factor for therapists-in-training in deciding whether to access therapy or not. Dearing, et al. (2005), Komiya, et al. (2000), and Holzman, et al. (1996) discuss that certain therapists-in-training could not access certain therapeutic services due to its cost; however, on the other hand low cost or pro bono services risk the possibility of public stigma. Issues with finances and cost of therapeutic services were also of concern amongst experienced therapist surveyed in the Gilroy, et al (2002) study.

These challenges and barriers affect the decision to seek or maintain help for therapists-in-training and experienced therapists. As therapists-in-training and experienced therapist continue to ensure ethical competency, self-care, self-awareness, and personal development, the decision to seek therapeutic counselling is influenced by a combination of these factors noted above. Due to the amount of North American and United Kingdom research dedicated to exploring the challenges and barriers to seeking or maintaining therapy of individuals, therapists-in-training, and experienced therapists; it suggests that seeking therapy may be more culturally acceptable for Westernized individuals versus individuals with differing ethnic and cultural perspectives on mental health and therapy. What would the challenges and barriers be for an individual with differing ethnic and cultural perspectives be, when deciding to seek and maintain therapy? More specifically to my research study, what would be the challenges and barriers be to an Asian individual seeking and maintaining therapy?

### **Challenges and Barriers of Seeking and Maintaining Therapy for an Asian Individual**

A study conducted by Leong & Lau (2001), states that “Asians” as an ethnic group, consists of over 20 subgroups; examples including Chinese, Japanese, Korean, Southeast Asians,

East Asians, and even Pacific Islanders in some studies. However, because of this large heterogeneous group of Asians, it can be difficult at times to conduct research with sufficient sampling to separate each particular sub-category ethnic group; thus, there is limited research on specific subgroups of Asians. Therefore the literature review in this section will refer to Asians as an entire ethnic group, while being conscious of specifying, where possible, the specific sub-ethnic group of Asian. Because of my grandparents being originally from China, and my family and myself being from Taiwan; where applicable, the sub-ethnic group of Chinese and Taiwanese will be referenced, as it pertains most closely with my ethnic back ground.

The decision to access therapeutic counselling continues to be a difficult and uneasy decision for Asian individuals (Akutsu & Chu, 2006). It has been found that the lack of utilization of therapeutic services in North America within these Asian populations stems from both institutional and sociocultural barriers (Shea & Yeh, 2008). Leong & Lau (2001) support this notion, stating that mental health services are often underutilized by Asian individuals in North America, and when the decision is made to seek treatment, premature termination is more prevalent in Asian individuals than in non-Asian individuals.

When referring to the institutional barriers that affect the decision to seek therapy, Sue & Sue (2003) state that institutional barriers for Asian individuals can include a lack of culturally competent therapists, language barriers, a lack of culturally responsive services, and even differing cultural values between Asian individuals and the Western model of counselling. This includes diagnostic assessments that were standardized to Western individuals, but then used on Asian individuals; which can result in misdiagnosis of mental disorders, sensitivity to medications, and the over and under pathologizing of Asian individuals because of the therapists' unfamiliarity with cultural nuances (Leong & Lau, 2001). An example of differing cultural attitudes related to understanding the difference between Asian and Western perspectives to mental health, is that some research has suggested in specific Asian groups, such as the Chinese and the Japanese, suicide is an acceptable means for regaining family honour, or removing an emotional or financial burden to family and significant others (Braun, Tanji, & Heck, 2001). These significant differences in culturally based attitudes and perceptions are important for therapists to be aware of especially when working with suicidal Asian clients.

The Western perspective of self, human and cultural experience and conceptions of psychological problems is usually often seen as contradictory to an Asian belief system; which

are often influenced by Eastern philosophies and religions such as Buddhism, Confucianism or Taoism (Shea & Yeh, 2008). There are some theories regarding Asian styles of behaviour and communication that has been predicted to be directly influenced by Confucianism (Park & Kim 2008). Xu & Davidhizar (2004), support that the teachings of Confucius has had a profound influence on Chinese culture, as well as many other Asian sub-groups. Due to this influence, Asians have strong cultural script to respect authority, be devoted to parents, family, friends, and develop cultivation to the mind and self-control (Xu & Davidhizar, 2004).

Along with these differing perspectives of self, human experience, and conceptualizations of psychological problems, comes the basic difference between customary communication styles between Asian individuals and the Western style of communication (Zhang & Dixon, 2003). In Park & Kim's (2008) study, they explore the communication styles of Asians. They found that Asian individuals were more indirect in their communication, more likely to infer meaning from conversations, use feelings to guide their behaviour, experience interpersonal sensitivity, and often uses silence (Park & Kim, 2008). Park & Kim (2008) go on to describe that in certain Asian sub-groups, the ability to infer meaning in conversation is considered a valuable communication skill. It is this indirect communication that Park & Kim (2008) states that it protects Asian individuals from feeling embarrassment and engaging in disagreement. Other indirect communication styles Asian individuals have been reported to possess, also include avoiding direct eye contact, preferring more one sided conversations, rarely expressing feelings or expressing emotions, viewing questions asked as a challenge towards authority, and using silence (Parette & Huer, 2002). These differing styles of communication, as well as differing perceptions of self and motivators to change, all can become added institutional challenges and barriers to seeking or maintaining therapy for Asian individuals.

In regards to sociocultural barriers, Tsang, Tam, Chan & Cheung (2003) stated that cultural influences on coping and a high level of cultural social stigma affects the decision to seek or maintain therapy for Asian individuals. There is much stigma, as well as immense shame associated with mental illness within Asian cultures (Chen & Mak, 2008). Many previous studies that researched the challenges Asian individuals face when deciding to seek therapy, have stated that the issues of cultural stigma affects their wiliness to acknowledge that a psychological problem may require professional psychological support to resolve. (Akutsu & Chu, 2006). It was found that Asian individuals were more likely to seek therapy for issues regarding

academics or finances, versus, emotional, sexual, or relational problems (Ey, et al., 2000). With that said, research has also found that Asian individuals are more likely to present to therapy with perceptual somatizations and physical manifestations of psychological distress, such as headaches, sleep concerns, or stomach pain (Leong & Lau, 2001). This is based on an Asian perspective that mental disorders are most likely brought on by organic factors to which seeking alternative healers, herbalists, and acupuncturists would help remedy the emotional difficulty over seeking psychotherapy (Lin, Inui, Kleinman, & Womack, 1982).

The long history of Asian culture and values has been a significant factor in shaping the attitude of the Asian individual decision to seek or maintain therapy (Kim & Omizo, 2003). Asian culture and values stress the importance of family hierarchy, emotional restraint, avoidance of shame, and “saving face” (Zane & Yeh, 2002); which at times can contradict Western norms of practicing self-disclosure, individuality, and expressing emotions (Sue & Sue, 2003). With this said, Asian individuals may devalue the importance of seeking therapeutic counselling, for fear of feeling shame or disrespecting family guidance. The concept of “saving face” stems from an Asian cultural personality construct that is based on individuals having a very extreme self-conscious view of themselves, their family, and how others will view them indefinitely (Chen & Mak, 2008). With this continuous level of conscientiousness towards their self-perception and fear of judgement by family members and other individuals, Asian individuals subsequently become increasingly and consistently aware of how their behaviours affect others.

As noted above, the fear of emotion is a challenges and barrier to seeking and maintaining therapy. Asian individuals have been known to withhold strong emotions and to exercise emotional and behavioural restraints to avoid embarrassment and shame in public (Yeh, 2000). This concept is related to the Confucius ideation, as mentioned above, of developing the mind and cultivating self-control. For an Asian individual to express such emotion, can lead to further negative culturally based stigma, and perceptions and judgements from family and others as weak, immature, having poor family support, or even having some hereditary flaws; which places additional shame on the family (Yeh, 2000; Shea & Yeh, 2008). Asian individuals have reported that not only the external expression of emotions is difficult, but also experiencing the internal strong emotions can be difficult; as maintaining emotional control is the desired trait

(Komiya, et al., 2000). Research on the Asian culture has noted that it is culturally expected to suppress emotional problems and place little concern and attention to those emotional problems.

The consideration of the family is also another factor that affects whether individuals make the decision to seek or maintain therapy. It is common to hear that Asian family members and extended family serve as an active support system and a source of support for psychological concerns for the individual (Spencer & Chen, 2004). Akutsu & Chu (2006) stated that it is rare for Asian individuals to discuss any family or marital conflicts. Tseng, et al. (2001) believes that this is primarily due to strict cultural beliefs that such that family matters are private and should only be talked about within family members. With that said, the stigma of needing mental health support, not only affects the individual, but the reputation of the entire family. The Asian individual's extended family becomes an integral part of their views on security, obedience, duty, harmony, and relationships; thus when making the decision to seek therapy, the Asian individual is more likely to also take into consideration the needs and wishes of family members (Cross, Bacon, & Morris, 2000). Yeh (2000) comments that in session with the therapist, Asian individual's personal issues do not usually end up being the focus in therapy, primarily due to respect of maintaining balance and harmony within the family. Respect is given to the elders, due to hierarchical relationships within the family; thus ensuring that opinions of the elders are also taken into consideration when looking for emotional support (Kim & Omizo, 2003). Even with this said, emotional expression within the home has also been reported to be inhibited by many families (Komiya, et al., 2000). Komiya, et al. (2000) provides example using Asian families, stating that even when children are crying at home they are often stopped, and punished when expressing anger towards their parents. With the many institutional and sociocultural factors that affect Asian individual's perspectives on whether to seek or maintain therapy, what would the challenges and barriers be to an individual immersed in both Western and Asian cultures?

### **Double Stigma and Acculturation**

Because of the cultural challenges and barriers which influence the decision to seek and maintain therapy reported in current research literature, it is believed that Asian individuals feel further stigmatized for seeking such support (Leong & Lau, 2001). To further explore this level of stigmatization, I found an article by Gary (2005), in which he explores a concept of "double stigma", which conceptualizes the additional barriers and challenges that affects ethnic minority

groups when looking to seek mental health services. Gary (2005) concept of “double stigma”, incorporates aspects of public stigma and self-stigma that individuals engaging with mental health experience, and then integrates the aspect of stigma among ethnic minority groups and, challenges that ethnic minority groups experience with the mental health system, see Table 1.

Gary’s (2005) research suggests that the concept of “double stigma” is what adds to the potency of the stigma and adds to the challenges and barriers for ethnic minorities to decide whether to seek or maintain therapy. As noted below in Table 1, the additional effects of double stigma on ethnic individuals include delayed or aborted treatment, increased mental disorders, increased rates of morbidity and mortality, decreased well-being, and potential intensified stereotypes, prejudice, discrimination, and family stigma (Gary, 2005).

Table 1. Gary’s Double Stigma (2005).

Public Stigma	Self Stigma	Stigma among Ethnic Minority Groups	Mental Health System/Provider
<ul style="list-style-type: none"> <li>- Stereotypes</li> <li>- Prejudice</li> <li>- Discrimination</li> </ul>	<ul style="list-style-type: none"> <li>- Stereotypes</li> <li>- Prejudice</li> <li>- Discrimination</li> </ul>	<ul style="list-style-type: none"> <li>- Lower socioeconomic status</li> <li>- Stereotypes</li> <li>- Prejudice</li> <li>- Discrimination</li> <li>- Maltreatment</li> <li>- Misdiagnosis</li> <li>- Distrust of the system</li> </ul>	<ul style="list-style-type: none"> <li>- Misdiagnosis</li> <li>- Inadequate cultural competence</li> <li>- Communication failures</li> <li>- Conscious and unconscious stereotyping</li> <li>- Limited Access</li> </ul>
<p><b>Double Stigma</b></p> <p>With public/self stigma, stigma related to ethnic minority groups, and any interactions with the mental health system; the effects of double stigma include:</p> <ul style="list-style-type: none"> <li>- Delayed or aborted treatment</li> <li>- Potential for intensified stereotypes               <ul style="list-style-type: none"> <li>- Prejudice</li> <li>- Discrimination</li> <li>- Family stigma</li> </ul> </li> <li>- Increased morbidity and mortality               <ul style="list-style-type: none"> <li>- Decreased well-being</li> <li>- Increased mental disorders</li> </ul> </li> </ul>			

In efforts to join together the themes and terms discussed in Chapter two regarding public and self-stigma of individuals, as well as the institutional and sociocultural barriers to seeking and maintaining therapy for Asian individuals; I have taken Gary’s concept of “double stigma”



and added to the existing list of stigmas, challenges, and barriers to further expand and elaborate on the effects of Gary’s concept of “double stigma” see Table 2. My aim by connecting the themes found in the research was to link the reported effects of all the challenges and barriers for ethnic individuals seeking or maintaining therapy, noted in the current research literature.

Table 2. A Reconceptation of Gary’s Double Stigma (2005).

Public Stigma	Self Stigma	Sociocultural Stigma	Institutional Stigma
<ul style="list-style-type: none"> <li>- Judgement and Perception by others</li> <li>- Labelling</li> <li>- Discrimination</li> <li>- Prejudice and Stereotypes</li> </ul>	<ul style="list-style-type: none"> <li>- Self Judgement and Self Perception</li> <li>- Self Labelling</li> <li>- Self worth and Self Care</li> <li>- Self esteem</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>- Belief systems on mental health (mal treatment) and saving face</li> <li>- Communication styles</li> <li>- Family influences</li> <li>- Distrust of mental health systems</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>- Misdiagnosis</li> <li>- Over and under pathologizing</li> <li>- Cultural Competence</li> <li>- Language barriers</li> <li>- Limited Access of services</li> </ul>
<p><b>Double Stigma:</b></p> <p>With public/self stigma, stigma related to ethnic minority groups, and any interactions with the mental health system; the effects of double stigma include:</p> <p style="padding-left: 40px;">Integrated challenges, barriers, and possible outcomes that play a role in the decision to seek mental health support.</p> <ul style="list-style-type: none"> <li>- Delayed treatment, early termination of services, or not being compliant with services</li> <li>- Increased public and self stigma, and the likelihood of increased stereotypes, discrimination, and prejudice</li> <li>- Increased Family Stigma</li> <li>- Increased Mortality or Morbidity</li> <li>- Decreased wellbeing, self worth, self care, self esteem, and increase self judgement</li> <li>- An increase of mental disorders</li> <li>- Distrust of the mental health system,</li> </ul>			

With these added challenges, barriers, and stigmas Asian individuals face when deciding to seek or maintain therapy, it has been found that different levels of acculturation and differing social and cultural attitudes towards mental health support affect an Asian individual’s level of self-stigma and confidence towards seeking or maintaining therapy (Zhang & Dixon, 2003). Kim & Abreu (2001) defines acculturation as the process of adaptation to behaviours, values,

knowledge, and identity of the dominant society. In my research study, I am referring to specifically acculturating to a Canadian, Western culture and perspective on seeking mental health support.

A major influence on the attitudes towards likely seeking and maintaining therapy is being highly acculturated to a culture that values seeking such support (Leong & Lau, 2001). However, little research has been done to look at how specific levels of acculturation of an Asian individual (e.g. number of years living in another culture, how immersed the individual is within their cultural practices, etc.), affects their therapeutic decisions and processes; even though current research literature suggests that an acculturated Asian individual are more likely to seek therapeutic services. Additionally, there is little research done to explore the challenges and barriers to seeking and maintaining therapy an acculturated Asian who is also in a professional role, such as a therapist-in-training or experienced therapist. More specifically to my research question, what would those challenges and barriers be for an acculturated Asian, therapist-in-training seeking or maintaining therapy for self-care and maintaining ethical competency?

### **Summary**

Through a review of the current research literature, there are themes that have emerged on the importance of self-care, building self-awareness, personal development through seeking and maintaining therapy, and how it is related to an ethical competency with therapists-in-training and experienced therapists. Furthermore, themes regarding the challenges and barriers individuals, therapists-in-training, experienced therapists, and Asian individuals face when deciding to seek or maintain therapy were also reviewed. These themes are to provide information to help answer the research questions facilitating this literature review as listed in Chapter one.

However a question arises from this literature review, which takes into account all the challenges and barriers that have been reported with seeking mental health therapy with individual populations, therapists-in-training, experienced therapists, and Asian populations; and asks, What are the challenges and barriers of seeking and maintaining therapy as an acculturated Asian, therapist-in-training?

To answer this question, I will be using an analytic autoethnographic qualitative approach described in the next chapter. I share my journey through the mental health care system, describing my experiences, challenges, barriers, insights, reflections, and successes in the role of

an acculturated Asian therapist-in-training; as I recount the journey through achieving self-care, self-awareness, and personal development through seeking therapy to ensure ethical competency. Chapter three will describe the analytic autoethnographic style of research I will be using to help describe and explore my personal experiences of the process for this study.

## **Chapter Three**

### **Methodology**

In this chapter, I will explore the qualitative research methodology of analytic autoethnography. The choosing of this type of research methodology was an important process, as it had to fit with the nature of the inquiry, as well as fit with the perspective of the researcher. Qualitative research explores the researcher's experiences, how the researcher brings meaning to those experiences, and to further understand those experiences (Denzin & Lincoln, 2008). Denzin & Lincoln (2008) explains that qualitative research acknowledges the intimate relationship between the researcher and the experience. Creswall (1998) stated that there is increasing qualitative research that is being conducted by researchers that belong to social minorities. With that said, there is a growing trend to hearing stories through research from those whom we have not traditionally heard from; who need to be listened to and understood to expand on what we already know (Richardson, 2000). Qualitative research resonated with the aims of my research study looking at, I, the researcher, examining my experiences, reflections, challenges, and barriers as an acculturated Asian seeking and maintaining therapy, while in the role of a therapist-in-training.

#### **Evocative and Analytical Autoethnography**

Autoethnography has gained significant popularity over the last twenty years, and researchers have varied how autoethnography is defined (Anderson & Austin, 2011). To begin, the word autoethnography is comprised of the words "self", "culture", and the "application of the research process" (Ellis & Bochner, 2000). Autoethnography is known to be self-reflective and introspective, and is an important research method to exploring and examining the human experience and its meaning (Ellis 1999). For the most part, autoethnography has exclusively been identified by researchers to create an emotional resonance with the reader (Anderson, 2006); hence attributing autoethnography to being primarily an evocative style of writing. Autoethnography, or evocative autoethnography is usually written in first person, and focuses on emotions, experiences, and stories that are affected by the researcher's history, and culture (Ellis & Bochner, 2000). Ellis (1999) goes on to describe, that autoethnography encourages questions about the self, and uses that introspection as an important aspect of learning; as it encourages the researcher to enter into and become part of the research experiences, as well as processing and understanding the immersion that takes place. Ellis (2004) discusses the concept of systematic

introspection, to which using thoughts, questioning, feelings, and reactions are used as primary data.

Wall (2006) states that autoethnography situates the researcher within the social, political, and cultural context, to best describe their experience. Ultimately, the researcher's experiences become data in the research, either through journals or notes; and the research also becomes a tool for obtaining further data, such as field notes, into understanding the process through the study or social context (Ellis, 1999). The use of autoethnography connects the researcher's story to the culture, the self, the social context; thus exploring the personal experience and tying it to a cultural or social context and back again (Ettor, 2005). However, it is important to note, that evocative autoethnography is more than just telling a story. It is an emotional evocative communication between the research and the reader; offering the reader permission to take part in an experience that can reveal to the reader how the experience was for the researcher, but how it could be or once was for them (Ellis, 2009).

In 2006, Anderson proposed a term "analytic autoethnography" as a branch of autoethnography within the broader practice of analytic ethnography, which caused a vast amount of communication between postmodernist and traditionalist ethnographic researchers. Evocative autoethnographers worried that Anderson was fearing that autoethnographic research was in danger of forgetting its theoretical past (Denzin, 2006). Ellis & Bochner (2006) felt that Anderson wanted to use autoethnography as a mode of inquiry, and that research results must always produce theory. Anderson, however, proposed that analytic autoethnography can add a scholarly purpose and theoretical development to evocative autoethnographic writing, by conducting traditional ethnography with significantly enhanced research visibility, reflexivity, and a strong member role (Vryan, 2006). In the next section of this Chapter, I will go on to further describe those concepts. Vryan (2006), supported that analytic autoethnography is used to improve theoretic understandings. Anderson (2006) clarifies that due to the largely emotionally wrenching experiences that can be described through evocative autoethnography, he fears that evocative autoethnography will remain largely marginalized in research, due to the difference in content and writing style as compared to traditional social science values and styles of writing; thus presenting his concept of analytic autoethnography. As Vryan (2006) describes his understandings of Anderson's analytic autoethnography concept, he states that the researcher's own self, including feelings and experiences are still important aspects to analytic

autoethnography, but not so much so that the reader is left with an impression that the work is too evocative and incapable or less capable of analysis. It is important that when using analytic autoethnography that the research is still able to seek to discover or better understand aspects of their existence in relation to theoretical models (Vyran, 2006).

After much discussion between different researchers, Anderson (2006), summarizes that “people and their lives are where my loyalty lies, where I will always seek to return” (p. 459); explaining that the value in using analysis is to further explore how people come to construct their social worlds, and how we might construct better worlds and enrich the collective lives. Analytic autoethnography is merely the balance between analysis and description (Anderson 2006). Analysis and story can work together (Ellis & Bochner, 2006). The ethnographer’s self is always implicated in the analytical research process (Atkinson, 2006). Figure 1, taken from Anderson & Austin (2011)’s research article, helps visualize and situate where analytic autoethnography fits in ethnographic research.

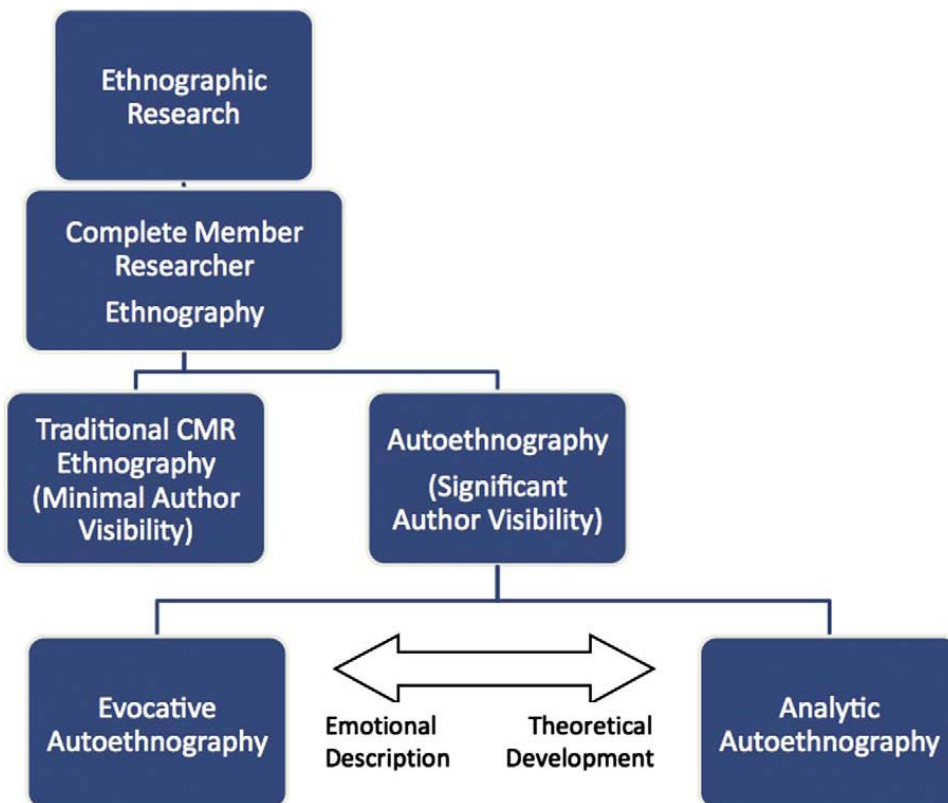


Figure 1. Situating autoethnography in ethnographic research (Anderson & Austin, 2011).

Through examining my research questions, and the feedback and edits received from numerous drafts of my thesis, it became clear that the focus of my study needed to be conducted using analytic autoethnography. Some of the feedback received from readers, were that readers felt as though there was “tension” in my writing; where I would start to write evocatively, but then pull back emotionally and focus back to the analytical side of the research. Analytic autoethnography helped to provide a balance for me between sharing emotional details of my story and connecting those stories to the themes within the research literature. It helped to protect my confidentiality, as well as provide a structure to how much I wanted to emotionally share.

Analytic autoethnography requires internal reflection while keeping a scholarly pursuit (Duncan, 2004). It uses the researcher’s experiences and reflections to reveal challenges, struggles, and success in the context of lived experiences and social contexts, such as culture (Spry, 2001). Because of my cultural background, and professional role as a therapist-in-training, analytic autoethnography allowed me to share my story with the reader, without diving too deep into emotional description of events that I felt uncomfortable disclosing to the reader. Mentioned in Chapter 1, due to my Chinese cultural background and upbringing, it was always, and continues to be a challenge to show my deep emotions. Analytic autoethnography provided me with the structure needed to engage in this types of research, while still being able to protect aspects of my privacy, and family members. The use of analytic autoethnography paralleled the concept of “saving face” and provided a step back from the traditional evocative style of autoethnography where there is a need to share and be vulnerable. Analytic autoethnography allowed me to touch on some emotional aspects to my story, but also keeping an analytical perspective to how those stories relate to existing themes in the literature. It is my anticipation that my experiences will help other therapists-in-training, acculturated Asians, or other individuals in similar cultural and professional roles to understand, relate, build further insight, and overcome any similar challenges or barriers in similar settings when looking to seek or maintain therapy.

### **Features of Analytic Autoethnography**

After some consideration of the differing types of autoethnographic inquiry, I decided to use analytic autoethnography versus evocative autoethnography, and it suited my research best; as it requires that the researcher’s interests are to be deeply intertwined with their personal lives

(Anderson, 2006). I saw myself as the primary participant in my research, as I was examining my own experiences, challenges, barriers, and insights into seeking and maintaining therapeutic support as an acculturated Asian therapist-in-training (Anderson, 2006). Analytic autoethnography helped to demonstrate a level of personal engagement to the research, to which my experiences are recounted, and my beliefs, attitudes, and challenges are also explored.

In Anderson (2006) review on analytic autoethnography, five features needed in conducting an analytic autoethnography were reviewed (p.378):

- 1) Complete member researcher status
- 2) Analytic reflexivity
- 3) Narrative visibility of the research's self
- 4) Dialogue with informants beyond the self
- 5) Commitment to theoretical analysis

Anderson (2006) discusses the concept of a “participant-observer role” through the complete member researcher status, and states that in analytic autoethnography the researcher is a member in the social world that is under study. As an acculturated Asian therapist-in-training, by using the concept of “participant-observer role”, I will be able to use myself as the primary participant in the study to explore, understand, and build further insight into my experiences, and add any learnings to professional and personal growth for myself and others in similar circumstances.

In regards to Anderson (2006) concept of analytic reflexivity, when conducting analytic autoethnography, the researcher must be visible, active, reflective and engaged in the text. It is this level of self-introspection used in autoethnography that helps better understand both the self and others through examining one's actions and perceptions in reference to those of others, and the dialogue between (Anderson, 2006). Another component to my research will be on-going self-reflection, and questioning my actions, decisions, and behaviours throughout examining the data. By using Anderson's (2006) concept of analytic reflexivity, I will be better equipped to understand myself and my experiences, and how my insights can be used to examine those same reflections as reported by other individuals in similar cultural and professional roles in the current research literature.

Anderson's (2006) concept of narrative visibility refers how the researcher personally engages in the social world they are studying through recounting their experiences and thoughts of self and others to illustrate their insights. Anderson (2006) states, that the researcher should



be a highly visible social actor within the written text, and that any changes in beliefs and attitudes are also exposed when working through issues; to further reinforce that the researcher is a participant in a social world (Anderson, 2006). With my use of past journals and day timer entries, the reflections in regards to those entries, and the present insights revisiting those past entries, I am ensuring that I am visible throughout the research document. By ensuring that I am present and open through out the document, I am sharing with the reader another level of depth to the research topic that can be relatable to the reader and others. By using narrative visibility, it will also help examine when changes in my beliefs and attitudes on seeking and maintaining therapy started to happen.

Anderson's (2006) fourth feature in conducting an analytic autoethnography includes dialogue with informants beyond the self, as it is imperative for the autoethnographers to have dialogue with "data" or "others". To further elaborate, Anderson (2006) reports that autoethnography has the potential to be "self-absorbing" because the researcher is consistently dealing with self-related issues. This concept insures that the research includes dialogue or experiences that occurred with others (e.g. family, therapists, etc.) during the exploration of the researcher's experiences. With being an acculturated Asian therapist-in-training, information also collected in my journals included dialogue and communication with others, to help describe how these cultural and professional roles affect the understanding and insights into these experiences through seeking and maintaining therapy.

Lastly, Anderson's (2006) concept of commitment to theoretical analysis states that analytic autoethnography is not only documenting personal experience, but to provide an "insider's perspective" to evoke emotional reverberation with the reader. It includes using all empirical data to gain insight into a broader set of social phenomenon than those provided by the researcher's data (Anderson, 2006). For my research, this would include gathering data through sharing my story, experiences, thoughts and insights, with the goal of connecting and evoking some emotional connection and insight with the reader. I use these five concepts of Anderson's (2006) analytic autoethnography to examine the data collected for Chapter 4, and the data analysis in Chapter 5.

### **Data Collection**

Denzin & Lincoln (2008) stated that qualitative research makes the world visible through the interpretive practices of keeping field notes, journals, recordings of conversations and

interviews, photographs, and memos to self (in the form of journals or notes). Documentation is a required part of my role as a therapist-in-training, through completing assessments and progress notes when working with clients. Keeping a personal journal has also been a significant part of my reflective process for most of my life. Journaling was a way, in which I was able to explore life questions, put down emotions, reflect on situations that I did not understand, build insight, and record life events. Clandinin & Connelly (2000) stated that journals are a method of creating field notes, and are considered a valid method of data collection amongst qualitative research. They continue to state that journals are a powerful way for individuals to give accounts of their experiences (Clandinin & Connelly, 2000). Crabtree & Miller (1999) differentiate field notes from journals, stating that field notes are produced immediately following a field experiences, whereas a personal journal provides the opportunity for continuous personal reflection throughout the research process. As for the data collection process for my research study, data from my day timers, and journals will be evaluated; and field notes will be taken a long the way as past entries are reviewed.

Data for my research was collected primarily from written sources through journal entries. Therapy experiences and significant dates and notes from those sessions were collected from a day planner. All of my data for this research was written in the past tense, at the time of the experience, in the form of journal entries. Field notes are collected in present tense while review past entries. From my data, I explore and reflected on the experiences, challenges, and barriers of seeking and maintaining therapy within my multiple roles as an acculturated Asian, and as a therapist-in-training. My journals, day planners, and notes selected were focused on entries dating back to 2005 when I began my journey as a therapist-in-training to 2013, when I completed a significant stretch of therapy. The journal entries and related documents that I decided to draw upon were specific to, and pivotal those experiences that evoked emotion, reflection, and insight with how seeking and maintaining therapy were affected by my roles as an acculturated Asian therapist-in-training.

A second form of data used for my research, are recollections from my memory; that will be collected in the form of field notes while going through the past documentation. As it is was not possible to write down everything and record all the past events and experiences, my memories end up playing a large role in adding to my existing data for this analytical research. Wall (2008) has stated that data that relies on memories has been known to be viewed as

illegitimate data in quantitative research, however many autoethnographers have argued that autoethnographic data cannot be separated from the memories; as autoethnographic data triggers memories, and memories can trigger further data. Thus, any existing written documentation of my experiences through the mental health system that would aid in jogging my memories will also be written down and considered as data for this research.

### **Data Analysis**

In the process of analyzing the data, I looked over graduate works of other student researchers that used forms of autoethnography as a method to help give me ideas and direction for my thesis research (de Gooijer, J., 2010, Murray, L., 2010, Kuttai, H. R, 2009, Caines, J.L., 2008, & Thrope, K., 2004). In the following Chapter, for my data analysis, I kept in mind the five features of conducting an analytic autoethnography Anderson (2006) described. I decided to read and re-read all written data (journals, day planners, and notes), by writing down key events in a chronological order, and began to formulate a story. From telling my journey through the mental health system, themes regarding the challenges and barriers to seeking and maintaining therapy started to emerge. These themes were then analyzed with the themes in the current research literature that individuals, therapists-in-training, experienced therapist, and Asian individuals have reported to be challenges and barriers to seeking and maintaining therapy; as noted in Chapter 2.

Ellis (2004) states, that having a foundation about the themes in the research literature prior to analyzing the data is not an uncommon practice in conducting autoethnographic research. With the themes regarding the challenges and barriers to seeking and maintaining therapy noted in the current research literature, the process of categorization of themes within my data was then conducted. This is a form of thematic analysis that is often used in analytic autoethnography; that includes organizing the stories by themes, analyzing the themes to those in the current research literature, and then generating new hypothesis and themes that were unrealized earlier in the stories (Berg, 2004).

I decided to limit my data to when I was first faced with feeling the challenges and barriers to seeking and maintaining therapy as I immersed myself into a career of becoming a psychologist; which dates back to 2005, when I enrolled in a counselling diploma program. I made the decision to end my story in 2013, when I felt more healed and had also completed a significant achievement in seeking and maintaining longer term therapy. I wanted to include the

experiences and the stories that reflected all the insightful learning I had made around the benefits of being in a client role in therapy, all the challenges and barriers to seeking and maintaining therapy as an acculturated Asian, therapist-in-training; but also making sure to describe the irony of how a therapist-in-training experiences difficulty reaching out for support when they are in a professional role of providing support for others.

Keeping the research questions and the themes noted in the current research literature in mind, the themes that surfaced within my data were noted and connections were made with my experiences to the literature; while exploring the emotions, reflections, insights, and learnings of my experiences through the mental health journey. In the attempts to demonstrate the validity of my research study, I ensured I kept to the five features of Anderson (2006) analytic autoethnography in mind; all while ensuring personal and cultural consciousness while consistently connecting to the larger understanding of those in similar cultural and professional roles seeking and maintaining therapy.

### **Criticisms and Limitations of Autoethnography and Analytic Autoethnography**

All methodological approaches have their limitations. There are several common criticisms and limitations of autoethnography and more specifically analytical autoethnography. Because autoethnography requires research interests to be deeply intertwined within the researcher's personal life, the autoethnographers must be aware and not allow themselves to be drawn into participating too heavily in activities in the field at the expense of writing field notes (Anderson, 2006). Ellis (2009) has also commented similarly, that within autoethnographic research, writing in first person is considered by many in the research of social sciences to be unprofessional, and the autoethnographic style been accused of being too realist; in that traditional researchers question how autoethnographers can believe they are able to reveal their secret selves when the self is unknowable. Thus, choosing autoethnography can leave this type of methodology open to rejection, as findings are not always generalizable (Roth, 2009). Jenks (2002) stated that researchers who have chosen autoethnography as a methodology have strived for credibility through their field notes, as many researchers have not been taught how to take field notes, as well; there is also discrepancy as to what field notes should be entailing in terms of information. Due to this, Ellis (2009) states that the data obtained, is further criticized as then there is no concrete systematic analysis of the information.

Autoethnography can be personal (Ellis, 1999), and because of this, it can be difficult to generalize results to the larger population, and due to the very personal nature of my research, and the journey that was undertaken to reach the insights and healing achieved through telling the story of my therapeutic process, this research is very self-exposing and personal. Ellis (2004) discusses the dangers of autoethnography, as it demands self-questioning, and can force the researcher to confront unflattering things about themselves, their fears, doubts and emotional pain. The autoethnographic process can leave researchers feeling vulnerable once they have exposed themselves; there is no control as to how their work is interpreted by readers (Ellis, 2004). The researcher is unable to take back what they have written in the event they feel regret for what they have revealed (Ellis, 2004). On the flip side to this, because the process of autoethnography can be exposing, researchers can also choose to deny, repress, censor, etc. memories and experiences for fears of being judged by readers (Ellis 2009); and depending on the conclusions, Angrosion & May de Peres (2000) state that autoethnographers can decide to stimulate a different set of interactions can to lead to different observations and interpretations.

My research notes will also include recollections of my experiences, conversations, and interactions with others. Hunt & Junco (2006) has commented on a concept of “defective memory” that can occur in ethnographic work. Because our present stories are both an accumulation of stories from our memories, as well as anticipated thoughts of our future actions, our “here-and-now” stories can become interpreted by readers as highly fragmented; thus it is suggested that autoethnographic writing encourages more reflective recollecting of its present stories despite its influence from too many past memories and future notions (Hunt & Junco, 2006). Finley (2008) states that there are also criticisms of how the depiction and understanding of others in the notes are formed without exploiting them or leaving them voiceless. Some research have stated that when conducting qualitative research, concrete record keeping of details in the field should be made to fully encapsulate the observation of that interaction to give others a voice (Caulley, 2008).

### **Benefits and Strengths of Autoethnography and Analytic Autoethnography**

Analytic autoethnography is a balance between the participant and the researcher (Anderson, 2006). Why I chose using analytic autoethnography, was because I felt that this was the best way for me to tell my story, relate it to current literature, and add to existing questions in the literature. Using an analytic autoethnographic style of research helped to balance the

expression between my experience and my emotions. I felt that it was a balanced journey between research facts and personal emotional expression. It was a balance between my head and my heart. Clandinin & Huber (2002) state that autoethnography allows for the fullness of the participant's internal lives to be shown as the main focus are feelings, hopes, reactions, and internal insights; as well showing the relationship between the participant's external conditions, moving backwards or forwards in time, relative to past, present, and future information. As Anderson (2006) states, analytic autoethnography allows the researcher to reflect on the connection between the researcher and their research situation. It allows for the research not only to be read, but experienced by the researcher and the readers. It allows for the researcher to have an added vantage point for accessing certain kinds of data when being personally identified and involved in the social world that is being studied (Anderson, 2006).

Because my journey includes recording my experiences with challenges and barriers through seeking and maintaining therapy, using analytical autoethnography as a method helped to facilitate reflection, build insight and discover new areas of understanding my research. Ellis (2004) states that using autoethnography as a method is about gaining insight into yourself and how that information fits into the world we live in. Ellis (2009) supports, that it is this re-examination of these life events that allow us to deepen the understanding of our lives and our work. With the use of analytic autoethnography, personal experience and perceptions are used to help inform the broader social understandings, which in turn help to enrich our self-understandings (Anderson, 2006). With such personal, emotional, vulnerable components to my research, using analytic autoethnography provided an academic voice to the experience as it uses the researcher as a participant. Ellis (2004) states that placing a voice to the research allows the researcher and readers to have a first hand observation and participation into the experience, and provides readers with insights that may help improve their own lives.

As noted above, Spry (2001) discusses that autoethnography explores the self in context with social contexts and lived experiences. Due to the cultural component of my research, in terms of the public, self, and stigmas of mental health, the use of autoethnographic methodology, helped to reveal the challenges and barriers, struggles and success of how the self interacts with the social context and lived experience. As Sparks (2002) states, autoethnography can encourage empathy and connection beyond the self and contribute to meaningful social understandings; to which I feel my research can promote for others as well.

## **Ethical Considerations**

With all types of research methods, there are ethical considerations. Autoethnography has been known to have some unique considerations, as it can be difficult to write about oneself and others close to the self without considering the impact the writing can have on the individual and the others associated with that individual. With this being said, an ethics proposal was submitted and a Certificate of Approval was presented to state that my research study would ensure the anonymity of any individuals, groups, and facilities, which interacted with the researchers' experiences. This consisted of changing any identifying details related to programs, services, and individual's names. In the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2001), it is our ethical competency to minimize harm, thus, even though the only participant in my research is the researcher, any identities and interactions with service providers that added to my experiences will be changed to protect their anonymity.

Because there are some identities that will be known based on their relationship to me (e.g. my mother), a consent form (see Appendix A) will be reviewed with any members that are in this position. Those individual(s) will have access to read the autoethnography at any time upon request. The individual(s) will have the opportunity to delete any reference to themselves if requested. They are also not required to read the research text if they so choose. To obtain any written work, or results from the autoethnography, these individual(s) can contact the researcher for access to data and the final document.

Lastly, after discussing with my thesis supervisor the emotional and vulnerable nature of the research, as well as the potential emotion that could come about from the reflection of the past experiences, I will ensure that self-care is managed through a support system, and that therapeutic services are accessed if needed for the researcher. Numerous drafts will also be written, edited, and reviewed by the supervisor to ensure that the information in the research document is emotionally acceptable to be read by others.

## **Summary**

Analytic autoethnography has provided me with a writing tool that allows me to share my story in a professional research context, and best analyzes my journey, experiences, thoughts, emotion, reflections, insights, and learnings through accessing the mental health care system. In the chapter to come, I will be telling my story using analytic autoethnography as my tool to explore the experiences of seeking and maintaining therapy as an acculturated Asian therapist-in-

training. Choosing this type of method will help develop and expose any themes in my story that are also found in current research literature, as noted in Chapter 2. In addition, with this type of methodology, it will help to provide further insights and reflections, and deepen any further understanding of my experiences. Lastly, any themes that come up within my research can help answer future consideration questions in current research literature, and help guide other researchers to explore, and build insight on their similar journeys.



**Chapter 4**  
**Data Collection**  
**My Story**

I have been journaling ever since I was given a personal journal with lock and key in grade 5. I remember thinking the concept of being able to write anything private down and then lock it from others reading it was genius. I found myself making a habit of writing down events of childhood, telling stories of who were friends with whom, and who I had crushes on. I wrote about my relationships with my family, and wrote my feelings and thoughts down when I felt I needed to share something that needed to remain private. Throughout the years, the journal entries became more detailed, reflective, insightful, descriptive, and more emotional. As I got older, and started university and employment, I not only used a journal to jot down my thoughts and feelings, I also kept a day timer that also contained meaningful quotes, important dates, and shorthand notes I made of thoughts and feelings if I did not have access to my journal in that moment.

I tried to use the computer to write similar entries a few times over the years. At one point started an online blog and wrote only one entry before deleting the blog; but never did I feel connected to the process of typing out my thoughts and feelings, versus writing them out by hand. Because of my creative involvement in painting, scrapbooking, photography, and pottery; I also had an art journal that I occasionally used to draw, collect images and quotes, and to also jot down thoughts and feelings. There was something creative and reflective that I felt came out of me when pen touched paper; maybe this was why I enjoyed writing versus typing on a computer. By using the creative tool of writing my thoughts, emotions, observations on paper, it facilitated further reflection and insight. The process of journaling became creative for me. Though I did not necessarily write in the journals, day planners or art journals every day; these journals became a vault of my memories, my feelings, and a chronological journey of memorable events that occurred in my life.

When I started my thesis process, I began to dig out my old journals, day planners, and art journals. I remember keeping all my old journals, as I had felt that the entries were to precious and private to throw out. Some of the journals went into storage at my parent's home over the years, and some were stored with me where ever I lived. Finding the ones that I had in my storage were easy to access, the ones at my parent's storage were more difficult to find.

Digging the journals out of my parent's storage room brought back memories of my childhood, as I dug through boxes that dated back to times in elementary school. This was an emotional experience for me, as I recalled both positive and negative experiences that shaped the person that I have grown into.

Sitting in on the floor of the storage room digging through boxes, I was overcome by feelings of innocence, freedom, happiness, and then feelings of sadness, pain, and loneliness, as I sifted through old school papers, notes, clothing, and toys. I was reminded of my challenging childhood of emotional and physical abuse from family members, bullying from school, and experiencing the loss of family members at a young age; which was a primary reason why I had been involved in years of therapy prior to the therapy sought for this research study. With the surge of emotions from reminders of my past, I realized that the process of going through my journals, day timers, and art journals for this research study, would equally be an emotional process that would take me on a time machine journey through my experience through the mental health system. In the end, I was able to find almost all of the journals, and day timers. There were some art journals, which I was unable to find, as they may have been mixed in, lost, or thrown out amongst past art projects.

After bringing the journals and day timers home, I lined them up chronologically. They laid on the floor of the living room for weeks, as all I did was stare at them, preparing myself for the journey I was to embark on. Knowing that I felt emotionally supported through friends, with supportive resources at hand, and feeling mentally stronger than I ever have been, I was ready to embark on my thesis journey. I had predicted that the process of reviewing my past was going to be challenging, emotional, reflective, and insightful at times, but also freeing, as I was able to reflect and tell my story.

This chapter will tell my story of the journey through my involvement with the mental health system. Starting in 2005, where I took the first steps to becoming a therapist-in-training, through to my acceptance to graduate school, to my father's death, and through to the significant turning point to my therapy, and ending in 2013 when I start to move forwards with my journey. I chose to write chronologically through this next section to illustrate the mental and emotional process, reflections, changes that I made to deal with the challenges and barriers to seeking and maintaining therapy. I write chronologically in hopes to have the reader walk along this journey

with me, recounting my experiences, building further insight, and finding places amongst my story to relate to or not.

### **Taking the First Step**

I started a counselling diploma program in the fall of 2005. This was when I decided to start reflecting back on my counselling journey. Thinking back, this was first time, I remember really feeling the challenges and barriers to seeking therapy, as I was beginning to focus my academics towards a career in counselling psychology. I opened up the day timer that started in the fall of 2005.

*“Being Twenty Something” by Brenda Della Casa. They call it the “Quarter-Life Crisis”. It is when you stop going along with the crowd and start realizing that there are a lot of things about yourself that you did not know and may not like. You start feeling insecure and wonder where you will be in a year or two, but then get scared because you barely know where you are now. You start realizing that people are selfish and that, maybe, those friends that you thought you were close to are not exactly the greatest people you have ever met; and the people you have lost touch with are some of the most important ones. What you do not realized is that they are realizing that too, and are not really cold, or catty, or mean, or insincere; but they are as confused as you. You look at your job. It is not even close to what you thought you would be doing or maybe you are looking for one and realizing that you are going to have to start at the bottom and are scared. You miss the comforts of college, of groups, of socializing with the same people on a constant bias. But then you realize that maybe they weren’t so great after all. You are beginning to understand yourself and what you want and do not want. Your opinions have gotten stronger. You see what others are doing and find yourself judging a bit more than usual because suddenly, you realize that you have certain boundaries in your life and add things to your list of what is acceptable, and what is not. You are insecure and then secure. You laugh and cry with the greatest force of your life. You feel alone, and scared, and confused. Suddenly change is the enemy, and you try and cling on to the past with dear life, but soon realize that the past is drifting further and further away; and there is nothing to do but stay where you are or move forward. You get your heart broken and wonder how someone you loved could do so much damage to you, or lay in bed and wonder why you can’t meet anyone decent enough to get to know you better.*

*You love someone but maybe they love someone else too, and cannot figure out why you are doing this because you are not a bad person. One night stands and random hook ups start to look cheap and getting wasted and acting like an idiot starts to look pathetic. You go through the same emotions and questions over and over and talk with your friends about the same topics because you cannot seem to make a decision. You worry about loans, money, the future, and making a life for yourself, and while winning the race would be great right now, you'd just like to be a contender. What you may not realize is that everyone reading this relates to it. We are in the best of the times and worst of things, trying hard to figure this whole thing out.* Journal Entry – September 14, 2005

Before writing this script into my journal, I had carried a printed out version of this script on a piece of paper for the previous eight months. Someone had forwarded the email of this script to me, and it resonated with me. I was in a place of transition, and related to parts of this script. I had grown from the naive traditional Asian girl who lived at home and had limited life experience, into a more open minded Westernized Asian woman, who had lived away from my parents for five years and backpacked South East Asia on my own. After returning from South East Asia in 2004, I realized that an undergraduate degree in psychology was not going to get me a job as a psychologist. In the fall of 2004, I had attempted to apply for graduate school in counselling psychology, only to be rejected as I did not have enough experience, and my GPA was not acceptable. I did not feel I had any direction in my life. I was working in a scheduling office booking nurses for sick calls and vacations. The job was the furthest thing away from where I had imagined myself to be after finishing university. My relationship with my friends changed. Friends moved back to their home towns, started careers, got married and started families, or pursued continuing education. I was far from these paths, and months after university, certain friends and I just lost touch. I was feeling more and more alone. I felt like I had to start from the bottom again, with school and making new connections. It was as though life was placing a huge reset button in front of me for me to push. I was confused, and was having difficulty seeing a direction in my life.

I knew that I still wanted to pursue a career as a psychologist, and knew that I liked working with seniors, I knew that I was good at helping people, and that was all I knew. I used this printed out script as a motivator to try to move my life moving in the right direction. I used my rejection letters and recommendations from the graduate school I had applied to as further

incentive to move forward from the stagnancy I was feeling in my life. I remember the rejection letters stated that my GPA was too low, and that I needed more academic and research experience, as well as work and volunteer experience. I focused the majority of my time ensuring I covered the recommendations suggested to me. I became obsessed, with achieving this goal.

By the beginning of 2005 I continued with my part time job working in a scheduling office to make money for additional schooling. I also found a second job casually picking up shifts with a seniors rehabilitation day program as a therapy assistant. I signed up for as many volunteer positions possible to prove my dedication to ensuring that the following year I would be accepted into graduate school. I ended up volunteering at the local gift shop within a senior's resident building, an inpatient geriatric mental health unit with their recreation therapy program, a dementia society working with their seniors in their day program, one-to-one visits with dementia residents at a long term care centre, and at a twenty four hour telephone crisis line.

In the spring of 2005, I had fallen into a comfortable routine of running to and from my work and volunteer obligations. I applied and enrolled in a counselling diploma program for the fall of 2005 to gain more experience in the counselling field, and to raise my GPA. I remember feeling motivated again, and feeling that life was moving in a forward direction. All while trying to boost up my work, volunteer, academic experience, and a third summer employment opportunity in the field of geriatrics presented and was offered to me. I could not turn this opportunity down. Even though I knew my schedule was full, this employment opportunity created a chance to further my work experience, and to further connect with other professionals in the mental health field. I ended up taking this opportunity on, and justified to myself, that if I worked really hard for the summer that it would pay off in the end for applying to graduate school.

My schedule was maxed out with school, work, and volunteer commitments. I remember feeling the symptoms of burn out. I knew I had to seek some therapeutic counselling support. However, because I was enrolled in this counselling diploma program, and immersed within part of the city's mental health system for employment, I felt some hesitation to seek help, as I feared the idea of someone finding out I was seeking support and then disclosing it to members of my employment or academic communities.

By October of 2005, I recall feeling stressed, and started to experience symptoms of burn out with the full schedule of commitments that I had told myself needed to be accomplished for a graduate school application. However, at the time, my drive and focus to ensure I was accepted into graduate school was greater than my self-awareness to take care of myself. I knew that I needed to seek some counselling support, as I could not achieve a balanced work-life balance.

*Start getting information for graduate school, and start filling out the pre-application form.*

Day Timer Note – October 23, 2005

Making time to see my friends became less and less, thus my support system deteriorated. I was becoming more irritable with my relationships, sleeping less, low in mood, and caring less and less about myself and the people around me. I knew I had to reach out for emotional support, but somehow felt scared about reaching out when I was starting to integrate myself more in the professional mental health community. I knew I did not want to be a working professional that had poor work-life balance providing that provided counselling to others. I did not want to be a hypocrite, but I did not know how to seek help in the midst of completing a diploma in counselling, and in the midst of applying for graduate school. In the back of my mind, I did not know how to admit needing help for fears that it would affect my getting accepted into graduate school. I sat with these thoughts nagging at me in the back of my mind. I was not ready to seek support, primarily because I was scared of what others would think. I decided to keep on with my studies, work and volunteer commitments, and tried even harder to manage what little I had left of a work-life balance.

*Find some counselling information.*

Day Timer Note – October 28, 2005

The feeling of being a hypocrite nagged me in the back of my mind, and pushed me to be curious about what other supportive counselling options there were within the city for me. I told myself that I would see what counselling services were available in the city, using the excuse of familiarizing myself with the resources in the city, versus admitting to others that I needed to seek the support. Seeking support at this point in my life was much different and difficult than seeking support during my undergraduate degree. I was a step closer to an academic goal, which was a step closer to my career goal. I felt shame admitting to anyone that I had difficulty coping with stress to other mental health professionals, with the fear that one day I would work amongst them; even though I knew that these professionals would be bound by ethics to remain confidential. I felt that I would be judged to be “unhealthy” by classmates if they found out I

was seeking counselling. I judged myself for not being able to cope. I cared what others thought of my engagement in seeking therapy at this stage of my career development. However my deeper need to ensure my own wellness kept persisting and I still went about collecting information on my counselling options in the city. I took time to figure out which option fit best with my insecurities around seeking therapy, and which option I felt kept my autonomy private the mental health professional community. Though I had made the decision to seek therapy, it was still a while longer before I took the first step to calling and making an appointment.

I recall the exact moment on a snowshoeing trip over the New Year holidays where I felt as though I completely broke down from the stress and burnout I endured the past year. I couldn't bring myself to enjoy the holidays. All the stressful feelings I had avoided dealing with in the past year came up with a vengeance. I felt that after I invested a year of working hard academically, and accumulating relevant employment and volunteer experience, I set myself emotionally and mentally right back to when I started my goal to get into graduate school. Feelings of being lost, being scared, thoughts of insecurity and doubt, and being alone from pushing most emotional supports away, all arose to the surface; to the point where I finally made an appointment with a non-government funded counselling service. I did not want to be a hypocrite; I wanted to be a good example to other co-workers, friends, and family that self-care through therapy is healthy to incorporate in one's life, and to sever any negative stigmas associated with seeking mental health services. I wanted to be healthy, and have healthy relationships. I wanted to have a good work-life balance, and most of all I wanted my focus back to accomplish a career and life goal.

I made the decision to choose a non-government funded counselling service primarily because, I did not want to go through a government funded facility for mental health services; as I wanted to eventually either going to be connected to doing a practicum placement with them, or work for them. I wanted to lower the chances of potential clients or co-workers recognizing that I had been through their services as a client. I wanted to keep my autonomy and privacy for my future endeavours. Secondly, I was looking for a facility that had employees that were either provisional or registered psychologists. This services that I choose, had both provisional and registered psychologists employed. Some of the other non-government funded counselling services I considered only offered counselling from other disciplines; such as social work or nursing. I was not opposed to receive counselling from other professions, however preferred to

receive counselling from a psychologist; partly because my past experience with therapy were with psychologists. A third reason why I choose this non-government funded counselling service was because they had a sliding scale for payment. Because I was on a student income and budget, and I did not have any health insurance, it was not feasible for me to access private counselling and either pay or reimbursed for sessions that cost up to \$180/session. Using the sliding scale, and having them take into consideration my personal income, I ended up paying a significantly lower amount for my counselling sessions. Lastly, the location of this service was located in an area of the city that was discrete to go to. There were no public signs that stated the facility was a counselling service. The only way clients knew about the location, was when the intake coordinator called to book an appointment. Knowing that the location was discrete, I also felt more privacy going to seek counselling at this location.

Though I felt some comfort in choosing this facility to seek counselling, there were a few reasons why I was cautiously reserved about utilizing this particular support. I had some friends that were either a year or two ahead of me in completing their Master in Counselling programs. Some of them were in the process of also completing their practicum requirements; and this particular facility was a primary practicum location for those students. Thankfully at the time of starting my therapy, I did not know any friends that were doing their practicum placements at that particular facility; however I feared the chance that I would still run into them at the facility later on in my therapy when they decided to do their practicum placements there. Because some of the staff at this facility were doing their practicum placements, I was concerned that I would received therapy from someone that may not have had an abundance of past experience counselling. However, I also believed that a good therapist is not solely dependant on their academic pursuits, but also their personal experience, insights, and ability to relate, their ability to have compassion, their personal level of patience, and how they have learned empathy. I recall taking a chance on the therapist I was connected with. I ended up with a provisionally registered psychologist.

Lastly, this facility provided primarily short term counselling, six sessions, with the option to extend a few additional sessions. I was slightly concerned, as I did not know whether short term therapy would be sufficient to help out with my current and past concerns. My past experience with therapy in undergraduate school was also short term therapy, and previous psychologists had made recommendations for me to engage in longer term therapy. I had



preferred to find longer term therapy, however, as noted above, did not want go through the main government funded organization or go the private therapy route paying over \$150/session on a student budget. Being involved with short term therapy was also a challenge, in that I was aware that I have always been slower to emotionally open up.

*9:45am counselling appointment with D.*

*Be aware of my feelings.*

Day Timer Note – January 12, 2006

Whether being slower to emotionally opening up was due my personality or that was a culturally Asian personality trait, short term therapy always felt as though there was unspoken pressure to quickly emotionally open up to ensure I made use of all six sessions. Thus when my therapist asked me to “be aware of my feelings” on the first session, I struggled to follow through with her recommended homework; however did so knowing there were only a limited amount of sessions.

There was a good relationship between my therapist and I. I felt supported, and I felt that my therapist understood the cultural differences that made being emotionally open more difficult for me. My therapist both supported me, and challenged me. Having a therapist that was culturally sensitive was also helpful, and thus I spent less time having to explain myself, my personality character traits, and my culture. I was finding different ways to reconnect with coping strategies that I had left by the waist side in the midst of my busy schedule. I was becoming further and further away from the hypocrite I did not want to become. Working through personal concerns with the therapist made completing my graduate school applications a process that felt good; as I was priding myself with being able to connect myself with a client’s role. I felt that I understood first hand what challenges and barriers were to seeking and maintaining therapy, which in turn, I felt added valuable experience towards being a therapist-in-training. I was starting to feel empowered that I was able to confront my stresses while still on my journey to becoming a psychologist. I started telling some friends and some family I needed to seek further support in my life. This became a step in feeling less shame in admitting that I had concerns in my life I needed to address. By doing this, I took a chance in being more open with my emotional concerns, and strayed away from a traditional Asian way of managing emotional concerns privately; and realized that the stigma of seeking mental health services was not as terrible as I thought.

*2:00pm counselling appointment with D.*

*Buy a new journal.*

Day Timer Note – February 27, 2006

I was on my seventh session with my therapist. At this point we had negotiated to have some additional session that extended beyond the recommended short term therapy session of six sessions, as we were doing some good work together. I was thankful for this, as I was having a great experience with my therapist, making significant progress, and feeling back to myself again. I had completely embraced the idea of seeking support while being a therapist-in-training. My therapist recommended that I purchase a new journal, and continue to use day timers to record how I was feeling to get into a habit of being consistently self-aware of how I was feeling. The routine of being aware and expressive of my emotions did not always feel entirely natural, as the expression of any outward emotion was a sign of being “weak” or unnecessary in the eyes of my family members; regardless whether they were positive or negative emotions. However because of being quite acculturated to a Western society, I had learned that some emotional expression was healthy. Whether it was writing a full journal entry, drawing, or jotting down notes, it would help with being more aware of my emotions and actions; so that I could intervene with appropriate coping skills when personal stresses or concerns arose. It was at this time, that I started to carry a day timer with me all the time to make consistent notes about anything pertinent.

While flipping through January and February 2006’s day timer and journals, I recalled being enrolled in an ethics class that covered the Canadian Code of Ethics for Psychologists, as part of my counselling diploma program. Taking this class was memorable, as I recall that it reviewed ethical competencies of a psychologist. It was though the stigma of seeking therapy lifted for me, because the Canadian Code of Ethics supported therapists seeking appropriate help when physical or psychological conditions arise. I remembering feeling more empowered by knowing this, because I felt less shame in admitting that I needed to seek therapy. As well, I felt that the Canadian Code of Ethics also kept me accountable to ensuring that I keep my work-life balance in check. At this point in my life, I started to take some pride in seeking therapy. I started to be less ashamed of admitting that I needed help to myself and to others.

*I have no problem going out of my way to help people out, even if it makes more work for myself, but what really makes me upset, is that it never feels as though the notion of offering help in return rarely cross their mind. I find this inconsiderate. Maybe D. is right. Maybe I do put myself in situations where I take on too much responsibility of others...I’m at a loss of words, will journaling ever express the emotions I truly feel?*

*...More than ever have I felt the passion to get myself out of situations that brings on this emotional pain of being taken advantage of.* Journal Entry – March 7, 2006

I had just completed my eighth session. At this point of therapy, we had dove deeper into expanding differing ways to self-care. I was raised in a family, in which I was expected to take care of my elders; whether that would be grand parents, parents, or older aunts and uncles. I was also expected to set appropriate examples to those younger than me; whether that is a younger siblings or younger cousins, etc. Growing up in a traditional Asian family, it felt as though there was little room for me to explore what was best for me, as all my actions were stepping stones to a future that would financially provide for my family, and my parents. There was not a lot of emphasis on the self. There was not a lot of sharing and expressing emotions in my family. Thus when stressful situations arose, it was expected that I cope internally first, or within the family next, and never with anyone outside the family.

As stated in Chapter one, I started to slowly incorporate both Asian and Western perspectives of coping leading into high school. After leaving home and moving out when I was seventeen years old for undergraduate school, and backpacking South East Asia on my own, I had thought that I found a way to cope emotionally. Even with the therapy that I had received over the years, and the therapy leading up to this journal entry, I had convinced myself that I knew how to cope emotionally; however did not realize that I was still putting myself in situations where I was placing additional stress on myself for taking on other people's matters, or offering what little time I had to help others. I realized that I was still carrying past traditional expectations of ensuring that those around me are always taken care of. I realized that I was also still not asking for help when I needed it, even though I had convinced myself I was coping well with the array of coping strategies I had in my back pocket. I recall this moment as a turning point in working towards placing my personal needs first. This was a difficult concept for me to wrap my head around, as I had been told by family members that it was "selfish" to think of oneself before others. I did not want to be selfish, but I wanted to care for myself more.

*Last session with D.*

Day Timer Note – April 14, 2006

I experienced mixed feelings on the last session with my therapist. I was thankful for the relationship, the work we did together, and the insights and strategies that I could take with me to practice. However, I felt the work was not done, and even though we extended to a total of eleven sessions over the course of four months, it was recommended by my therapist to continue

therapy; as it had taken us some time for me to emotionally open up, and to get to the progress we got to. Even though I wanted to continue to work with my therapist, I knew that I had to move on. I was not looking forward to having to go through the process of finding a new therapist, trusting a new therapist, and emotionally opening up to another therapist. I was feeling better, and reconnected with myself and my coping strategies. I had found a good work-life balance. However, there was much more work to do to re-learn and incorporate behavioural pattern around taking care, making time, and focusing on myself; without associated it with being “selfish”. I had to learn how to accept and deal with my cognitive dissonance around coping with most emotional obstacles when they arise.

I still had some work to do around caring less about what others thought of me, as the concept of “saving face” was consistently in the forefront of my mind. I was raised to always be aware of what my actions and behaviours were, as my actions and behaviours would be a reflection of my family. I had work to do, letting go of the judgements and perceptions of others that governed some of the choices I was making that was adding more stress in my life. Some of the work I was doing in therapy that involved examining and re-learning thought processes and behaviour relative to what worked best in coping with stress. A large part of my learning in therapy was distinguishing the difference between Asian and Western perspectives, in terms of interpersonal relationships, communication, emotional expression, etc. Though I had adapted some Western perspectives in thinking and behaviour over the years, however, there were still some Asian perspectives regarding interpersonal relationships, managing emotions and stress, and how to take care of oneself that were still deeply ingrained in me. I had to now use the insights and tool I learned in therapy into more practice while I went on my journey again to look for another therapist.

### **Taking the Next Step**

The acceptance letter came.

*Oh my god I can't believe it! AHHHHH!!!*

*Masters Program Acceptance. The Selection Committee for the School & Counselling Program has met and made final decisions regarding applications for the 2006-2007 year. We are pleased to inform you that the committee has recommended you for admission to the College of Graduate Studies & Research. The final decision on admission to the program will be made by them and you will be informed by them.*

*Details regarding requirements and time lines for the program are included in a letter being mailed to you. To facilitate our planning, we are asking you to indicate by May 19, 2006 (email or letter) if you will be accepting our offer to be enrolled in the School & Counselling Psychology program. We look forward to your reply. Thank you for your interest in our program and good luck in your future studies. We welcome you to the Department of Educational Psychology & Special Education and look forward to working with you.*

Journal Entry – May 5, 2006

I remember being so excited, the first thing I did was call my father to tell him of the news. I wanted him to know that I was not being “selfish” and that I had spent the last two years of my life focusing on making sure I was mentally and emotionally healthy through seeking therapy, and filling my schedule full of academic requirements, employment and volunteer commitments; all to get myself another step closer to my career goal. He was proud of me, and for the first time, I remember feeling that he finally understood why I made the decisions I did about my life.

Knowing that I was accepted made the last year worth the stress. The stresses led to the journey into deepening my experience with therapy. I had found a pride around seeking therapy, and did not feel as ashamed regarding asking for help. Because graduate school would not be starting until the fall of 2006, I felt that I had little time to figure out whether I wanted to go through the process of finding another therapist over the summer months in my current city, or wait until I moved to the new city where I was accepted into counselling program, and attempt to seek therapy there. I wanted to continue therapy, however was also weary about having to develop a relationship with a new therapist, only to have to leave a few months later to start therapy with another new therapist. However, knowing that recommendations were made for me to continue my therapy, I found myself also being concerned about how the school professors and the student cohort would view my involvement in therapy. I feared they would think that I was not mentally or emotionally stable, or that I did not deserve to be in the program. A decision needed to be made. I decided to seek therapy after I moved to not have to deal with switching therapists again. I decided to go on a backpacking trip to Taiwan and China instead in the months before school commenced.

*Arrived in Taipei today, and all I can say is that I am the only one who does not have my eyes done. All the girls here have their eyes done.*

Journal Entry – July 23, 2006

Prior to starting graduate school, I booked a backpacking trip to Taiwan and China. This trip was mainly because I wanted to go back to my place of birth, see where I came from, connect with relatives, and work towards a deeper understanding of my culture. I also wanted to see China before mass construction was in place prior to the Olympics. I felt that if I was able to understand my culture and the history a little more, than I would also have a better understanding of how culture played a role in my family and how I was raised; which would in turn help me to understand my fears around specific people knowing my private affairs, my involvement in therapy, and my perceived challenges with seeking and maintaining therapy.

Growing up, my mother had always tried to convince me to get a “double eye lid” surgery. This was a surgery for Asians born with mono lids to make the lids look more Westernized. For years, this conversation topic came up at home, as my mother believed that getting this surgery would increase my chances of success with relationships, and employment opportunities, as she believed that physical impressions were important to one’s success. I had opted out of ever getting this surgery, as I did not feel I needed cosmetic surgery. However when I landed in Taipei, nearly every female, young and old, had their eyes surgically done. The “double eye lid” surgery was a common surgery, and found out that parents in Taipei would take their daughter’s at young ages to get this done. I grew up with these messages of needing to be extremely aware of one’s physical appearance, and how we conducted ourselves in public, as this was a reflection of the family. Though I adopted differing view as my parents, as I acculturated to a Western culture, I was really beginning to understanding that my fears around seeking therapy was rooted in these messages my parents had engrained in me, around making sure my “outside” appearance ensured there was never anything wrong on the inside.

At this point I am still on my trip. I have gotten into a practice of writing my reflections, memories, insights, and emotions down. I was facing a flood of emotions that have arisen through connecting with my place of birth and the culture. I was feeling emotional at this point of the trip and wanted to cry, but was trying to force myself to write out my feelings rather than expressing them outwardly. I realized that I found myself amongst an entire culture of individuals that culturally deals with emotions privately. I did not have anyone to talk to.

*I am trying so hard to write all my emotions out because all I want to do is cry, and I do not want anyone to see me emotional. Sometimes I hate writing because I can never find the right words to express how I'm feeling.*

Journal Entry – August 07, 2006

I started to question my coping strategies, and I had convinced myself that writing my feeling down was a form of emotional expression; however had neglected that emotions also need to be experienced physically as well. This journal entry on August 07, 2006 was upsetting to re-read, as I remembered that it was not appropriate for me to cry when I was a child. Growing up in a traditionally Asian culture, any emotional expression was tied to a reflection of the family; thus showing emotion was not an automatic response for me. It was easier to keep emotions on the inside. I realized that I was travelling in a country where I did not feel it was appropriate to cry. I realized I was caring about what other Asians thought of me if I were to look sad on the outside. I was frustrated that I could not bring myself to cry. My therapy prior to this trip had only touched on certain ways to self-care, and emotionally express through written words; I knew I had much more work to do.

Following my trip to Taiwan and China, I moved to Saskatoon to start graduate school. After finally getting settled in after the move to the new city, and into a rhythm with school, I eventually found time to make an appointment with a therapist to fulfill the agreement I made to myself to ensure ethical competency, and to keep up and maintain healthy coping strategies. There were two options that I was able to find for therapy, which did not offer practicum placements for my program, and was affordable within a student budget. Initially I connected with a psychologist through a service provided by the university. I remember feeling from the first session that the relationship with my therapist and I was not a fit; however I was hesitant to find another therapist as I felt I had few therapeutic options. There was a lack of cultural sensitivity, and there was an expectation, that because I was enrolled in a counselling program that I should be able to find ways to cope without needing therapy. As referred to in Chapter 1, the words “high functioning” was used to describe my personality. From what I could understand, because I was enrolled in a counselling program and a therapist-in-training, because I was thought to be one that displayed a depth of insight and consistently reflect on my behaviour, and because I displayed a level of resiliency in respects to coping with stressors, I was deemed “high functioning”. This was the first time I questioned whether I was even an appropriate candidate for therapy. I started to second guess myself. I was under the impression that the therapist did not understand why I was seeking therapy when I had a decent understanding of myself. I left the first session confused, with little trust in the therapist, and with a large stack of readings on various mental health disorders. I did not feel that any of my

concerns were addressed; however I did want to give this another chance before finding another counselling option. The location of this therapist was on campus, thus easy access, and I did not have to pay for any sessions. However like the other therapists I accessed in the past, this was also short term counselling, up to six sessions. There were options for group therapy, however I feared other students recognizing me. I also feared that fellow students in my cohort would be also accessing services, and did not want to be in the same group as them; thus I opted for individual counselling.

The decision to stick with my current therapist versus finding another became a difficult decision to make. Saskatoon was much smaller of a city than the city I was from; about one fifth the size. I worried about someone knowing someone that would find out about my personal business. Even though I was a new resident to this city, I enjoy my personal privacy in a larger city. It appeared to me that many of the residents in the city knew other residents in the city, who were from neighbouring smaller surrounding communities, and there was a closer network of people. I was hesitant to start looking for other therapy services again because I was trying to ensure my autonomy and privacy. I knew that the therapist themselves, would be confidential with my information, but I did not trust others that would see me utilizes services to tell others.

*Counselling appointment with P @ 1:30pm. Last session.*

Day Timer Note – November 27, 2006

This session was not productive. The therapist and I did not fit, and I was now sure of it. There continued to be cultural insensitivity, or even lack of understanding around Asian cultures and the different type of boundaries there are within the family and outside of the family. As well, there continued to be an assumption that because I was in a counselling program, I should have some strategies available to me to be aware of what I needed to do to work through my issues. There was not a lot of room for me to emotionally express, no room to work towards building some insight, or even room to reflect. There was no goal plan. A lot of the session was based around reviewing the stack of reading material I had received from the therapist the previous session, and how I could incorporate more self-care activities into my life. At the time, even though I was immersed in academic commitments, I incorporated and practiced self-care in the form of going to yoga, going to the gym, and did wall climbing. I engaged in frequent meditation and journaling, and had a good support network of friends that I frequently called back home. I knew, despite having engaged in consistent self-care activities, I still needed some



way to explore emotional expression that was recommended by my last therapist. I knew that this therapist was not the right fit, and was not going to be the one that would help me with what I was looking for through therapy.

At the time, I couldn't bring myself to tell my therapist that the sessions thus far were not helpful. I felt passive in telling the therapist what I needed, as I was beginning to realize that asking for help was much more difficult than expected, and I was really not good at it. Because there was no trust built in the relationship between my therapist and I, I made the decision to not book a follow up session. I realized through this experience that growing up, the messages I retained, was that emotional problems were solved either in the family or own our own. It was a reflection of "failure" if I had to ask for help from others. There was an outward image to keep up that was a reflection of the family. By being passive and not directly communicating to the therapist what I was looking for, as well as not being direct with helping the therapist understand some Asian cultural scripts; also added challenges to my therapy. I had to learn to ask for help, and learn how to help my therapist understand me. I realized that therapy involved needing me to be more of an active participant as well. Because of this experience, I became apprehensive again regarding looking for another therapist, as I knew I needed a therapist that had a natural sensitivity and understanding of Asian cultures or be willing to learn about my culture, and that I could trust to emotionally open up. I started to find myself putting off looking for another therapist.

*Doctor's appointment 1:15pm.*

Day Timer Note – March 13, 2007

I usually schedule a yearly medical physical in the spring season. Because I was away from home, I ended up utilizing one of the family physicians that was provided to students. In my physical, I briefly discussed some concerns that I wanted to address through therapy, and disclosed that my last attempt at seeking a therapist was not successful. In a few words I explained my concerns regarding looking for a counselling facility that would not affect my schooling, or having further individuals within the counselling field know I was seeking services. From here, my physician referred me to a counselling service that was through their facility. I was told that the therapists are of social work background, and not psychologists. Up until now, I had primarily experience therapy from psychologists, and was open and curious to receive therapy from a social worker. Culturally, I learned from my parents that it was more acceptable and appropriate for me to seek services for medical concerns versus emotional concerns.

The counselling service I was recommended would be provided at the doctor's office, which provided a sense of privacy as it was not evident to others that I would be seeing a therapist. I found it interesting how, I was more comfortable with entering a physician's office numerous times, versus a counselling facility. The counselling service was also free, thus fitting well with my student budget. The down side, however, was that the counselling services was also short term counselling and only provided up to six sessions.

*First session with T. at 1:00pm.*

Day Timer Note – March 15, 2007

I had a great first session with my therapist. Walking into my therapist office there were inspirational quotes from the Dalai Lama on the wall. My therapist was culturally conscious and had a good understanding of Asian cultures, but also demonstrated a curiosity to learn more about my cultural background. My therapist was spiritual as well, and was able to understand concepts of Buddhism, which was the root of many of the life concepts I learned when I was younger. My therapist was a great fit. Even my therapist's background in social work was also helpful, in that there were a lot of systems and family theories that were helpful to understand how I fit into the different groups I belong to. My therapist understood the difficulty for me reaching out for help because of cultural reasons, and set up an atmosphere that allowed me to practice emotional expression, and room to work on being less passive and more assertive. Within the first session, I was eager to do more work, despite knowing that there were only so many sessions left ahead.

### **Life as I Know it, Changes...**

Over the course of three months I had six sessions with my therapist. My therapist and I did great work around coping strategies, exploring spirituality and meaning making. We explored theories around social networks, family dynamics, and where I fit in these different systems. There were plenty of chances to work on emotional expression, and many moments to practice assertiveness, and speaking up for what I wanted; which all were different messages than what I grew up with. We worked on finding the balance between making life choices with considering both Asian and Western perspectives and values. We worked through the cognitive dissonance I was feeling of holding two opposing viewpoints on issues around boundaries, interpersonal relationships, self-esteem and self-confidence, and self-care. I was comfortable with my therapist.

*Session with T. 9:00am. Back to Calgary for the summer.*

During this third session, I had my cell phone turned off. When I finished the session, I had missed over thirty phone calls from my mother trying to get a hold of me to let me know that my father had gone into the hospital, as he had collapsed on the way to work and will be needing heart surgery. I was lost, confused, and in panic to get back home. The suddenness of the situation left me with no answers to his status. I had a million thoughts infiltrate my head, and all I wanted was to rush back home. This was a memorable day, as my life, as I knew it, changed forever.

I hopped on a plane within hours of finding out my father was in hospital, and when I arrived in Calgary, I went straight to the hospital. My father had experienced a massive pulmonary embolism which caused him to go into shock leading to his heart stopping. After twelve minutes of CPR and reviving him, doctors told us that if the clot in his lung was not removed he would only have about one to two hours left to live. He was rushed to surgery. I arrived into the city just shortly after he came out of surgery. I recall the exact moment I stopped feeling and started in automatic mode. I remembered telling myself not to cry and to stay strong. I looked at my unconscious father, his bruised face, staples in his chest, the six machines he was hooked up to, looked around at the devastated family members in the room, and made the decision to step up to support the family. I spoke to the doctors, the nurses, and then helped translate to my mother and other family members. I became the emotional support that my family needed.

Five hours after his initial surgery, there was excessive bleeding found, and he was sent back into surgery to fix the bleed. He was stable after this and made it through the first night, however his blood pressure was fluctuating. On the second day, doctors were concerned about a clot in my father's leg, and started him on blood thinners. Though still unconscious, he seemed to respond well, and I made the decision to send my family home to rest a bit before returning back to the hospital. I stayed at the hospital. It appeared that my father was responding to the medications; however by 0300am in the morning, his blood pressure continued to drop, and he became unresponsive to the meds. My dad never wanted to live a life connected to medical machines, and because the initial CPR took over twelve minute to revive him and doctors did not know whether there was significant brain damage; we made the decision to take him off life support. I held back my tears as I watched him pass away. I remember my father telling me not

to cry, as it was a symbol of weakness. I did not want him to think I was weak. I also knew that I was going to have to be an integral part in planning his funeral and dealing with his estate, as I watched how my family responded to his passing. I said my goodbye to him and started on my journey to help out my family. My father passed away July 1, 2007.

After completing the arrangements for the funeral, there was also a family meeting.

*Work – Keys, Documents, Possessions. Health benefits. Life insurance.*

*Insurance – Fax Death Certificate.*

*Burial permit. Tombstone and review, ID viewing.*

*Family meeting.*

Day Timer Note – July 04, 2007

At this family meeting, I was told about the cultural expectations of what an immediate family member was to do as a form of respect to the person's passing. I was told that as a form of respect to my father's passing, I was to not engage in any activities that celebrated or involved spending too much time on myself. I was to keep my respects to my father and family for up to a year, as this was part of the role of the eldest in the family, as well as being immediate family to the deceased. Whether this was a cultural, spiritual, religious, or family practice, I did not care at the time. I felt a sense of duty to be there for my family, as I knew that I was emotionally strong enough to take on the role of being an emotional support to others. I would ensure to engage in therapy if my emotional situation worsened during this time. I knew this was a large role to take on, but I did it anyway. I ended up cancelling many pre-scheduled events for the next 12 months. I cancelled going to a bachelorette party, music concerts, a wedding, and a few birthday parties. I gave all my time to planning the funeral, managing my father's estate, and being an emotional support for family and family friends. I stayed in Calgary for the summer of 2007 to help out.

*Meet with the social worker from the funeral home. .* Day Timer Note – July 09, 2007

My family was connected with a social worker from the funeral home. The social worker was provided to the family to help with arrangements, estate planning, and provided a checklist of item that needed to be completed after a person passes. The social worker also provided some short term family grief support as well, and provided options and resources for on going grief counselling. This was the first time since my father passed, that I was able to debrief emotionally with someone. I had gotten busy with planning the funeral, making decisions regarding the estate, and being emotional supports for family and friends; I had not given myself

the time for my grieving. Even though I had the opportunity to do a little grief counselling with the social worker, the checklist of items that needed to be completed after a person passes was extensive, and I felt that this checklist needed to be completed to ensure my mother would not have to deal with any of the difficult decision making.

In hindsight, I realized I coped with the grief by immersing myself with the checklist. It kept me busy, and it kept me emotionally secure to emotionally support family and friends. I did not realize that I had taken the concept of keeping private concerns within the family seriously; that by this time, I had barely talked to any of my friends to let them know what had happened to my father. I had taken what my family members had said around ensuring not to celebrate and to not over engage in spending too much time on myself to an extreme. I thought that this was what I was supposed to do to honour the deceased. As well, it was during this summer that I decided that I needed to go back to finish the final year of my schooling in the fall of 2007. My decision to go back to school in the fall of 2007 was because I assumed that this was what my father would have wanted. A part of me knew that I was not ready to go back, but with the family expectations weighing on me, I felt obligation to. Even though a part of me wanted to connect to a therapist that summer after my father's passing, my plan was to deal with my grief with the therapist back in Saskatoon whom I connected well with prior to leaving for the summer. I was just too busy with the checklist, and managing my father's estate. This decision put additional pressure to ensure that the checklist was completed before the fall.

My father's funeral and his burial was on July 11, 2007. As I went back to read the eulogy, I am overcome with emotions of missing my father. This was one of the few entries or notes I made for the rest of the 2007 year.

*Good morning friends, family supports, and colleagues of my father. On behalf of the Cheng family, I thank you all for your condolences, and coming to this gathering today. I want to let you know from my heart how supportive you have all been through this very hard time, and our family greatly appreciates all that you have done. I thought I would start by telling you a little bit about the kind of man my father was.*

*If I could describe my dad, I would say that he was a simple man who cared deeply about others and never wanted to inconvenience anyone. He had a huge heart and always wanted to be helpful to those around him. He was very generous, kind, honest, and genuine to those in his life; and never expected anything in return. He was always there,*

*and looking out for others. One of the major life lessons my dad taught me, was to “always finish what you start”. This was a reflection of how much of a hard worker my dad was. Not only was he a hard worker, he was dedicated, driven, passionate, and determined at which ever task he was accomplishing. He taught us never to give up, to be strong, independent, and responsible.*

*The thing I admired the most about my dad was that he was an experience man who had lots of insights into many realms of life. Some of you may even remember, or have walked in on him in deep thought, thinking, reflecting, or developing insights about a broad range of topics. This was the deep type of man my father was.*

*Everything my dad taught me, and all of the positive qualities he had, I will take with me and make him proud. He was a wonderful man who filled our hearts with his soft spoken unconditional loving ways. He will be greatly missed.*      Journal Entry – July 11, 2007

I remember that day, and how I worked hard to keep the tears back. Staying emotionally stoic and emotionally composed was how I was raised, and as a result, I feel that this hindered my grieving process. I did not know how to allow myself to emotionally express myself regarding my father’s death. This was an entirely different feeling than when my grandparents and uncle passed. It was as though the work that I had done in therapy previously couldn’t help me in this situation. I found myself questioning my philosophy on life, my outlook on life, friendships, relationships, life goals, perspectives on self-care, and what my role was within the family, as the family dynamics changed.

Because I was the eldest in the family, I assumed the role of taking care of the household after my father passed. Traditionally, I was told, that if there was a son in the family, they would be taking on this role; however because there were no sons, I stepped up. I received criticism from other extended family members that this was a role too big to take on because I was a female. Due to this, my pride took over and I wanted to prove that I could take this role on to show extended family members that I could take care of the household independently from other’s help, that I could also continue to help look after others, be strong, responsible, and not give up when times got hard. This ended up being a larger role than I had anticipated.

In addition to the eulogy I wrote, I also wrote a letter to my father that was burned along with him at the cremation. This letter stated that I would do my best to take over the role of taking care of the house hold. I expressed my feelings towards him and our relationship over the

years, and said my good bye. No one else read this letter. This was one of the hardest things I had to write, and one of the few things I wrote that year. There were feelings of regret for not expressing certain emotions of love towards him outwardly over the years, and feelings of uncertainty of never knowing whether he knew that I cared for him. I was realizing that there would be a lot of therapy work that would be needed to overcome this level of confusion around questioning life, friendships, relationship, goals, self-care strategies, and grief.

*My dad passed away seventeen days ago. I miss him so much. There is so much that I want to say to him, more to learn from him. I am having a hard time finding strength. I am trying to figure life out, learn about people. I am at this point of confusion and whether or not I am ready to keep moving forward, or if I should just sit and try to understand my feelings and thoughts about his death. I am finding it very hard to write thoughts down. I often wonder if my dad can see and hear what continues to go on in life. I can't bring myself to cry, and I can't get to that deep place to reflect and deal with things. I am feeling numb. Nothing is clear, nothing makes sense. I cannot find clarity and meaning. What is my body trying to tell me?* Journal Entry – July 17, 2007

I continued to work through the checklist of items, and resume the duties of taking care of the house hold. I found myself on autopilot trying to get through the rest of summer. I knew that if there was some space between the family members and I, I would be able to do some healing on my own. I knew that I was going to need to reach out soon, and started to look forwards to returning back to Saskatoon. I focused a lot on family during the summer, saying “yes” to everything anyone wanted. I assumed that this was what “taking care of the family” meant. I did not want to let anyone down, without realizing that the more I was saying “yes” to others, I was denying myself healing time. I became hesitant to put any of my personal needs first, as I was told that I needed to engage in a year without celebratory activities, and avoid spending too much time on myself. By doing this, I realized that there was still a strong family or cultural influence on my decision making. With my father passing away, it was as though any of my independent thoughts, Western attitudes and perspectives fell by the way side, and I only considered family needs.

*I haven't been able to write. When I try it's a huge blank. I am not liking the direction my life has taken. I thought I would try journaling again, because I feel as though I have no one to talk to. No one I try to talk to seems to truly understand. I see myself getting*

*more upset with myself for putting myself through all of this pressure. Stability. That is what I am waiting for. Will it ever happen?*

*I am still numb, still holding things in, and mentally drained. I can't keep being the only one that fixes everything. I feel that those that do not understand death move on and those that are affected by death are the ones that never forget.*

Journal Entry – August 28, 2007

Almost two months after my father's passing, trying to complete the checklist, providing emotional support for family, and managing my father's estate, I was starting to burn out. I recognized the feeling as I felt something similar when I was busy trying to get into graduate school. The two months after my father's passing felt like an eternity. I just wanted to go back to school for some distance from the emotional demands of the family, and to engage in the therapy I needed. I knew that I was not only dealing with burn out, but I was also dealing with unresolved grief, and the complexity of finding a balance between cultural traditions, generation differences, spiritual beliefs, and a Western perspective and belief system of how to manage feelings of grief.

Because I was returning to school, I made a call to my previous therapist in Saskatoon to book a session for when I returned in September. I received unfortunate news that my therapist was resigning, and moving onto another position, and that I could book an appointment with a new therapist that was replacing them. I felt that because I had a good experience at this facility, I would continue with accessing services. I was not happy that I had to switch therapists again, however I was eager to engage in some therapy and some time for myself. I booked a session with the new therapist for September.

I did not talk much to the other members of my cohort when I returned to school in the fall, as I was still keeping my father's death private from a lot of my friends. Though the department and my cohort learned of what had happened through an email sent by a member of my cohort updating the rest of the cohort; I couldn't bring myself to discuss my father's death any further. I continued to keep the death of my father private, as I had considered it to be a matter of the family. Condolences were extended, but I couldn't bring myself to share anything more, as I felt my father's death was so private. I did not know how to explain why I couldn't talk about it. I felt misunderstood for not sharing. All I knew was that I needed to seek a way to discuss my feeling numb and was looking forward to the therapy session I booked prior to



returning to school. I knew I had my own process, and was working hard to try to trust how my mind, body, and soul wanted to grieve.

My new therapist was another social worker. The new therapist had a completely different style of counselling than my last therapist. The therapist was more of a listener, and did not challenge me in the same way, or was spiritual as the last therapist was. Even though there the connection to this therapist was different relative to the last therapist, this new therapist was culturally sensitive, and was able to provide some grief counselling, and provided a safe environment to emotionally vent. I was not as selective this time with choosing a therapist, as I was primarily looking for a trustworthy emotional outlet, that I did not give myself access to when I was back home. Like my last therapist, this was short term counselling, from six to nine sessions. I recall using the sessions to download emotionally the events of the past two months. I was at a stage of my grieving where I was still processing the reality of the event, and the suppression of emotional expression. I was not at a stage of grieving where I was ready to make meaning of what happened, accept the history of my relationship with my father, or try to figure anything out. I was purely focused on making sure I feel something, anything, because I was numb. I wanted to find a bit of balance again, from focusing on my family to shifting a bit of that attention to focusing on myself; all while ensuring that I stay respectful to grieving for my father.

*Session with T. Enrolled in pottery class. Book chiropractic appointment. Book concert.*

Day Timer Note – September 17, 2007

I continued to practice emotionally expressing and feeling with my new therapist, and brought myself to enrol in a pottery class for the fall and winter months, as well as bi-weekly chiropractic sessions that included a fifteen minute massage to relieve stress from my back. I also booked a trip to Ontario to see a concert. These were the first things since my father passed that I allowed myself do. I had taken the family's request to not engaging in any celebratory activities, and not engaging in any activities that would be perceived as focusing on myself much too seriously. Part of what my therapist and I worked on was to slowly incorporate some self-care activities without associating them as being selfish and feeling guilt.

During this time in my final year of school, I continued to be an emotional support for my mother, taking all her phone calls, and spending hours with her on the phone almost every night. Any free time that I had, I was still dealing with the remaining items on the checklist for my

father's estate, and being there for my family. There was a level of obligation that I felt to be there, as there was no one else to help out my family. Despite seeking therapy, slowly re-learning to emotionally release, re-evaluating the meaning of what life and death meant to me, and slowly re-integrating myself into self-care activities; I was still saying "yes" to family, and not realizing I was saying "no" to myself and what I needed to heal. I had convinced myself that finishing school and moving away from my family was the right thing to do; when, in the back of my mind, I questioned whether it was the right thing to have done.

*Opening up this journal...oh how it is painful to see the last entry. I feel as though I cannot control anything. I am hurting. How does someone write out their pain? I've been wondering whether I will be more insightful after all this, or will I let this take me over. But then I get stuck trying to move forwards. I have a family to take care of, and I'm struggling to find the strength.*

Journal Entry – November 02, 2007

This was one of the few journal entries I made since my father passed in the summer. I struggled with writing, as one of the last emotional writings I did, was burned in the cremation casket with my father. I had associated writing with experiencing emotional pain. The second I touched pen to paper, the uncomfortable feelings set in, and I could not bring myself to write any more. This was where I was in my grief. I could only do so much to move forward without pushing myself emotionally too far.

At this point I had seen my therapist five times. The therapy was helpful to vent my emotions, and to explore how to incorporate self-care coping strategies without associating it with acts of being selfish and guilt. By November, I was starting to burn out again, with the demands of school, my grieving, and the continuous requests by my family to be there for them. I had not been home since I left at the end of August. I struggled with the responsibility and duty of having to take care of my family over the phone. I struggled to work through the grief, as I was not in the same city, and did not have the same visual cues that triggered my grieving; such as the drive to work with my father, my parent's home, etc. I believed at the time, I did what I could to survive. My father would have wanted me to finish school, this kept me moving forward. But placing my grieving needs on the side was holding me back from emotionally processing. I did not create the space to grieve. I kept busy and organized on the outside, while I struggled on the inside.

During this time, I was also told by my therapist, that they would be going on leave in the New Year, and that I would be switching therapists again if I were to continue therapy. I was not looking forward to having to build a relationship with a new therapist; however eager to continue to do the therapeutic work I was doing, despite how slow I felt I was moving forward with my grief. My therapist agreed that they would continue to see me until they left. As experienced before, I had good relationships with the therapists with this service, and the convenience of switching to another therapist was more appealing than trying to find another therapist. I also knew that school would be finished in April, and I would be moving back home, and I could resume more consistent services back home; where I was closer to my family.

Christmas break I returned back to Calgary to support my family. There were some unforeseen stressors that emerged related to my fathers passing, which created additional emotional strain on my grieving process. Due to protecting the privacy of my mother, I am choosing not to disclose the details of the unforeseen circumstances that arose during this time. Because of these additional stressors that emerged, not only was I working towards coping with these stressors, it created additional anxiety and worry onto my mother; which increased the frequency to which she reached out to me as her primary support. Being home reminded me of how much more grieving I still had left to do. By being away from home, I realized I delayed my emotional processing of my grief, as I was not consistently visually reminded of cues around the city of my father. Because I did not tell many people of my father passing in the summer, I felt that I had put myself in a position where I did not know how to reach out for help amongst my friends.

*How do I begin to tell my friends what had happened in my life? How do I begin to tell the story when the introduction started so long ago? How do you tell your closest friends the one thing that really matters? How do I even open myself up now? Will they understand? Will they care? Will they react the way I want them to react? Will they be there for me?*

*I did not tell anyone about my dad, because I did not want everyone to know. But now, do I regret not telling? Yes. Yes I do. I contemplate every day where telling someone will help me, or will it hurt me in the long run to know that the support will have changed. Is it me? Am I really not reaching out? Journal Entry – January 19, 2008*

I felt that too much time had passed to reach out now without judgement, and if I did reach out, I felt that instead of support, I would receive questioning of why I did not say anything in the first place. I realized that I had taken some of the family requests of dealing with grief to an extreme; as I was more concerned about honouring and respecting my father's death versus ensuring I was grieving in a healthy manor. Despite the counselling and self-care activities I was engaged in, I still was not dealing with the core of my grief. I had filled my schedule with appointments and scheduled activities to avoid feeling the emotions. I had eluded myself to believe that if I was seeking therapy, that I was dealing with grief; when I also needed to reach out to others closer to me for support.

When I returned back to Saskatoon, my therapist was on leave. I had developed a relationship with my therapist, and was not looking forward to another switching to a new therapist. There was emotional work to be done, and I did not feel there were any other options, without seeking therapy with someone that I would recognize was part of the government funded organization that I was doing my practicum placement with that year. I was on a student budget, and felt constrained to finding someone close to my home and university without high costs. I wanted to reach out, but I also wanted to try to keep my personal issues private. I wanted to move my emotional processing and grief forwards. I decided to try to connect with the new therapist.

It took some time for the facility to find a replacement therapist. I was not able to get an appointment until after the reading break during school. I spent the time between trying to work on my grief with the coping skills I acquired from past therapy sessions, insights, and reflections I made along the way. I continued to support my mother through a very difficult time for her after the unforeseen stressors that arose during the Christmas break, with long daily phone calls, and continuing to take care of my father's estate. She was not dealing with her grief. Despite feeling overwhelmed with trying to balance school, family and ensuring my own well being, I continued to try to reach out for support, and engage in self-care activities; even though I knew I was struggling. I was eagerly looking forward to connecting to a therapist.

My first session with the third therapist at this facility did not work out well, and it was a terrible experience that I still remember.

*Appointment with new therapist. Never going back.* Day Timer Note – March 03, 2008

Immediately, there was no relationship or trust established with my new therapist. The therapist expected that because I was in a counselling psychology field that I should have the skills to figure out my own problems. Secondly, the therapist used Facebook during my session to try to look for my profile as a way to explore my privacy settings. I felt that was unprofessional. Thirdly, there was a lack of effort in trying to understand who I was as a person and how I coped. There was a lack of understanding around my spirituality. My therapist was not able to fully comprehend the cultural aspect to managing grief, as well as differing family values and expectation; and continued to refer to my ethnicity as Japanese, when I am Taiwanese. I left the session, in an unsatisfied mood. That particular experience, during a very vulnerable time, affected my view on whether to seek another session with this therapist. At a time, where I was practicing reaching out for help, and I was let down. I was disappointed. I did not want to open up again.

School was finishing up in a couple months, and I had made the decision after this disappointing therapeutic experience, that I would resume therapy back home when I returned after the school term. I needed to return home, to support my mother, to finished dealing with my father's estate, and to further deal with my grief. I decided that I would seek out therapeutic services back home where I could find a therapist that would provide longer term therapy, or at least a therapeutic service that did not have as much turn over in staff. I felt that being home would provide some stability for me to really search for a therapist that fit my needs. I was eager to return home.

*How to I express how I am feeling? Baba is gone, never to answer any questions again.  
I feel so alone. I am confused. I crave for moments where people can relate to me.*

Journal Entry – March 28, 2008

As I waited the next couple of months before to return back home to connect with a therapist, I experienced moments of extreme sadness, and confusion during my grieving process. Even though I knew I had to reach out for support, it was also not a natural behaviour for me. Growing up, family issues were kept within the family. Emotional expression and the sharing emotions with others was a learned behaviour for me; thus reaching out for support became even more difficult especially with a cohort that I had only known for just over a year. I recall making an assumption, and feeling that no one would understand. I was twenty-six years old at the time,

and I did not know anyone else around my age that had lost one of their parents; I felt alone in my grieving experience.

### **Two Steps Forwards, One Step Back**

When I returned home in May, after the course requirements of my Masters degree were completed, I jumped right into finishing up the loose ends of my father's estate, and supporting my mother; as she continued to not be grieving well. I had been away from home for a year, and felt that I needed to prioritize my family's needs first. Engaging in therapy was still on the back of my mind, but I felt obligated to take care of my family first. I continued to connect with self-care activities without feeling "selfish", shame, or guilt. I continued to reflect on my expectations of myself and how past cultural influences affected my grieving process in preparation for reconnecting with therapy.

I looked into reconnecting with the non-government funded counselling services I accessed a few years ago, and realized that I had fellow friends and acquaintances that were presently doing their practicum placement through these services. I wanted anonymity from those friends, as I did not want them to have access to my client file, or want to be discussed in any team consultations. Private counselling services were still out of the question, as I was not making enough money at the time to pay for the cost of sessions. There were some other non-government funded counselling services I toyed with the idea of accessing, however decided not to access. I was looking for long term therapy, and a service where I did not have any acquaintances working or doing their practicum placement in. I realized that I valued my privacy, I valued quality of service, and I valued consistency in services. Most of all, I valued long term therapy.

I was still reluctant in accessing services through the government funded program, as I was applying for jobs with them and did not want to limit any future employment options because I was a potential client with their program. I got a call for an interview for a mental health therapist position. I was excited as getting this job would ensure better financials, and opportunities to build on my career. I knew that this government funded program also provided good employee assistance programs, and was eager to explore this option of therapy if I ended up being the successful candidate. I turned out to be the successful candidate, and was excited. At this time, I felt I was managing my grief, but knew that I was doing a lot of distracting myself with tying up loose ends with my father's estate, work, and being a family support.

I had put reconnecting with a new therapist off for some time, and at this point, I knew how important it would be for me to engage in therapy. I realized, however, that I continued to subconsciously find other excuses to distract myself from actually getting the support I need. I realized that I was still carrying around the checklist of items I needed to complete from my father's estate, and over focusing on my new job as a mental health therapist. Engaging in work made me feel happy, and it was a great way to avoid fully processing the grief. I realized that I was compartmentalizing my grief. For me, I was learned how to find a time and place to feel the grief that made balancing my personal life and work life manageable.

*I thought I would try journaling again. My career life seems to be moving forward but my grief is not. Even though I am happy about certain parts to my life, I am still very sad about other parts. I feel that I am at a point where I need to make a decision of what direction my grief needs to go in. With my career moving forward, will I make the time to deal? I dislike myself for not being able to be the person I want to be for my mom, but yet I like myself for being able to stand up for myself, who I am, and the choices I have made. With supporting mom, I feel that I do not even have time anymore to sink into my feelings. I feel that so much time has passed since Baba passed, that I have not made sense of anything. I do still miss Baba so much. All the little things we had together, there is just no one to replace him. There is still so much pain with all of that. It seems as though by dealing or thinking of his passing means having to feel pain again. Maybe I just need to deal and feel the pain to move forward. Have I lead myself to believe that I am more insightful, or that I learned something new, or that I have developed new coping strategies? Or, have I just been in distraction mode? Am I truly ready to move on? Or is it too soon? I am having a hard time reading my body. Have I been numb for so long I do not actually feel?*

Journal Entry – August 06, 2008

Growing up, personal matters stayed within the family, and were not discussed out side of that. The concept of 'saving face' was something that I learned to do. I became great at dealing with issues in private, and then putting those issues aside when I was in public. This was how I grew up dealing with issues. I realized that I was also dealing with my father's grief in the same way. However, when looking back at this journal entry, it appears that I was suffering more emotional pain than I realized at the time; and despite working hard to process my grief, I still was finding

ways to unintentionally distract from fully processing my grief. I continued for the next few months immersing myself in things that made me feel happy to avoid the sadness.

*Relationship is over.*

Journal Entry – October 14, 2008

This was a significant day for me. It was the day that I finally pushed me to book the long overdue counselling session I needed. I had changed after my father passed. I was growing into a different type of person with different priorities. I respected different things. I had to grow up fast the last year, and was continuing to finish up taking care of my father's estate. I was dealing with things that a mid-twenty year old doesn't typically deal with. This separated me from some friends, and separated me from my romantic relationship. I was not the same person that I use to be, and because of that, my romantic relationship ended. I called my work's employee's assistance program the following day and booked an appointment. I felt that accessing this service was a good choice, as then I wouldn't have to access any government funded services that would risk having someone I knew recognize me, or have access to files. As well, then I would not have to access any non-government funded services, due to taking a chance on the quality of services, worries regarding the credentials of the therapists, length of therapy, and potentially working with someone that may know friends that were doing their practicum placement there. With going through the employee assistance program, I felt I had some anonymity, and my confidentiality was ensured.

*First appointment with new therapist.*

Day Timer Note – November 25, 2008

After having my first session with my therapist, I was excited to emotionally process again with a therapist. Even though this therapist was located across the city, they were worth the drive for the session. I connected instantly with the therapist. I felt understood. I felt culturally my new therapist understood how I had been coping the last year. I felt that this therapist understood me. This therapist also had a different counselling style that still fit for what I needed at the time. The only down side, was that the therapy was short term, six to nine sessions, and I was dealing with complex grief symptoms that needed more than six to nine sessions. Because of my challenging childhood dealing with physical and emotional abuse from my father, his death added more complexity to how I was trying to let go and grieve. Thus every time a new therapist advised me of their short term counselling limit, I always would be overcome with some disappointment, as previous therapists have recommended long term therapy to help work through concerns above and beyond grief over a lost one. Despite knowing



this was shorter term therapy, I still engaged well with this therapist, and wanted to make sure that I worked hard to emotionally process during this time.

With the help of my therapist and with the techniques from bioenergetics therapy, I had also started to be less ashamed about talking about my grief with friends and family. However with the work I was doing with my therapist, it had opened up the doors to my emotions. I began to question everything. I was starting to feel everything, all the time. This was different for me. I was feeling everything. It forced me to have to reach out to friends and family at non-opportune times to process my emotions. Slowly, I was reaching out more. I was processing. I learned how to emotionally process my grief when I was alone without closing myself up, and I learned how to emotionally process my grief when I was around family and friends. Despite feeling as though I was processing my grief, at the time, I recall it felt very emotional and out of control to be feeling as much as I did. I continued on working towards processing my grief, and set off on an emotionally draining path that my body needed to release.

*How do I move forward? I feel stuck in some areas of my life. How do I learn to feel again? How does one recover? How do you control the things you cannot control? How does one just pick up and start moving forwards. I want to run away from all of this, yet I want to force myself to challenge myself. How does one hold on to the past, when you know you have to let it go? Do I make this change now? I've been so driven to taking care of others lately, that I have not really questioned what I want. What do I want? I know I want balance. I know I want to take the risks. I want to let go and move forward. I want change and I want something different. I want to be more in the moment. I do not want to be numb. My life is not balanced right now, and maybe I need to accept this. I miss being truly happy.*

Journal Entry – December 08, 2008

At this time, I also decided to try to focus back on my thesis research for school. I had put my research off for some time upon returning back home. Focusing on my research was a reminder of my father that brought up sad emotions. I was able to distract myself with work and this hindered my completing the thesis. However, with working through some of the grief, I felt it was time to attempt to re-visit my research again. I remember how hard it was to open up the document and re-read what I had written a couple years ago. Even reading the journal articles were hard to read without mental reminders of my father. My father was a big participant and supporter of me going to graduate school, which was why I decided to finish off the second year

after his passing. He was interested in my research topic at the time, as well he made efforts to participate as a subject with the practice assessments I learned to administer for our classes. I thought at the time that because I was processing my grief with my therapist that revisiting my thesis research would also be a good idea at the time; when in fact, I still was not ready.

There were many phases to my grieving process. There were phases where I was emotional and phases where I felt numb. There were times where I shared with family and friends, and times where sharing felt forced. Sometimes words had emotions attached, and sometimes they were empty words. I had moments where I felt I was finally moving forward through my grief, but then I would feel like I had a set back. Emotionally processing my grief with my therapist was such deep work, that it opened a Pandora's Box of a lot of different types of feelings.

*I am sad again. I feel like things are never going to look up. I have trouble fully accessing my feelings. Every time I start to truly feel, I find that my body tries to hold it back. Even when I shared my feelings with friends, I feel they are just words, and not my true emotions. I continue to go through phases where I think that I am feeling, but I also continue to feel numb.*

Journal Entry – February 08, 2009

I continued to compartmentalize when I was at work, and started to see my career as a life saver. My work became my safe place, my sanctuary. I was excelling at work, and I felt happy there. It took away from having to feel the painful parts of grief. I started to invest more of my attention towards work, and less on my thesis research. My thesis research became a burden. It was too much of a reminder of my father. I believed that once I was closer to feeling more healed and settled with the grief that I would start to focus on the thesis again; as the research would hurt less. While I was at work, I felt obligation to keep parts of my grieving process discrete. I was secretive about my counselling appointments, as I did not want some of the other therapists to feel that I was inadequate to work in mental health field. I did not want people to think that the way I was personally grieving was a reflection of or affected my practical therapeutic skills at work.

I had a total of eight sessions with my therapist over the course of seven months. My therapist and I worked hard to try to stretch out the short term therapy sessions to extend over a long period of time, as my therapist felt that my grief was quite complex and needed longer term therapy. With the different style of therapy we were doing, I found myself very emotional

during this time, and continued to struggle to fully express emotionally. There still was a lot more emotional processing I knew I needed to do, and I was dedicated to continue to work through the grief.

*Last session with my therapist. Every time I start writing in this again, I feel like I cannot express what I truly want to say. Jackie, you need to work through this. You need to.*

Journal Entry – May 11, 2009

I had discussed with my therapist other types of follow up therapy that could be recommended for me. My therapist was aware that I was not only working in the mental health field, but I was also a therapist-in-training and wanted to find therapy that protected my anonymity amongst the professional mental health community. My therapist strongly suggested private therapy, as then I would also be able to access longer term therapy, with the confidentiality that I was looking for.

I liked the idea of finding a private therapist. At the time, I was working full time, and felt that I could financially afford this option. A private therapist would also provide me with anonymity from other mental health professionals knowing I was in therapy. Finding a private therapist would be tricky as the fit between the therapist and client would be an important factor. This process would take some time. I wanted to find the right therapist. I started by looking on websites, and had conversations with friends regarding therapists that they knew that had some good reviews. Even though longer term therapy was recommended, I had also believed that I had to put some of the insights, reflections, and learning's from my therapy into practice in life.

I spent the beginning of summer enrolling myself in a reiki course and triathlon training. These were two activities that I had always wanted to learn about, and I felt were solely focused on me and my healing.

*Reiki level one and two training. As I sit amongst the other students going through emotional releases, I am overcome with a feeling wondering if I am emotionally broken or not. I know that this is my personal journey through my grief, and I know I will experience it and figure it out in my own way, but I often wonder if how I was raised and my culture contributes to how much I hold back emotionally. I am proud of myself when I can find calmness without feeling the emotional pain, but at the same time, I wonder if I need to experience some of the emotional pain in order to move forwards. Maybe I need to embrace the emotion.*

Journal Entry – May 22, 2009

Reiki offered a sense of healing, calm, and meditative aspect to my life. Triathlon training was a physical release for me. It provided focus, and helped release extra energy that was pent up. I found myself filling my schedule up with conducting reiki sessions, training for a triathlon, hot yoga classes, squash matches, concerts, and travelling; all with the goal of self-care and healing. I focused on putting the insights I learned from therapy into practice. I focused on trying to not feel guilty for choosing myself over my family. At the time, all I knew was that I needed to feel content, and content was found in my work and all my other activities. I just did not want to feel sad any more. I made these activities my priority, but at the time, I did not quite realize that I was still finding ways to either, distract myself from really feeling the pain of the grief, deal with it, or let it go.

My employment was coming to an end as I was covering a leave, and I had found another job working as a mental health therapist outside of the city. I had found working out of town created a nice space between my professional and personal life, and it also gave me the opportunity to create space between the possibilities of seeing clients in passing in the event I sought therapy at a similar location. I did not ever want the chance for potential clients and co-workers to see me assessing counselling service. I did not want co-workers, or clients to think that I was not competent enough to work. I worried about the perception of other people thinking that I was damaged or that there was something wrong with me for seeking therapy.

I did not journal much or even make any notes in my journal or day timer for many months after the last entry. Even looking back at the journals, I can barely remember what I had done or was thinking during this time. I knew that I kept myself busy and distracted, eluding myself to believing that I was truly coping with the grief. I knew that I was always conscious of my grieving process, but in hindsight I think I was only dealing with what I could emotionally deal with at the time; the rest of the time was filling up my life with distraction. By the beginning of the 2010 year, I had found a private therapist that fit what I was looking for.

*Appointment with new private therapist.*

Day Timer Note – January 07, 2010

This therapist I had the credentials I was looking for, a counselling approach that fit with what I needed. This therapist also had many years of experience working with individuals of different cultures, trauma, and grief experiences. My therapist was also in a location that was convenient for me to access, but also in a location that was confidential. I liked the privacy. I was able to see my therapist in the evenings after work. There were no constraints to have to take time off

work to go to a counselling appointment. I had a good first session with my therapist. There was a good relationship built, and the future session seemed promising to exploring and going deeper with my grieving process.

The downside to private therapy was that the initial session for the assessment and cost of the first session was \$225. Each session from then on was \$130. Because I was working, making a decent income at the time, and had health insurance I was able to write off many of the sessions. I was able to afford the sessions. With private therapy, I was able to access as many sessions as I needed, as there was no six to nine session limit. Long term therapy was a viable option; the downside was the accumulating cost over time.

After seeing my therapist for the sixth time, we had worked hard to explore the multiple roles that I was taking on in my life. The role as a professional in the mental health field, the role as an Asian family member, and the role of what I needed for myself to move forwards. I had worked hard to try to compartmentalize my life, thus ensuring I was ethically competent for work. When in realization, I was still somewhat struggling to figure out how to best balance these roles. The emotional work from my grief was still not entirely finished.

*I continue to feel as though I cannot do anything right at times. I am feeling like I am yet another mediator in my life. Trying to mediate between the conflicts in my life. Why do cultural values have to impede on how my life is understood? Why do I feel I need to stand by my family when I do not feel like I should at times? Everything that irritates me about them has made me into the person I am today. I have become a person that I love, but also a person that I dislike. I am constantly feeling like a failure with my family. I feel like I am always saying something wrong or doing something wrong. I'm feeling as though this is affecting how I want to move forwards in life. I feel as though my family blames me for something. I feel as though I cannot do anything right. I feel like I am always apologizing, and I want for all the conflict to stop. I feel like I am always trying to please, and always end up apologizing. I feel like I will always be a mediator.*

Journal Entry – April 04, 2010

However, by focusing on myself and my own self-care needs, I realized that I was slowly putting the cultural responsibilities with my family aside, and I was starting to feel the push back from family members needing more from me. I just couldn't be perfect. I felt in the middle with ensuring my own wellness with the responsibility of the wellness of my family.

In the last year and a half, I focused on work and continued to improve on my self-care skills, and integrating more hobbies into my life. I learned how to play squash, went hiking more often, started intense hot yoga training, was doing triathlon training and completed two triathlons. I joined a condo board, took my fourth year of pottery classes, started painting and scrapbooking, and became Reiki level one and two trained. I took international and local trips, went to all concerts of artists that I loved, volunteered, and did a good job maintaining my friendships. I engaged in massages, chiropractic sessions, healing touch sessions, allergy therapy, connected frequently with my family physician, and connected with a private therapist. I did what I said I would do the previous years, was to put myself first without feeling guilt or shame. I was learning that my ability to compartmentalize had its pro's and con's. I was able to start finding the balance that I needed with personal and professional worlds. I also learned how to compartmentalize meeting my personal needs and balancing it out with the responsibility I had for my family. However, compartmentalizing added additional stress with my family, as I was accused of not considering family needs when I was focused on myself. Putting myself first was always interpreted by my family as "selfish". It actually created more conflict within the family, and I was faced with having to find another balance again.

As I looked through my old journals and day timers, I noticed that there was another large period where I completely stopped making notes and journal entries. Even looking at what I had scheduled and jotted down was not triggering any strong emotional response, clear memories, or insight for that time. It was as though I became fearful of anything emotionally negative happening. I continued on like this for many months. There was nothing much written for the rest of the year. Nothing to express, nothing to note. Even at some point later in the fall of that year, I had adopted a rescue dog, Billy, to which was not even noted in my day timer. With Billy being a significant support in my life and metaphor for unconditional love, it was odd that the date in which I adopted him, as well as the events leading up to his adoption were not written down.

In addition, at some point in the fall, I also ceased my private counselling; however no dates or reasons of my termination were noted in my day timer. There are no dates noted in my day timer of further sessions, thus I am not aware of how many total sessions we had had together. I do vaguely recall that my private therapist, feeling that my grief was quite complicated, recommended to specific grief counselling, that would be able to focus in on the

emotional work that I still needed to do. I recall that would still have access to my private therapist, however finally made the decision to seek specific grief therapy in the interim. Grief counselling was at no cost. The program was provided through the same government funded organization I was also employed with. In this grief counselling program, there were two paths of grief counselling provided to clients, individual or group counselling. The way the grief therapy triaged the clients was based on an assessment session prior to counselling. One of the criteria for group counselling was that the individual's grief was more complex, and needed more than just support from others who have lost someone. I ended up qualifying for individual grief therapy.

I had my first grief therapy session in September 2010, and continued to see my grief therapist into the end of the year. However, as I mentioned above, I had not written much the rest of the year, thus do not have journal entries or day timer notes that I could refer to that would provide specific further insight my experience with grief counselling. I recall the grief work as being quite emotional and challenging. I have some memories of crying during most of the session, and feeling emotional pain that I had never felt before. I worked hard with my therapist to understand love again, understand what healthy relationships are. I expressed anger, resentment, and fear. I learned the difference between selfishness and self-care, and learned not to jump to extremes in emotions. I relearned what unconditional love was. I also learned how much pain I was really in at that time of my life. I had learned that I because I was giving so much to my family and trying hard to be the daughter that my father wanted me to be, as well as trying to keep up my schooling, employment, social life, and self-care activities; that I ultimately delayed parts of my grief process. All the emotions were coming out, and none of it felt good.

### **The Tipping and Turning Point**

I started 2011 completely overwhelmed. Everything finally hit me. There was not anything specific that happened, it was just that the grief, the sadness, the anger, the resentment, the guilt, the frustration, the tiredness; it all flooded and hit me. I found myself needing to seek more urgent therapeutic services beyond private and grief therapy, as I had finally hit the tipping point of what I could emotionally cope with.

I remember that I was embarrassed that I needed more support. I felt as though people around me would think I was crazy, or that I had lost my mind. I felt that I had failed myself. I felt that I had failed family and friends. I was feeling shame for needing to access more urgent

therapeutic services because I was reluctant to seek further support for the emotional overload that seemed to randomly overflow in my life. I was worried that family would find out and think that I was not healthy. I was worried that friends would be upset that I did not reach out to them. I was worried co-workers thought I was incompetent at my job. I felt I had let myself down for failing to manage everything the last few years. I was scared to feel, and nervous about the emotional work I had ahead of me.

*Be aware of negative self-talk and self-judgements. Listen to the types of cognitive distortions. Start to restructure my sentences and re-label the meaning of those sentences. Do more brainstorming on guilt. Accept my emotions. Start coming up with more options of action. Acknowledge the success and the good points to my life. Continue to be aware of overloading myself with too many tasks or taking care of too many people. Stop looking for further meaning and signs/symbols of events that occur in my life. Know that my gut can be wrong. Learn to forgive.*

*I need to learn find better balance within relationships, family, and friendships. Finding the balance between healthy and unhealthy. Finding the balance between being there for others, and caring for myself. I need to find the balance between focusing on work and avoiding my thesis research. Balance between my head and my heart. I worked hard to compartmentalize my life, that I created a false sense of balance, when I need to incorporate both ends of the spectrum at the same time to find true balance. Work on not blaming my past as an excuse. Travelling less, as it was an excuse to avoid my feelings. Have less expectations on myself and others, and not have those expectations guide how I feel. Stop analyzing and ignore feeling emotions.*

*Refer to skill sets as needed. Continue to work through therapy book. Follow up with the clinic. My success in self-acceptance will be learning to deal with my past and present.*

Journal Entry – January 07, 2011

The urgent therapeutic service I had accessed during this time was accessed through a government funded organization. It included intensive therapy for four days, before referrals were made for further therapy associated with this urgent therapeutic service. I remember my experience with this urgent therapeutic service. I became irrationally scared that these therapists would randomly diagnose me, or hospitalize me. I worried that I would be accused of not being competent for work, and that I would lose my job. However under all the worrying I was



doing, I also knew that I was tired of fighting with myself, and tired of trying to find a way to balance my life. Clearly what I was doing over the last three years was not entirely effective in managing my grief, and I knew that I needed to surrender and trust the intensive therapy process. I needed to let go of my cultural expectations and responsibilities, my hesitations, worries, and anxieties about seeking further therapy. I needed to finally move forward. I had nothing to lose.

From this point of the year, I had committed myself to doing the emotional work that I had feared doing. Three years after my father passed, my body finally told me “enough is enough”. I needed to move on. I needed to be fearless. I had made a very conscious decision at this point to not be ashamed of seeking therapy, not to be ashamed in saying that I need help, and to empower myself with being able to be open and facing my emotions head first. This is the point where I started my journey of intensive therapy for over two and a half years to work through emotions that rose from my complicated grief. I knew that this journey would not be an easy one, but I had finally let my guard down and was ready to move forward. I was aware that my journey would take up a lot of my time with many differing therapy sessions along side my self-care activities. This was the commitment I made to myself.

I started this leg of my journey by doing follow up therapy with two therapists from urgent therapeutic services that were provided to clients who accessed urgent services, and had a total of five sessions with them before I connected with an intensive nineteen month group therapy that began in October of 2011. In the interim while I waited for the intensive group therapy to commence, I was also referred to a short term grief support group that commenced May of 2011 for five sessions. In addition to this, my family physician had also referred me to a sleep specialist that further did an assessment on my sleeping patterns. I was fully booked with differing types of therapy and self-care activities, but for the first time, did not feel overwhelmed by it. This was the long term therapy I needed, the long term therapy that I finally surrendered to receiving, which had been recommended to me in previous therapy sessions.

With my accessing of urgent therapeutic services, I had to let my anxiety rest around my involvement with the same government funded organization that I was also employed with. What I had noticed, was that once I made the decision to access government funded programs, there was an abundance of services that I realized I now had access to; versus services through a non-government funded services or private services. The positives to accessing these

government funded organizations was that the therapy I was referred to were all at no additional cost. The locations of the services were also easily accessible. However, because I was employed with the same government funded organization, I always risked other familiar employees recognizing me. Though, I was learning not to care what others thought.

I realized in hindsight, that I sought help because, it was my duty to seek help to ensure ethical competency, and that is what one is supposed to do when you need help. I did the self-care work because I needed to. However, having surrendered and finally fully accepting the help, I was able to truly process and do the work I needed to do that was different from the previous work I had done years prior. I was ready to do work. I was ready to trust.

At some point when I started long term group and individual therapy, I had stopped accessing private therapy, because I did not feel that I needed to duplicate any counselling services. Starting group therapy was emotionally difficult, with many ups and downs. Many revelations that helped me move forwards, as well as emotional set backs. I had finally let my guard go, and trusted the process of therapy. The group therapy was by far the most challenging of therapies that I had accessed. The group therapy process worked on exploring my relationships patterns within myself, friends, and family members. From there, I worked to identify the patterns and dynamics of relationship styles, and then use the atmosphere of the group and the other members to try out, practice and integrate new behaviours, insights, and skills developed.

I noticed that my journal entries during this time consisted of very emotional writing. With group therapy, any hesitation around how I felt about myself, how I thought others thought of me was exposed within the group. There was nothing for me to hide behind. I was put in a room with people that I got along with and with people that triggered me emotionally. I worked through the evolution of relationships; from starting relationships, sustaining them, and the ending of them. The group therapy environment created an atmosphere where personal issues were brought up. As well, my past or existing ways of resolving those issues were examined with the other group members. I learned through the group therapy process to trust the other members, and to trust the counselling process. I learned, that the therapy process was more than seeking therapy when issues arise in life, it was completely letting go of everything that I was holding onto that continued to bring emotional turbulence to my life. It was learning to trust the therapists, the other members of the group, the therapy process. It was not judging or worrying

about who I was seeking therapy from, where the services was located, and what type of therapy it was. Therapy was about giving into the process and completely exposing myself to receiving help. This was a vulnerable process. For me, group therapy was the long term therapy that I needed that continuously challenged me for twenty months that helped me work through my grief and build further emotional awareness.

Group therapy was challenging in many ways because of my role as a therapist-in-training. I held onto being in the role of a helper within the group therapy before letting those barriers down to completely receive the benefits of therapy. I was realizing that this was probably part of the reasons why the therapy I had done previously had only provided me with a certain level of therapeutic benefit. I also had difficulty admitting to the other group members that I was a therapist-in-training. I was ashamed and worried that the other members of group would think that I would be a terrible therapist because I had my own issues to work through.

I had also held onto the notion that I needed to present myself as being composed and having my life together to those outside of the family. To have weekly group sessions with the other group members, I eventually got to a point where I could not hide anymore. Sharing myself emotionally and intimately with the other group members needed continuous practice. I was learning to reach out beyond the family and close friends. I was realizing that I could still share with others, but still be private.

Another part of group therapy that I struggled with was that due to my background in Chinese culture, I had found many non-verbal ways to communicate and interpret other people's emotions. This was something that I also realized that held me back with fully engaging in therapy. I had to learn to use more than the cultural non-verbal communication to express and receive messages from other group members. I had to learn to be less emotionally stoic. I had to use other ways to cope with emotion, other than keeping composure, and extreme compartmentalization. With group therapy, I had the opportunity to try out different ways of emotional expression to find what worked best, to challenge myself, so that I could move forwards in my grieving process. I learned how to find my voice and asking group members questions I would otherwise be nervous to ask. I learned how to give and receive feedback and criticism with practicing feeling and processing in front of the other group members.

As I scroll the journal entries of the 2011 year and into 2012, the entries were extremely emotional and detail specific. I continued to write everything down. What I was thinking, what

I was feeling. I wrote unsent letters to people in my life, I wrote letters to my father and mother. My emotional expression was raw; it was painful, as I had nothing to hide behind. However with the support of the consistent long term group therapy and individual therapy, I felt safe to continue to emotionally process despite how difficult this process was. I knew that I needed to face the painful emotions I had been avoiding since my before and father passed, to truly move forwards. There were times during this group therapy process where I wanted to give up, I wanted to stop trying, I was emotionally exhausted, I was angry and frustrated; but knew I had to hit this low, and expose myself emotionally, and allow myself to be utmost vulnerable to move forwards.

What I noticed from group therapy, was that my pattern of coping with emotions internally and being less verbally expressive with it, was challenged. Whether my pattern of coping with emotions was due to my Asian cultural background or part of my personality, being in a group amongst a primarily North American individuals forced me to use other ways to cope with my emotions. I was pushed weekly to process verbally, to share. I was pushed to express opinions, express emotions, and encouraged to take positive reinforcement. I realized that I learned my motivation in life came from the consideration of negative reinforcement, growing up in a traditional Asian family. I was always challenged to do more in my life with hearing the criticisms of the things I had done wrong. Hearing words of encouragement, positive praise and reinforcement was not part of how my family operated. Thus learning to hear positive feedback was hard for me during the group therapy process. There were many ebb and flows of emotions, feelings of moving forwards, feelings of being stagnant. I did not know what to expect at the end of the group therapy journey. I could not see the light at the end of the tunnel. I just embraced the process.

I have been practicing yoga since I first took a class back in 1999. I have practiced yoga since, and it has been a large part of my life as it helps with my meditation and self-care needs. I wanted to use some of my learnings through group therapy in my yoga and meditation practice. I had found that there were a lot of similarities around self-care and self-love between yoga and therapy. I used yoga to further understand myself outside of the therapy environment, and incorporated the insights into my daily schedule.

*Hot yoga level I training. Revitalizes the body, soothes the mind, nourishes the soul, and provides life and sustenance to everything in life. Continue to be proud for loving myself.*

*Learning to express anger, and less on taking anger out and blaming myself.*

Journal Entry – February 25, 2012

I had decided to pursue a certificate in hot yoga teacher training, not necessarily to become a yoga teacher, but to further my understanding about yoga, its healing properties, the philosophy, and to deepen my practice of yoga. In the past I have participated in yoga retreats, and community yoga events, but had never done formal yoga training other than taking yoga classes. This was a perfect time, as both my yoga training and my therapy was not easily accepted by my family. There was always a continuous criticism about my involvement in therapy. My family felt it was an embarrassment to the family, as people outside of the family would be left to assume that there was something wrong with the family or that I was mentally sick. Family members did not feel that personal issues should be discussed or be concerned with those outside of the family. As for my yoga training, there was also continuous criticism around assumptions that I had joined a cult, and that I was being brain washed by a higher source. There was a lot of resistance during this time from family members regarding my therapy and yoga teacher training.

Family did not understand the healing that I needed to do, and they did not understand how my father's death had impacted me. They did not understand why I had left a full time employment position in my field of work, they did not understand why I had put my thesis research on hold, and they did not understand the healing I still needed. I was expected to continue on with my career and find other ways to deal with my grief, versus using therapy and yoga. I continued to be called "selfish" as I was placing more focus on my own healing versus being a constant support to my family, and working towards a stable career that would eventually financially help out my family. However, with being in group therapy for about four months at this time, I was beginning to build even more confidence in putting my needs first over the needs of others. I was beginning to accept the help and the healing I was used to giving others. I was placing better and stronger boundaries for myself, thus the comments, judgements, and criticisms from family started affected me less. I started to verbalize my feelings and my frustrations, and that also helped with communicating my needs to others.

My yoga teacher training was not easy, it was not only physically demanding, it was also mentally and emotionally challenging. The yoga training was also in a group setting with about twenty other members. Group therapy helped me share within the yoga training. Group therapy

helped me emotionally process in yoga, and visa versa. We did a lot of self-discovery in the yoga training. This transferred well into my group therapy. With the yoga teacher training, I was able to find physical, mental, and emotional calm through the yoga practice. The poses that I struggled with were associated with specific types of mental and emotional pain, and the more I practiced those poses, the more emotional processing happened. I was finding the mind, body, and soul connection with both the yoga and group therapy. I was making connections with myself, my thoughts, and my emotions. I was making healthy connections with others. I was learning about healthy beginning, sustaining, and ending of relationships. I was learning to say goodbye and let go of emotional pain.

### **The Next Chapter, Moving Forwards**

*To stay or quit the group. I had a terrible group session today, and it makes me never want to go back. Group therapy has brought up so much emotional pain I have worked hard to process, but I am struggling to understand how today can be turned into a positive experience. I struggle to fit in the group sometimes, as I still have some traditional Asian ways about me, I'm a "high functioning" individual, and my educational and employment background is in psychology, and because of this I feel different in understanding theories that contribute to one's level of insight and emotional development. I see the group differently. I see the imploders and the exploders, and I see the stages of change in the other group members. I cannot seem to get out of the role of the therapist, and I wonder if this is what is still standing in the way of my fully processing my emotions. I think too much about everything. I know I still struggle to fully trust the group members. I continue to feel that I am being judged for my actions, even though the group has talked about being a non-judgmental environment. I was told by other group members that I since I put myself out there asking for help, I resist the help. What do I do?*

Journal Entry – June 13, 2012

This was a significant point in my therapy. The group therapy pushed me so hard emotionally and mentally on this day. I was triggered and challenged by others members, I was given critical feedback, and the truth had hurt. I had never felt emotionally raw and vulnerable to this degree. I had no where to hide during that session. Many thoughts were going through my head. In addition to emotionally processing what I was feeling and thinking, I was also processing what others were expressing and sharing with me. I was also worried about how my

raw emotional reaction was being portrayed or judged by others. I worried that others in the group would think that I was not emotionally or mentally competent to be working within mental health. What had frustrated me the most, what on this day, the group members broke through a level of composure that I held myself to. I thought that if I could hide behind my composure, I would save myself from feeling emotional pain. By staying stoic and strong, I thought I was being emotionally tough; but in reality it was the veil I was hiding behind. The group therapy broke this down. I was bare, and I was raw. It was the first time that I could remember that I had let anyone, even myself, see me in this light.

The following week I was scared to go back to group therapy. The group members were the first people to see me this emotional. Not family members or friends had seen me this emotional. The one part of me that worked hard to compartmentalize my emotions was fighting with another part of me that just wanted to allow myself to feel; and the group members saw this internal battle. Processing and feeling emotions at that level of depth was foreign to me. Culturally it just was not acceptable to express such emotion, but I was finding that I was challenging myself to do so. I remember this day being significant, as it was the specific day I had continued to reflect and build insight on for months afterwards. This particular day, was the light switch that changed how I viewed myself. It changed how I made choices in my future. It was the day that I had decided to be kinder to myself and not place such high expectations on myself. It was the day that I started practicing a new perspective on living that had a better balance to it. In the end, I challenged myself to face the fear.

The following week I had made the commitment to going to group therapy weekly and individual therapy bi-weekly for eight more months. For me, it was this continuous longer term therapy that made the difference. It's not to say that previous therapy that I was involved in was not successful, it was that the combination of long term therapy, and the chance to practice my insights weekly in a safe environment until it became a change in my perspective and behaviour. It was the chance to have other group members, people that I had no previous history with and had to learn to trust, give me criticism and feedback to process. I learned to ask for help, and most importantly, I learned to accept it. Because this group therapy was a long term commitment, the months to come with group therapy, continued to be an uphill climb of ranging high and low emotions. It was many more months of building insights, reflections, and

practicing new coping behaviours. It was more time to learn to get out of the “therapist” mindset, and just be human and vulnerable with my own life experiences.

I continued with my yoga practice and enrolled in the level II yoga teacher training so that I could eventually have enough hours to register as a yoga teacher. I remember that I was even more excited this round of training, as I was in a different emotional development stage than I was the year prior.

*Level II Yoga Teacher Training. Start living again..* Journal Entry – March 09, 2013

I went about the group process of yoga teacher training with the same fearlessness and trust that I had learned from group therapy. By approaching yoga teacher training with a different perspective and attitude, I was able to have a better, more meaningful experience this time around. The yoga group was another good environment for me to practice some of the learnings from group therapy; such as trusting others, and learning how to cope with emotions around starting, sustaining, and saying goodbye to relationships. The yoga group helped me heal.

I had talked to a close friend during this time about some of the therapy that I had done in the past, and my note around “start living” was the day that I was suggested by this friend to start living. My friend had thought that I had done enough therapy over the years, and felt that I needed to stop hiding behind the therapy, and have the therapy as my security blanket. They suggested that I try to continue to practice what I was learning in group therapy in the world, and to embrace the outcomes, whether the outcome brought good or bad feelings. I had found myself continuing to do my processing in group therapy and in yoga teacher training, but what I really needed to do was continue to push myself to be fearless in life. Continue to challenge myself, and continue to live. It was this time, that my friends and family challenged me to revisit my thesis research, as they felt I was emotionally ready again.

Therapy had become such a significant part of my life, as I pride myself with always wanting to learn more about myself and my world. I started to pride myself in being able to ask for help to ensure self-care and ensuring I adhere to my ethical competency requirements. I started to pride myself in being an example for being a therapist-in-training, and allowing others see my human vulnerability. Seeking therapy ended up being a significant part of my life and my identity. My friend’s suggestion to start living was the next step; to not be afraid of what family, friends, and other professionals thought of my involvement in therapy, to not hide from vulnerability and emotions, to enjoy life to its fullest. This was the day that I had decided to



move forward with the change in my thesis research topic to an autoethnographic research on my experiences with seeking therapy. I wanted to share my story.

My last day of group was at the end of May 2013. In the last year, since my turning point in group, I worked even harder in group therapy to make the best out of my time there. I was in group therapy and individual therapy for approximately twenty months. I had learned a lot through my therapy process over the years. I had started this process of healing knowing that I needed to seek therapy, but had significant feelings of shame for admitting to others that I needed help. For the many years that I attended therapy I experienced challenges and barriers to seeking and maintaining therapy as a therapist-in-training and acculturated Asian; ranging from challenges looking for a suitable therapist or counselling facility, challenges with practicing emotional expression, to cost, to worries around confidentiality, worries around treatment, and feeling the effects of stigma of seeking therapy. As I worked through past issues and my father's passing, I had experienced an evolution of my perspective towards therapy, as well as an evolution to how I asked and received help. Those challenges and barriers I had experienced over the years slowly vanished, as I found pride in my involvement in therapy. I felt empowered to share my experience of healing as well my duty to ensure ethical competency. I felt that my story through seeking and maintaining therapy would be one to share with others in similar professional or cultural roles that are looking to seek or maintain therapy, and are faced with similar challenges and barriers.

On June 12, 2013 I made the choice to leave my employment to work full time on my thesis research. I wanted to place the same passion, energy, and focus on this thesis research as I did with my therapy, my employment, my yoga training, my triathlon training, and all other self-care activities. I felt that this was the next step in my journey of healing and self-care. I felt it was the next chapter I needed to start writing. Finishing the thesis would ensure the ending to another chapter in my story. I was finally feeling ready to face the research without any emotional distress.

### **Summary**

I took the advice of my friend and started living. I learned to let go, and move past my grief. Though life will always have its ups and downs, and my learning and development does not stop here, I started to feel better equipped to take on any challenges life places in front of me.

I am no longer ashamed or want to hide my participation in therapy or any other forms of self-care. I learned to not be scared, to face the obstacles, and to be honest and vulnerable.

In the final data analysis chapter to come, I will reference Anderson's (2006) five features of conducting analytic autoethnography research to examine my data collected in Chapter 4. From the literature review in Chapter 2, a list of challenges and barriers to seeking and maintaining therapy were noted. I refer to Gary's (2005) concept of double stigma to further demonstrate how multiple ethnic and professional roles add potency to the experienced stigma of an individuals seeking and maintaining therapy. As well, to help link the themes reported in the current research literature, to my challenges and barriers of seeking and maintaining therapy as a therapist-in-training and as an acculturate Asian; before and after my father's passing. I will describe the insights and reflections I learned through this process of seeking and maintaining therapy as a therapist-in-training to help emphasize the importance of self-care, and the significance of maintaining self-care as an ethical competency requirement with the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2001) and with the Code of Ethics for the Canadian Counselling and Psychotherapy Association (The Canadian Counselling and Psychotherapy Association, 2007). Lastly, I will end with implications of the autoethnographic research and present questions to invite further research exploration.

## **Chapter 5**

### **Data Analysis**

In Chapter 3, I discussed using an analytic autoethnography approach my study. By using analytic autoethnography, I was able to use myself as the primary participant in the study, and use my experiences as data (Anderson, 2006). Analytical autoethnography encouraged me, as the participant and as the researcher to explore questions of the “self” to promote further reflection into my experiences (Ettor, 2005); by doing this, I was able to connect my story to current research themes, to culture, and to social contexts. However, I took a risk when deciding to use autoethnography; as I placed myself in an emotionally vulnerable position through sharing my descriptive story and data with the reader. The process of writing an analytic autoethnography was, at times, emotionally difficult to revisit and reflect back on past life events; especially with culturally engrained values on keeping such emotional events private. Through this analytic autoethnographic writing process, I found myself in constant concern of how my research would be received by others. Anderson (2006) reported that autoethnography has the potential to be “self-absorbing”; and I worried that the personal aspect to my autoethnography would read as me being self-centered.

I found myself experiencing some parallel challenges and barriers to writing an analytic autoethnography as I did seeking and maintaining therapy. Sharing my story through the lens of a research analytic autoethnography felt similar to disclosing personal and private information to a therapist. Ellis (2004) states that part of the dangers to using autoethnography as a research method, is that there is no control to how the information is interpreted by the reader; as the research is unable to take what they have written in the event they feel regret for what they have revealed. Similar to seeking and maintaining therapy, the personal and private information shared to another therapist, sharing my involvement in therapy to a fellow therapist co-worker, or even disclosing culturally private concerns to others outside the family, evoked comparable feelings of having no control with how disclosing that information would affect how it is interpreted, and how I would be perceived.

As I ventured through my journey of healing, my involvement in seeking and maintaining therapy included initial resistance to be involved in therapy and to vulnerable with therapist, as I did not want to disclose any information that would affect how employers, co-workers, family members, and friends would view my character. As I began to allow myself to let go of those

fears, share, and be vulnerable to telling my story to a therapist, I started to truly receive the healing benefits of therapy. Similarly to writing analytic autoethnography, initially I experienced some resistance to write more personally in a research context; hence the traditional research structure and format to my thesis. It felt unprofessional and over exposing writing descriptively. However, by allowing myself to share my experiences with the readers whom may or may not be in similar situations and allowing myself to express emotional vulnerability through using analytic autoethnography, I was able to further heal, reflect and gain more insight into my experiences, and share those insights in a professional platform. I was able to find my voice to discuss the challenges and barriers that I was facing, and find solace in the research literature that I was not alone.

Although autoethnographic findings are not intended to be generalizable (Roth, 2009), I wanted to give a voice to my experiences to add to current research findings. Though there are criticisms and limitations to using analytic autoethnography, I still felt it was the best methodology to help facilitate insight and reflection, and connect my experiences, explorations, and emotions with the lives of others in similar scenarios. I felt it was the best choice in writing through my journey of healing.

### **Anderson's Analytic Autoethnography**

To help further the autoethnographic inquiry of my data, of my story, I made the decision to use Anderson's (2006) five features in conducting analytic autoethnography – complete member researcher status, analytic reflexivity, narrative visibility of the researcher's self, dialogue with informants beyond the self, and commitment to theoretical analysis. I kept these five features in mind while collecting data for Chapter 4, and for data analysis in this chapter.

In the first feature of Anderson's (2006) analytic autoethnography – complete member researcher status, states that the researcher is a member in the social world that is under study. The most common type of complete member researcher status is the opportunistic type, which are individuals that are either born into a group, thrown into a group by chance circumstances, or have acquired intimate familiarity through occupational, recreational, or lifestyle participation (Anderson, 2006). Anderson (2006) reports that the autoethnographers, are in a “participant-observer role” while conducting this type of research. With my research study, the use of analytic autoethnography allowed me, as the opportunistic researcher, to use myself as the primary participant in the study to explore, understand, and build further insight into my

experiences, and to add to any professional and personal growth for myself and others in similar circumstances. Using analytic autoethnography allowed me to tell my story in the perspective of a therapist-in-training and as an acculturated Asian seeking and maintaining therapy throughout major life events. I am able to tell my experiences from the personal viewpoint of these differing roles. While collecting data for Chapter 4, I ensured to keep Anderson's (2006) first feature for conducting analytic autoethnography in mind. I made sure to include journal entries, notes, reflections, and insights that pertained to these roles to help further understand the themes and connections between being both a participant and researcher.

The second feature of Anderson's (2006) analytic autoethnography – analytic reflexivity, states that when conducting autoethnography, the researcher must be visible, active, reflective, and engaged in the text. Anderson (2006) goes on to articulate that in conducting analytic autoethnography, there is a deeper level of reflection and awareness that occurs between the autoethnographers and their settings and informants. It is this level of self-introspection used in autoethnography that helps better understand both the self and others through examining one's actions and perceptions in reference to those of others, and the dialogue between (Anderson, 2006). In Chapter 4, I carefully and reflectively select journal and day timer entries to be included for the data collection. From there, I ensure that I wrote down the reflections and insights from revisiting old journal and day timer entries, but to also write down the reflections and insights from what those past entries evoke in me in present time. By being self-reflective through my writing process and questioning my actions, decisions, and behaviours in Chapter 4; I am better equipped to understand my experiences and how those understanding can be used to examine those same self-reflections reported by other individual's experiences as discussed in the current literature.

The third feature of Anderson's (2006) analytic autoethnography – narrative visibility of the researcher's self, states that the researcher should be a highly visible social actor within the written text. Anderson (2006) expresses that there is vital data of the researcher's social world when the researcher express their own feelings and experiences and incorporates it within the text. By doing this, it shows that the research has a personal engagement to the social setting that is being researched. Having the researcher's presence throughout the text can take the reader into the depths of personal feeling, and can lead the reader to be emotionally connected and facilitates sympathetic understanding of the researcher topic (Anderson, 2006). With my use of

past journals and day timer entries, the reflections in regards to those entries, and the present insights revisiting those past entries, I am ensuring that I am visible throughout the research document. By ensuring that I am present and open through out the document, I am sharing with the reader another level of depth to the research topic that can be relatable.

The fourth feature of Anderson's (2006) analytic autoethnography – dialogue with informants beyond the self, states that it is imperative for the autoethnographers to have dialogue with “data” or “others”. To further elaborate, Anderson (2006) reports that autoethnography has the potential to be “self-absorbing” because the researcher is consistently dealing with self-related issues. Analytic autoethnography is grounded in self-experience, and proposes that those self-experiences reaches and engages with others in the field; when the research fails to connect with others in the field, the data can appear subjective (Anderson, 2006). In Chapter 4, I ensure to keep the reflections not only self-reflective, but to also include the reflections of dialogues that occurred with other informants during recounting the experiences. As I carefully chose the entries for my data collection, I made sure to include entries that pertained to the research topic and research questions as a guideline to follow; thus not to loose sight of using the research to understand the social world and other individuals in that social world that I am part of.

The last feature of Anderson's (2006) analytic autoethnography – commitment to theoretical analysis, states that analytic autoethnography is not only documenting personal experience, but to provide an “insider's perspective” to evoke emotional reverberation with the reader. These insights in analytic autoethnography, is used to help the researcher and readers gain further insight into the broader set of social contexts that is not necessarily provided by data itself; and also go beyond generalization of those social worlds. In this research document, I keep in mind to consistently connect my experiences with the research literature, as well as the reported experiences of others in similar circumstances. I write to express my experiences, my emotions, and my thoughts and insights, with an ambition to connect and evoke an emotional connection with the readers. The result of keeping these five features of conducting an analytical autoethnography in mind is the data collected in Chapter 4.

### **Overview of Themes in Current Research Literature**

My research literature review, choice of methodology, and data collection was guided by the primary research question of: What are the challenges and barriers of seeking and maintaining therapy as an acculturated Asian, therapist-in-training? To help answer this

question, I broke down this main question into four sub questions, 1) Why are self-care, maintaining personal development, and building self-awareness important to therapists-in-training and experienced therapists? 2) How is fostering self-awareness and maintaining self-care related to the competency requirements of the Canadian Code of Ethics for Psychologists and the Code of Ethics for the Canadian Counselling and Psychotherapy Association? 3) What are the challenges and barriers that therapists-in-training and experienced therapists face when deciding to seek and maintain therapy? And 4) How does and Asian and acculturated Asian perspectives on seeking therapeutic support affect the decision to seek and maintain therapy? With these questions in mind I was able to construct a review of the current research literature to help answer these questions, as noted in Chapter 2.

Sub sections in Chapter 2 include a review of the current research literature on a) self-care, self-awareness, and personal development, b) the importance of seeking and maintaining therapy, c) the Canadian Code of Ethics and the Code of Ethics for the Canadian Counselling and Psychotherapy Association, d) the challenges and barriers of seeking and maintaining therapy, e) the challenges and barriers of seeking and maintaining therapy for therapists-in-training and experienced therapists, f) the challenges and barriers of seeking and maintaining therapy for an Asian individual, and g) the concept of double stigma and acculturation.

Within the review of the current research literature, a list of themes regarding the challenges and barriers individuals face when seeking and maintaining therapy were noted. This list of challenges and barriers includes a) two types of stigma (public stigma and self stigma), b) demographic influences (sex, gender, age, ethnicity, and culture), c) a fear of emotion, d) fear of self-disclosure, and e) a fear a treatment. Likewise, within the review of the current research literature, therapists-in-training and experienced therapists have also reported a similar, yet different list of challenges and barriers to seeking and maintaining therapy. This list of challenges and barriers include a) public and self stigma, b) a fear of emotion, c) fear of self-disclosure, d) a fear of breach in confidentiality, e) fear of treatment, f) fear of the type of treatment, characteristics of the therapist (credentials, experience, competence, availability, accessibility, and knowledge of counselling styles and cultural awareness), and g) cost of services. Lastly, within the review of the current research literature, Asian individuals have also reported a list of challenges and barriers to seeking and maintaining therapy. This list of challenges and barriers include a) institutional barriers (finding culturally competent therapists,

the appropriate use of diagnostic assessments for appropriate diagnoses with Asian populations, b) differences between Western and Asian conceptions of psychological problems and views on self, and differing communication styles), c) sociocultural barriers (cultural influences on coping, cultural public and self stigma, “saving face” concept), d) consideration of family member’s perspectives, e) fear of emotional expression, and f) fear of treatment.

To help answer the main research question, I refer to Gary’s (2005) concept of double stigma described in Chapter 2 to assist in describing the complexity of how an acculturated individual of ethnic minority deals with the additional potency of stigma that affects the decision to seek and maintain therapy. In my attempts to link the listed themes in the current research literature regarding the challenges and barriers individuals, therapists-in-training, experienced therapists, and Asian individuals face when seeking or maintaining therapy, I reconceptualized Gary’s (2005) concept of “double stigma” and added to the existing list of stigmas to further expand how individuals with multiple identities/roles are further affected by these challenges and barriers. With the additional potency of stigma experienced by individuals with ethnic backgrounds choosing to seek and maintain therapy, there is an additional level of challenges and barriers involved when that ethnic individual is also a therapist-in-training or experienced therapist.

The data collected in Chapter 4 from my journey through the mental health system, describes my challenges and barriers I faced as an acculturated Asian therapist-in-training seeking and maintaining therapy before and after my fathers passing. The data collected explores those complex stigmas, and my insights, reflections, and learnings through experiencing and over coming those challenges and barriers of my healing process. It is my hopes that through sharing my story, I can further elaborate on the existing themes noted in current research, and share my insights, reflections, and learnings with other individuals that are in similar roles.

My analytic autoethnography explores my reflective journey through healing by how I ensured my self-care, building on self-awareness and introspection, and facilitating personal growth by seeking and maintaining mental health therapy as a therapist-in-training. The nature of the helping profession, can lead to increased risk for stress and burnout (Valente & Marotta, 2005); because individuals in helping professions are often focusing not only on the needs of others, but also ensuring they meet their own personal and professional needs (Skovholt, 2001).



There are many ways of ensuring self-care, building self-awareness, and developing personal growth. One of those ways is through seeking therapy when other self-care options are tried. Potentially, there are many positive benefits to building on self-care through therapy. However, therapy is not only beneficial for therapists-in-training and experienced therapist, but ensuring self-care is an important ethical competency requirement as described in the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2001). Therapists-in-training and experienced therapist need to recognize when self-care is needed, and be aware of the potential risks of burnout, or they can run in the risk for engaging in unethical behaviour (Everall & Paulson, 2004). Thus, the importance of ensuring self-care, building self-awareness, and facilitating personal development through seeking and maintaining therapy becomes important, not only on a personal level, but an ethical responsibility for all therapist-in-training and experienced therapists.

Making the decision to seek and maintain therapy is not easy. As Vogel et al. (2007) states, seeking therapy is difficult, embarrassing, and risky; that it can create feelings of challenge, fear and can lead to an avoidance of seeking further support. My journey through seeking and maintaining therapy was not easy as well. As I review the themes in the current research literature, as noted above, I reflect on whether those themes were experienced amongst my journey of healing.

### **Research Findings: Before my Father's Death**

My journey started in September of 2005 when I started a counselling diploma program. This was the beginning of my journey as a therapist-in-training. In reviewing the data collected in Chapter 4, it was during this time I started to refer to the feelings of public stigma as I inquired about seeking therapy to help manage symptoms of burn out. “...*I do not want anyone to see me emotional.*” (August 07, 2006). Vogel, et al. (2006) states that public stigma includes the perceptions that most forms of help provided by a group or society to an individual is socially unacceptable, which can lead to negative social reactions towards the individual. Between September 2005 and up until my father's passing in June of 2007, I saw a total of three therapists. One with a non-government funded facility, the other with a counselling service associated with a university, and the last one access through a medical office. During this time, because I was in a transitional place of going through school and work that were related to becoming a therapist-in-training, I feared the idea of both fellow employees and future academic

prospects finding out that I was wanting to engage in therapy. I noted that there were fears of what others would think of me, and fears of what those individuals would think of me in the event I worked amongst them in the future. It was during this time, I decided that I wanted to be an example of an individual that managed their work-school-life balance. It was when I decided to start my journey of healing.

In addition to fearing the opinions of other individuals finding out about my involvement with therapy, I was also worried about the opinions of my family members finding out of my therapy involvement. There is a high level of cultural stigma attached to Asian individuals seeking and maintaining therapy (Tsang, et al., 2003). Similarly, I experienced those challenges that stemmed from being a first generation Asian individual. There was a constant worry of family members judging me for not being strong enough to manage myself emotions and stressors. There were worries of my family members feeling as though I was mentally unwell, weak, or immature, because I needed to reach out further for support. I was constantly conscious of what seeking and maintaining therapy would be a reflection of on my family members. I did not want other family members to think that my immediate family members had some hereditary flaw, and I did not want to place any further shame on family.

Because of these fears of other judging my involvement with therapy at this time of my life, I then began to judge myself for feeling that I could not cope with my symptoms of burnout. Vogel, et al., (2006) states that self-stigma are the negative effects on an individual's self-worth that is caused by the individual self-labelling themselves as someone who is socially unacceptable. I experienced this type of stigma as well. I had moments where I felt unsatisfied with myself for not being able to sort through my own issues. I felt that because I had some background in psychology that I should be able to figure out how to navigate through stress. I felt weak and even questioned if I would ever become a good therapist, or judged by other therapists of what type of therapist I would become if they knew I was struggling. As referred to in Chapter 2, Zane and Yeh (2002)'s definition of "saving face" resonates with how I conduct myself. Chen and Mack (2008) describes it well that the concept of "saving face" directs Asian individuals to have a very self-conscious view of themselves, their family, and how others and they will view them. The concept of "saving face" for me has changed over the years, however during that time; I felt that I was still very conscious of receiving any negative perceptions of me or my family for my involvement in therapy.

Vogel, et al. (2007) reports that seeking therapy can involve bringing up painful emotions or experiences, the fear of feeling emotions can deter individuals from seeking or maintaining further therapy. *“I’m at a loss of words, will journaling ever express the emotions I truly feel?”* (March 7, 2006). This was a consistent challenge for me. Engaging in therapy at that time was not easy, it brought up a lot of emotions, and to share those emotions with a complete stranger was difficult. Sharing emotions and allowing oneself to be vulnerable with another individual takes trust, and is related to feelings of public and self stigma. I worried that therapists would judge my emotional expression as being unstable. I worried that they would think I was mentally unwell, which lead to concerns that maybe I was an unwell person. A fear of expressing emotion is not only difficult for me as an acculturated Asian, but experiencing the internal strong emotions was also difficult. Komiya, et al, (2000) reiterated that it is common for Asian individuals to be expected to suppress emotional problems, as it shows strong character for maintaining emotional control. Prior to my father’s passing, I was afraid to be out of emotional control. I ended up doing my emotional processing in the privacy of my home, and hid my vulnerability from outsiders.

This fear of emotion ties closely with the fear of self-disclosure. *“I can’t bring myself to cry, and I can’t get to that deep place to reflect and deal with things.”* (July 17, 2007). Hanna (2002) states that in order for clients to feel better in therapy, there needs to be a level of engagement and disclosure of some emotional pain. From my experience, it was a challenge to share, talk through, and process emotional pain with another therapist, especially when some of those emotional stories were painful ones. It was also challenging to share similar emotional stories with a new therapist after disclosing emotional stories with a previous therapist. Though I was able to eventually discuss my concerns with a therapist, it was always the fear of emotion that would bring me back full circle in terms of what I was processing through therapy. Siebert (2005) believes that therapist experience fear of self-disclosure differently from individuals seeking therapy, because the fear of self-disclosure for therapists-in-training and experienced therapist stems from a fear of a breach in confidentiality, even though therapists abide by confidentiality ethical competency codes in the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2001). This was always quite ironic for me, as even though I knew that therapists were confidential with their session with clients, during this time I was always slightly careful with what I disclosed to the therapist. I feared that it would raise

questions on my emotional stability amongst other therapists, future academic prospects and future employers.

Another common challenge and barrier to seeking and maintaining therapy for me was the fear of treatment. *“No one I try to talk to seems to truly understand.”* (August 28, 2007). Vogel, et al. (2007) states that these fears of treatment from therapy stem from how society constructs their ideations and perceptions about mental health; examples including the notion that if an individual seeks therapy they will be medicated, hospitalized or diagnosed. I experienced this as well during my journey through seeking therapy. Though I knew the probability was slim, there was sense that if I expressed too much emotion, that I would end up on medication, hospitalized, or referred onto unnecessary treatment. I worried about the credentials of the therapist, as I worried about getting mistreated or misunderstood in therapy.

For therapists-in-training and experienced therapist seeking or maintaining therapy, the fear of treatment was also related the credentials, experience, counselling style, and competence of the therapist (Gilroy, et al., 2002). *“Appointment with new therapist. Never going back.”* (March 03, 2008). When choosing a therapist, the experience and knowledge of the therapist, and the choice of which type of treatment option they would consider, was taken into consideration by therapists-in-training and experienced therapist when seeking or maintaining therapy (Ey, et al., 2000). When it came to choosing a therapist for myself, I experienced challenges and barriers that were also noted in the current research literature. Dearing, et al. (2005) listed additional challenges and barriers that therapists-in-training and experienced therapists face when deciding to seek or maintain therapy, which include the availability of the therapist, the knowledge and credentials of the therapist, the accessibility of the therapist, and the cost of the therapist. Sue & Sue (2003) support that cultural barriers to Asian individuals deciding whether to seek or maintain therapy, also depended on whether the therapist were culturally sensitive and culturally competent; as there are many differences to the Western and Eastern perspectives of the self, communication styles, philosophy on healing, and family values.

Starting from the first therapist I was connected to, to the choice in therapist just after my fathers passing, I was consistently challenged with making a decision of whether to access a therapist from a non-government funded facility, a government funded facility, private therapy, through a medical office, through university services, or employee assistance. Because I was working with a government funded facility, I wanted to preserve my anonymity, thus I tried to

choose therapists with a non-government funded facility to limit any future interactions with individuals that may recognize me in my future practicum placement or future employment. I was selective with the credentials of the therapist, as I was looking for an individual that was either a provisional or registered psychologist or social work background; as my previous experience with therapists were of psychology and social work backgrounds. I was also selective on the level of cultural awareness the therapist had, as I looked for a therapist that was sensitive to my type of emotional expression, my cultural obligation to “save face”, the respect paid towards my family and privacy, and the cultural philosophy I had on change. With being on a student income and budget, my choice in selecting a therapists with a non-government funded facility, employee assistance, or private services allowed me to used the sliding scale option offered to me; which helped cut down on therapy costs during this time. Lastly, the accessibility of these therapists was always convenient, as the location of the therapist were in an areas that was close to my home, and discrete to the public with little signage. This process in regards to researching for particular suitable therapist at particular locations had its challenges and barriers and took time to find.

### **Research Findings: After my Father’s Death**

My father passed away suddenly on July 1, 2007. This day changed my life. In one flash, everything was different, and I felt I aged over night. I was taking on responsibilities that I felt unprepared to take on. I felt too young to deal with grief of losing a parent. I struggled with the loss as past emotional memories were also coming up to the surface. I struggled with balancing the increased needs of family members over my personal needs, and I struggled to find balance in my life. I over compartmentalized my life, and convinced myself that the therapy and self-care activities I was involved with was because it was what was deemed the healthy and “right thing to do”. Despite being involved in consistent therapy in the past and leading up to my father’s passing, the therapy accessed after his passing started to shift over the years, and my perspective towards each session started to resonate with me differently. The challenges and barriers to seeking and maintaining therapy also changed for me, because the emotional pain multiplied after my father’s passing, it felt harder to find ways to cope with that pain.

After my father’s death, the public stigma that I felt, I started to care less about. Over a period of time, ensuring my personal needs became a priority over worrying about what others thought. I realized that it was not helpful for me to over thinking about what other co-workers,

academic cohorts and professors, and family member's thought of my involvement in therapy. I felt, and continue to feel that some anonymity needed to be present for me between my private and professional life, as a therapist-in-training. However, I had to learn to put myself first. I had to put my needs first. I made a choice, at that time to let go, and learned to show my vulnerability over time to others. By slowly exposing my vulnerability and not hiding behind fear, was part of the key to my healing. After my father's passing until the end of my intensive group and individual therapy in 2013, I saw a total of six therapists and other medical professionals that ranged from accessing therapists through employee assistance program, government funded organizations, and private services.

As for public stigma associated with cultural views on one's involvement in therapy, I kept a similar approach towards dealing with such criticism. I continued to experience a constant worry of family members judging me for not being strong enough to manage my emotions and stressors. I continued to receive criticism that I was unwell, weak, and immature when I started to talk about accessing services with family members. There was a lack of understanding around my involvement with therapy that was covered with many cultural years of Asian tradition and perspectives towards mental health. It was part of my level of acculturation of the Western culture that allowed me to challenge the eastern perspectives on mental health and healing through therapy.

Even though I took the same approach to allowing myself to be more vulnerable with family members regarding my emotional pain and my need to access therapy after my father's passing, I did find that I was still ensuring that I protected my family's level of perceived shame. *"I dislike myself for not being able to be the person I want to be for my mom, but yet I like myself for being able to stand up for myself, who I am, and the choices I have made."* (August 06, 2008). I did not want other family members or family friends to think that there was something hereditary about me needing to seek therapy. Because there was this instilled cultural perspective that those who seek therapy have a mental issue was such a strong message between some Asian perspectives on mental health, I found myself over explaining and attempting to educate those individuals of the benefits of therapy, and that therapy can be access by anyone at anytime despite having a mental health disorder. I found myself needing to be creative in explaining to those individuals that needing to confide in a therapist had nothing to do with being weak or unwell, but gain further perspective on a situation that one is struggling with. By doing

so, this made seeking and maintaining therapy for me more acceptable and understandable for family members and friends; as well placed less shame on the family.

In regards to self-stigma, I realized, at times I was and could be still be hard and judgemental on myself despite my involvement in therapy. What had changed after my father's passing with the level of self-judgement was that I allowed myself to forgive and let go of some of that judgment. I really began to understand and embrace the idea of not needing to be perfect, and that allowing myself to struggle, to make mistakes, to question my actions, to question my emotions, did not mean I had a weak character. It meant I was human. I started to really comprehend that some of those ideals around being perfect stemmed from my cultural background, and the lesson I learned growing up around needing to be the best and perfect; whether it was on a school exam, or piano lessons. I recognized that those lessons around being perfect, was also related to the concept of "saving face". If I were to show others that I was good at something, family members and friends of family would feel that it was an accurate reflection of their character. If I were to fail at something, that would also be a reflection on their character. Though there are still aspects of "saving face" that I am still aware of, it was not until after my father's passing, my involvement with therapy became less about how my family members were perceived by others, but more about my focus on my self-care. By doing this, I started to judge myself less, as my perception of being judged by others also changed as I continued on with therapy.

In regards to the fear of disclosing and the fear of bringing up painful emotions during a therapy, I did experience a fear of emotion when seeking and maintaining therapy. However after my father passed, this fear of emotion took a lot of time to work through in therapy. *"I have trouble fully accessing my feelings. Every time I start to truly feel, I find that my body tries to hold it back. Even when I shared my feelings with friends, I feel they are just words, and not my true emotions. I continue to go through phases where I think that I am feeling, but I also continue to feel numb."* (February 08, 2009). My father's passing was devastating. It was complex and confusing. There were many positive and negative feelings towards my father's passing, which added layers to my grief that were beyond losing someone you cared about. Allowing myself to process and feel these emotions was challenging for me. Allowing myself to be vulnerable with someone that was not family or friends was difficult. This was additionally difficult for me, as I grew up with cultural expectations to suppress my emotional problems. I

was expected to contain my emotions, and not over express those emotions with individuals outside of the family. I was taught to stay stoic and keep my emotions in check, as it would be a reflection of my character and a reflection on the characters of my family or any other attitudes and perceptions towards my family.

As I started to push the cultural boundaries of managing emotions taught by my parents, and invite in more Western perspectives of dealing with emotions into my personality, I started to transform the way I went about reaching out for support. *“Why do cultural values have to impede on how my life is understood? Why do I feel I need to stand by my family when I do not feel like I should at times? Everything that irritates me about them has made me into the person I am today. I have become a person that I love, but also a person that I dislike. I am constantly feeling like a failure with my family. I feel like I am always saying something wrong or doing something wrong. I’m feeling as though this is affecting how I want to move forwards in life. I feel as though my family blames me for something. I feel as though I cannot do anything right. I feel like I am always apologizing, and I want for all the conflict to stop. I feel like I am always trying to please, and always end up apologizing. I feel like I will always be a mediator.”* (April 04, 2010). Growing up I started by reaching out to more friends for emotional support, but always held myself to level of emotional control. The older I got, the more acculturated I became, and the more I started to reach out for support; which is why I started to invest time in seeking out and maintaining therapeutic services. However, despite my engagement with therapy, it was still always been difficult for me to completely allow myself to self-disclose emotional pain and allow myself to truly experience those strong emotions. Though my level of acculturation has allowed me to share more, after the most extreme emotional pain experienced after my father’s passing, still took a lot of effort and time for me to completely let go of this fear of emotion and fear of self-disclosure to fully receive the benefits of therapy. It was not until I was in so much emotional pain, that I gave into this fear and challenged myself to bare all to a therapist.

An ironic concept related to the challenge and barrier of seeking and maintaining therapy that arose from the current literature, as well as through my experiences, was the fear of a breach in confidentiality. Even though I was aware of the ethical competency code in the Canadian Code of Ethics for Psychologists in ensuring confidentiality, and familiar with practicing confidentiality as a therapist-in-training, I still worried that my confidentiality would be breached



in the role of a client. This fear of another therapist breaching confidentiality actually increased after my father's passing as I was further into my training as a therapist. Because I had access therapy through many different facilities, employee assistance programs, and government funded programs, I became more worried about the opinions of my therapist discussing my therapy in consultation with other therapists, I was worried that my professors would think that I would not be fit to become a therapist, and I worried that future employers would find out or have access to my information that would affect my relationship with future employment. I worried that their concerns of me were being discussed in client case consultations amongst each other. Fearing a breach in confidentiality did not help with what I wanted to fully disclose to the therapist. I continued to be always slightly careful with what was disclosed. Though I had to self-disclose deeper painful emotions in order to continue with the process of moving forwards in my healing, between the fear of emotion, fear of self-disclosure, and a fear in the breach of confidentiality, I definitely felt the challenges and barriers to seeking and maintaining therapy.

After my father's passing, I felt I worried less about the fear of treatment as another noted challenge and barrier to seeking and maintaining therapy. Because I was starting to build more practical experience as a therapist-in-training, I further understood how the mental health system is structured. I understood how referrals were made, and if further support was needed, I understood how to navigate through the system. I had developed a more realistic perspective on the mental healthy system, and learnt to trust the system and its programs. I learned to trust the competency of the therapist, and had faith that their credentials and experience were sufficient for therapy. I learned to embrace different counselling styles and therapeutic approaches towards treatment, as after my father passed, I opened myself up to many different types of therapies and treatment in order to move past my emotional pain. I also took the opportunity to be aware and observe the therapeutic techniques of the therapists I saw and indirectly learned from them.

A continuous challenge and barrier that was present for me related to the fear of treatment after my father's passing was still ensuring that the therapist was culturally sensitive and culturally competent to Eastern perspectives on the self, healing, family values, and communication styles. "*I struggle to fit in the group sometimes, as I still have some traditional Asian ways about me...*" (June 13, 2012). I found that after my father's passing, in addition to familiarizing therapists with specifics to my cultural background, there were a lot of cultural practices of grief that I felt I needed to explain to my therapists. Though the therapists I saw

after my father's passing were all open to understanding my culture, I felt that it would have been easier to have a therapist that had some previous cultural understanding. Lastly, in relation to the challenges and barriers noted in the literature around the cost and accessibility of the therapist, I did not feel I had to worry about the cost, accessibility, and availability of services, after my father passed; as I was working as a therapist-in-training full time, and was making adequate income to cover the cost and accessibility of therapeutic services.

### **Research Findings: Acculturation, Multiple Roles, and Other Challenges and Barriers**

I refer to Gary's (2005) concept of double stigma to describe the additional potency of stigma that affects the decision to seek and maintain therapy for individuals of ethnic minority (Tables 1 & 2). Because of my Asian background, there were culturally based challenges and barriers to seeking and maintaining therapy that I experienced that was in addition to the challenges and barriers of an individual seeking and maintaining therapy. However, due to my level of acculturation of how Western perspectives have influenced and been incorporated on my coping over the years; concepts of self, and styles of communication, the stigma related to the challenges and barriers to seeking and maintain therapy became more pronounced for me. My personal level of acculturation made seeking and maintaining therapy difficult at times, because I found myself to be in constant consideration of differing cultural messages between Asian and Western perspectives.

Not only were there challenges and barriers to seeking and maintaining therapy related to my acculturated identity, but there was another layer of challenges and barriers associated with my role as a therapist-in-training. In keeping with Gary's (2005) concept of double stigma, the multiple cultural identities and professional roles of being an individual needing to seek therapy, an acculturated Asian, and therapist-in-training, added more layers of differing complex stigmas attached to seeking and maintaining therapy. My aim by connecting these themes together was further emphasize that these stigmas, challenges and barriers can make seeking and maintaining therapy it a little more challenging for individuals of differing ethnic and professional roles.

In addition to the challenges and barriers noted in the current research literature, there were some additional challenges and barriers that I noted within my experience that were not reported in the current research literature. Most of the therapy that I had engaged in, except for the private therapy and the therapy I was referred to at the end of this research study, was all

short term therapy. Many of the programs and services for therapy that are provided in the city, whether they are government funded or non-government funded program had a limit to the number of sessions available to the client. This usually ranged from six to nine sessions, which was considered short term therapy. In my case, due to the complexity of my grief and my desire to work to past concerns that were not related to this research study, I needed longer term therapy. Throughout my journey there were therapists along the way that had also recommended longer term therapy. However, in order to access longer term therapy, options were limited, as either I would have to access costly private services or be referred to a program within a government funded organization that had an immense wait time. Because I had some initial reluctance to initially engage in government funded facilities due to my employment involvement with them, I did eventually seek longer term therapy.

Another challenge and barrier to seeking and maintaining therapy were the wait times for specific therapeutic programs that I was engaged in. Before being referred to long term services with government funded programs, I had to be placed on a wait list. Some of these wait times ranged from a couple months to the longest, ten months. The frustrating part of wait times, it that there was an interim place where I would not be engaged in therapy, and there was no guarantee that the service or the therapist would be helpful. I would fill in those gaps of time with self-care activities and seek support through my family physician. However, in terms of trying to maintain consistent therapy, the wait times placed a hold on ongoing therapeutic support. For me, this would interrupt the process of ensuring consistent self-care through therapy, and prolonged the healing process.

An additional challenge and barrier to seeking and maintaining therapy that was not reported in the current research literature that I experienced, was the frustration and amount of time it took to navigate through the mental health system. There was a lot of time spent researching the available therapeutic services in the community, finding the best fit therapist, finding appropriate services for my needs, and ensuring that I was not duplicating any services. There was trial and error finding therapists and therapeutic services that was a good fit. I had experienced frustration trying to navigate the mental health system, just to find the right service for me. Ensuring that the right therapeutic services were accessed took time. Seeking therapy took time. Even though there is no magic timeline in which healing happens, my therapy took time out of other areas of my life. My commitment to therapy, to self-care, and to maintaining

ethical competency requirements, took time away from some of the relationships in my life, and took time away from my thesis research. With the therapy I sought over the years, I had put some aspects to my life on hold, in order to move forwards with other parts of my life. Finding therapy, and engaging in therapy takes time, and I had to make the time to do the healing.

Because of my ethical competency requirement to ensure self-care, and because of my personal awareness and needs to do my own healing and growth, seeking and maintaining therapy over these years was a little more complicated due to the challenges and barriers that I experienced. For the most part, the themes in the current research literature was also able to sum up the challenges and barrier to seeking and maintaining therapy as an individual, as an acculturated Asian, and as a therapist-in-training. With the additional challenges and barriers that I reported through my own journey through the mental health system seeking and maintaining therapy, I was able to find and share similarities between my journey and the experiences of other individuals, therapists-in-training, experience therapists, and Asian individuals in similar situations.

### **Future Considerations and Conclusion**

Part of the reason why I chose analytic autoethnography to conduct my research study, is that I felt it was the best way for me to tell my story of my journey through in the mental health system, relate the themes in the current research literature to the themes that emerged through my descriptive story. Ellis (2004 & 2009), states that autoethnography helps with re-examining life events that allow us to deepen the understanding of our lives and our work through gaining insight into ourselves, and how that insight fits into the world we live in. With my research study, I was able to not only build further insight into my learnings though revisiting past journal entries, but to find parallels into my experiences and what was presented in current research literature; in hopes to extend those insights to others in comparable roles as a therapist-in-training, and acculturated Asians. The using of analytic autoethnography helped me to provide an academic voice to the research, and allowed me, the researcher, and the readers to have a first hand observation and participation into the experience, and provides readers with insights that may or may not help to improve on their own lives. By using analytic autoethnography, it allowed me to show the relationship between the researcher, myself, and the research situation (Anderson, 2006). In addition, I was able to use myself, as the participant and the researcher to

explore my feelings, hopes, reactions, and internal insights related to examining the experience in my life (Clandinin & Huber, 2002).

I had always felt that there was irony in the idea that I had experienced some shame, fear, challenges and barriers to seeking and maintaining therapy as an acculturated Asian therapist-in-training. Being in a position where it is in my profession to help others, I always found it interesting why accepting the same type of help in return came with its struggles. As well, because therapist-in-training and experienced therapist are ethically responsible to ensure their own self-care, whether that is through seeking therapy, I was always curious what factors made seeking and maintaining therapy challenging for these individuals. I wanted to know if other individuals, therapists-in-training, experienced therapists, and Asian individuals had experienced the same. The process of using autoethnography was instigated by my curiosity regarding whether there were other individuals with similar roles that were experiencing similar challenges and barriers to seeking and maintaining therapy. By sharing my story, it helped related my experience with the themes in the current research literature.

However by using analytic autoethnography for this research study, it has also revealed other curiosities that could be further investigated through future research. Some of the questions that I have noted through this experience that I invite for future research are: 1) How would other individuals with multiple cultural or professional roles describe their experience with seeking self-care through therapy? 2) How would different level of acculturations (e.g. number of years immerse in another culture) affect the challenges and barriers to seeking and maintaining therapy? 3) How would other acculturated Asian individuals describe their experience with seeking self-care through therapy? 4) How can we use this research on maintaining self-care and ensuring ethical competency with therapist-in-training academic programs and on-going professional development for experienced therapists? and 5) How can the concept of self-care be further fostered through academic therapist-in-training programs or professional development for experienced therapists? Based on these questions, further inquiry would help deepen and broaden the understanding of how these challenges and barriers affect our involvement in seeking and maintaining self-care through therapy. It would help provide valuable information to others who are also on a similar journey of healing.

Although this was a very personal journey for me to share with the reader, and though there were risks in choosing autoethnography as my form of methodology, I felt that by telling

my story from a personal perspective was needed to help further explore the themes and future considerations noted in current research literature. I was ready and wanted to share my story with other individuals in similar roles. By telling my journey, my vulnerabilities and experiences, I found further insight into myself, and I felt more connected to other individual's experiences. I learned not to fear disclosing my helplessness. I allowed myself to be vulnerable, and most importantly, I learned how to receive and accept the help that I give to others. With autoethnography, I anticipated that other individuals in similar situations, cultural and professional roles, could take from my learnings to further build insight and reflect on their experiences.

Despite revealing myself to the reader, it not only helped me to move past my emotional barriers, deal with stress and burnout, and deal with symptoms of grief; it also helped identify what the challenges and barriers to seeking and maintaining therapy as a therapist-in-training and acculturated Asian. With sharing my story, I also hope to inspire other individuals in similar cultural and professional roles to seek the support they need without fear of reaching out, without fear feeling shame, and without fear of being vulnerable. I hope to encourage other individuals in similar cultural and professional roles to not only seek support as part of an ethical competency requirement, but to be moved to seek further insight into their lives. By relating my experiences to the themes in the academic literature, writing in the style of autoethnography with the structure of using an analytic autoethnography format, it helped to provide an outlet to tell my story from professional lens in which my data would be examined. Autoethnography changed the telling of my journey, from "just my story" into valuable research.

With sharing my journey of healing through this research, I end with a quote that resonated with me throughout this process. "We work on ourselves in order to help others, but also we help others in order to work on ourselves." - Pema Chödrön.

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## Appendix A



### Participant Consent Form

(The language of this document may be adjusted or thoughtfully explained and translated to meet the readability of the participant)

Project Title: Another chapter in the book: An autoethnography of my journey through the mental health system.

Researchers(s): Fang-Chia (Jackie) Cheng, BA., MEd. (Candidate), University of Saskatchewan, College of Education – Educational Psychology and Special Education; School and Counselling Psychology, 28 Campus Drive Saskatoon, SK S7N 0X1. 403-860-0840 [fac316@mail.usask.ca](mailto:fac316@mail.usask.ca)

Supervisor(s): Tim Claypool – Department Head, University of Saskatchewan, College of Education – Department of Educational Psychology and Special Education, 28 Campus Drive Saskatoon, SK S7N 0X1. 306-966-6931 [tim.claypool@usask.ca](mailto:tim.claypool@usask.ca)

Purpose(s) and Objectives(s) of the Research: This research study will be an analytic autoethnography on the challenges and barriers that I have experienced while seeking and maintaining therapeutic counselling while enrolled as a Masters of counselling psychology student. Additionally, I will also examine the stigmas I faced, being an acculturated Asian seeking therapeutic counselling. This research study will explore the themes in the literature related to the challenges and barriers that therapists-in-training and experienced therapists faced when deciding to seek or maintain psychotherapy. It is my hope that exploring my journey of healing and personal growth through seeking therapy, it will add to current research by helping to further the understanding of the impact of seeking therapy while being an acculturated Asian therapist-in-training.

Procedures: In my research study, I will be using a qualitative research approach, using analytic autoethnography to tell my story on the experiences through seeking and maintaining therapy. I



use an analytic autoethnography approach to explore the themes within the evocative story told through my journals. Data will be collected primarily from written sources through journal entries, documentation of conversations and meetings from a day planner, and recollections of memories noted in art journals and notes, dating back from when my journey to become a therapist started in 2005. In addition, field notes taken during this process to document any additional insights that arise through the data collection and data analysis process. Using a thematic analysis, using the themes noted in the research as a guide, the process of categorization of themes within my written documentation will be further analyzed. No interviews or observation will be used to collect any further data.

Funded by: Not applicable.

Potential Risks: Analytic autoethnography has been known to have some unique considerations, as it can be difficult to write about oneself and others close to the self without considering the impact the writing can have on the individual and the others associated with that individual. With this being said, an ethics proposal was conducted to ensure the anonymity of any individuals that interacted with the researchers' experiences. This consisted of changing any identifying details related to programs, services, and individual's names. In the Canadian Psychological Association's Code of Ethics, it is our ethical competency to minimize harm, thus, even though the only participant in my research is the researcher, any identities and interactions with service providers that added to my experiences will be changed to protect the anonymity. In addition, any identities and interactions with any other clients, friends, or family members, will also be changed to protect their anonymity; and if needed, any further consent forms will be provided to any individuals that are mentioned in the autoethnography for their signed consent.

Lastly, after discussing with my thesis supervisor the emotional and vulnerable nature of the research, as well as the potential evoking emotion that could come about from the reflection of the past experiences, ensure that self-care is managed through a support system, and therapeutic services are accessed if needed for the researcher. Numerous drafts will also be written, edited, and reviewed by the supervisor to ensure that the information in the research document is emotionally acceptable to disclose.

Potential Benefits: This analytic autoethnography will provide a greater understanding of the themes in the research regarding the experience of therapists-in-training and experienced therapist's journey through exploring my own personal self-care journey. It will help provide a deeper understanding of the experiences of an acculturated Asian seeking mental health support. This study will also provide further research to support the importance of seeking therapy through a Master of counselling psychology program, as therapist-in-training, and as an experienced therapist. The hopes of this study will aim to assist in reducing the stigma commonly associated with seeking and maintaining mental health therapy, as well as aims to limit associated cultural stigmas. Lastly, the information collected can be used to help current therapists manage clients who are therapist-in-training, experienced therapists, as well as clients with an acculturated Asian identity.

Compensation: Not applicable.

Confidentiality: Data collected and results of the autoethnography will be throughout the Master's Thesis. Because of your relationship to me, your identity will be known. However, you will have access to read the autoethnography at any time upon request. You will also have the opportunity to delete any reference to yourself if requested. You are also not required to read the research text if you so choose.

As noted above, In the Canadian Psychological Association's Code of Ethics, it is an ethical competency to minimize harm, thus, any identities and interactions with any other clients, friends, or family members, will also be changed to protect their anonymity; and if needed, any further consent forms will be provided to any individuals that are mentioned in the autoethnography for their signed consent.

Storage of Data: Any data collected in this autoethnography will be stored in a locked file cabinet in my home. Any copies of data or copies of the autoethnography will also be emailed to my thesis supervisor, Tim Claypool – Department of Educational Psychology and Special

Education, College of Education at the University of Saskatchewan, to be kept in their office under lock and key, for a minimum of five years.

Right to Withdraw: Your support and participation is voluntary and you can withdrawal from the research at anytime for any reason, without explanation or penalty of any sort. As stated above, you will have access to my written work, at any time upon your request; and you will also be invited to be part of the ongoing discussion of direction of research that may pertain or contain your quotes or reference to you. You will have the opportunity to read and respond to the written work. Whether you choose to participate, or decide to withdraw at any point, it will have no effect on your position, employment, class standing, access to services, or how you will be treated. You will be given opportunities to read and respond to the written work, and have the right to decline at any time. Should you wish to withdraw your consent to support this research, your contributions, any descriptions of you will not be included in the written research.

Follow up: To obtain any written work, or results from the autoethnography, please contact the researcher for access. As noted in the Confidentiality section, you will have access to read the autoethnography at any time upon request. You will also have the opportunity to delete or omit any reference to yourself if requested. The document at any point will be at access to you at your request.

Questions of Concern(s): In the event that you have any questions or concerns with the research, please feel free to ask the researcher at any point. You are also welcome to contact my supervisor, Tim Claypool (306-966-6931) for any information. This research study has been approved on ethical grounds by the University of Saskatchewan Ethics Board on (insert date). Any questions regarding your rights as a participant may be addressed the ethics committee through the Research Ethics Office [ethics.office@usask.ca](mailto:ethics.office@usask.ca) or (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent: Option 1 – Signed Consent. Your signature below indicates that you have read and understand the description provided above; I have had an opportunity to ask questions and my/our questions have been answered. I understand that there will be ample opportunity to give constant feedback regarding the research text. I will also have an opportunity to read the final

text and have the right to decline any information, descriptions of me that will not be included in the research text; or withdraw at any time if I wish. I consent to participate in the research project, as an inquiry into a story written from the prospective of my daughter. A copy of this Consent Form has been given to me for my records.

Signed Consent:

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
_____	_____	
<i>Researcher's Signature</i>	<i>Date</i>	

*A copy of this consent will be left with you, and a copy will be taken by the researcher.*