

Ethics, Self-Care and Well-Being for Psychologists: Reenvisioning the Stress-Distress Continuum

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It is well-accepted that occupational hazards are endemic to the profession of psychology and that psychologists bring both strengths and vulnerabilities to their choice of career. Given the pressures faced by psychologists in contemporary society, how can we most effectively meet our ethical obligation to maintain competence throughout our professional life span in order to provide high quality care to those we serve? In this article, we propose to expand the current conceptualization of psychologist functioning as embodied in the widely promulgated stress-distress continuum. Through the incorporation of a positive dimension, we can envision the potential for psychologists to spiral up via their practice of enhanced self-care. Four foundational principles are interwoven throughout our consideration of effective self-care for psychologists: an emphasis on flourishing (rather than merely surviving), intentionality, an awareness of reciprocity in care of self and others and the benefits of integrating self-care into our daily practices and routines, rather than being added onto existing personal and professional obligations. A review of the literature on psychologist self-care strategies, healthy lifestyles, mindfulness, acceptance-based therapies, and positive psychology informs our endorsement of mindfulness-based positive principles and practice (MPPP's) for psychologists. These MPPP's are broadly conceptualized as the *how* of effective self-care that supports the *what* (as in what to do) in this realm. Finally, we envision a future in which effective self-care embedded in MPPP's is truly valued, supported and promoted by the profession in a manner that complements and sustains our ongoing well-being and professional competence.

Keywords: ethics, competence, well-being, self-care, mindfulness

As professional psychologists, we are committed to caring for others and derive great satisfaction from these activities. However, is this satisfaction sufficient—in and of itself—to sustain us throughout a professional career? As a profession we tend to neglect the importance of creating a sustainable balance between caring for our clients and caring for ourselves. The wisdom traditions have long recognized the interrelatedness of care for the *self* and care for the *other*. The oft-repeated 2,000-year-old quotation attributed to Rabbi Hillel the Elder, effectively captures this essential dialectic: “If I am not for myself, who will be for me? If I am only for myself, what am I? And, if not now, when?”

In this article we will discuss how psychologists can be for themselves as well as for their clients. We believe that the time has come for us to take an honest, compassionate, and unflinching look at the role of self-care and well-being in professional psychology. In this article, which is based in part on a continuing education workshop developed by the first author (Wise & Gibson, 2012), we make the case that self-care is an ethical imperative as it relates to competence. We will review the theoretical and research literature on psychologist vulnerabilities and propose a positive dimension to the traditional stress-distress continuum. In addition, we will outline a comprehensive approach to self-care for psycholo-

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gists based on mindfulness practices, values-oriented acceptance-based therapies, and positive psychology. As you read this article, we encourage you to be mindful of the interplay between care of the self and care of the other. As we mentor graduate students, interns, and early career psychologists, it is important to encourage them to care for and sustain themselves as they enact their deep commitment to becoming dedicated and competent professional psychologists. As suggested by Rabbi Hillel, we believe that caring for ourselves and others is an inherently integrated and reciprocal process. And—as asked so cogently by Rabbi Hillel—“if not now, when?”

Foundational Principles

As we envision a positive dimension to the stress-distress continuum, we believe that effective self-care for psychologists must be broadly conceived and oriented toward sustainability and workability. To assist psychologists in integrating ongoing attitudes and practices that support well-being and self-care, we suggest four foundational principles. First is the notion of surviving versus flourishing (Keyes, 2002). When we focus on *surviving*, we inadvertently maintain a barely good enough status quo and fixate on preventing the negative. In contrast, when we aspire to *flourish*, we invite a broader array of possibilities into our personal and professional lives, and we emphasize resilience-building attitudes and practices that reflect an overarching positive orientation. Second is the act of *intentionally* choosing our self-care plan over time and being willing to change our attitudes and practices if (or as) they become unworkable. Third is the concept alluded to above that we have termed *reciprocity*, or the process of dynamic exchange of beneficial lifestyle attitudes and practices between psychologist and client. Fourth, we encourage the use of self-care strategies that are *integrated into* rather than added onto our already busy and stressful lives. These foundational principles are integrated and interwoven throughout our discussion of mindfulness-based practices and principles (MPPPs).

Is Self-Care an Ethical Imperative?

Positive, intentional, integrated, and sustainable self-care is clearly important. But is self-care also an ethical obligation? Self-care—in the sense of enhancing positive well-being—is not directly addressed in the American Psychological Association (APA) Ethics Code (APA, 2002). Competence, however, is an essential ethical obligation and provides a critical link between ethics and self-care. In the enforceable sections of the code, Section 2 contains the ethical standards that relate to competence. Standard 2.01, Boundaries of Competence (a) states the basic expectation that Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their *education, training, supervised experience, consultation, study, or professional experience*” (APA, 2002, p. 1063, emphasis added). Standard 2.03, *Maintaining Competence*, reminds us that “Psychologists undertake *ongoing efforts* to develop and maintain their competence” (APA, 2002, p. 1064, emphasis added). The importance of competence and the critical role of continuing professional development have been increasingly recognized and promulgated in our field in recent years (e.g., Fouad et al., 2009; Roberts, Borden, Christiansen, & Lopez, 2005; Wise et al., 2010).

The last sentence of General Principle A: Beneficence and Nonmaleficence captures an essential component of the interface between competence and personal wellness: “Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work” (APA, 2002, p. 1063). Standard 2.06, *Personal Problems and Conflicts*, is clearly focused on the potential negative impact that *personal problems* may have on professional competence and on protecting those with whom we work. In contrast, expanding the notion of ongoing efforts as currently delineated in Standard 2.03 to include a focus on personal wellness, self-care, and functioning at the positive end of the stress-distress continuum would have strong theoretical and empirical support.

The Impact of Stress on Professional Functioning

How do personal problems and stress impact professional functioning? The stress-distress-impairment-improper behavior continuum proposed by the APA Board of Professional Affairs Advisory Committee on Colleague Assistance (ACCA; n.d.) provides a robust model for conceptualizing the progressive downward spiral that can occur if stress is not effectively managed. In this model, stress is broadly defined as our body’s reaction to demands that are placed on it that are generated from either internal (e.g., self-expectations) or external (e.g., work-related) sources and distress as the subjective state of reacting to either internal or external stress that may also be triggered by reactions to past unresolved events. *Impairment* refers to an objective change in the psychologist’s professional functioning that may result in ineffective services or cause harm to those with whom we work. Examples of impairment include being late for appointments or failing to return phone calls or to complete reports in a timely manner. *Improper behavior* refers to professional behaviors that clearly cross ethical boundaries and constitute professional misconduct. Examples of improper behavior include sexual or fiscal improprieties with clients.

A limitation of this model is that it starts at neutral and spirals down. As we incorporate the tenets of positive psychology and mindfulness-based principles and practice, we envision a positive dimension to the continuum and recognize the potential to start at neutral and spiral up. We propose that self-care supported by MPPPs can enhance psychologists’ functioning and also serve to greatly reduce the likelihood of progression through the stages outlined above. Although we fully appreciate the importance of acknowledging the potential for negative professional outcomes and the essential role of colleague assistance programs in preventing harm to the public, our careers, and ourselves, we hope to also inspire psychologists to aim for the positive end of the continuum.

Personal Vulnerabilities and Professional Hazards for Psychologists

Personal vulnerabilities and professional hazards are endemic to our profession. In our endorsement of a dialectical perspective we recognize that psychologists’ vulnerabilities may also be strengths just as the professional hazards may also be benefits. In an intriguing series on choosing psychotherapy as a career, Farber, Manevich, Metzger, and Saypol (2005) provided an overview of the common themes that characterize the psychotherapist career path

linked to the personal narratives of eight prominent professional psychologists. Factors such as cultural marginalization, psychological mindedness, and the experience of childhood pain tend to emerge in the personal histories of psychologists who choose to become psychotherapists. These factors can be a source of great strength and compassion but also of vulnerability. As the authors stated so eloquently, “. . . we all need to remind ourselves of why we are in this field and how the work has led to unique and profound, if sometimes elusive, pleasures” (p. 1030).

What are the occupational vulnerabilities for psychologists? Challenges to professional competence are well documented and clearly recognized in our field. In a survey of psychologists (Mahoney, 1997), one third of respondents reported that they had experienced anxiety or depression and more than 40% reported episodes of emotional exhaustion during the previous year. In a subsequent study (Radeke & Mahoney, 2000), practicing psychologists reported greater anxiety, depression, and emotional exhaustion than did research psychologists but also a more positive influence from their work. In a classic article, the majority of psychotherapists admitted to instances of working when too distressed to be effective and that nearly all of those surveyed acknowledged that doing so is unethical (Pope, Tabachnick, & Keith-Spiegel, 1987).

Self-Care Strategies for Psychologists

In recent years there has been a proliferation of self-care articles and books for psychologists. Many authors agree that it is essential for psychologists to implement proactive self-care strategies (e.g., Baker, 2003; Barnett, Baker, Elman, & Schoener, 2007; Brucato & Neimeyer, 2009; Norcross & Guy, 2007; Pope & Vasquez, 2005; Wicks, 2008; Wise, Hersh, & Gibson, 2011; Wise & Gibson, 2012). As we focus on the positive end of the spectrum, specific self-care content can be drawn from many sources, including spiritual and religious traditions, secular mindfulness-based approaches, therapeutic lifestyle changes, and the wealth of wisdom from our own profession. As a resource for psychologists, we will briefly describe two broad approaches to self-care and lifestyle wellness that have provided both a foundation and inspiration for our thinking. The first is a principle-based, flexible, comprehensive model that was developed explicitly for psychologists (Norcross & Guy, 2007). Their 12 principles draw from broad traditions of spirituality, mindfulness, and positive psychology in addition to CBT and physical wellness. The second approach is based on a comprehensive evidence-based systematic review of *therapeutic lifestyle changes* (resulting in the easy-to-remember acronym TLCs) that were proposed for psychologists to promote to their clients or patients (Walsh, 2011). This model also explicitly incorporates elements of mindfulness, spirituality, and positive psychology, in addition to specific evidence-based recommendations for nutrition and exercise that are designed to promote physical health. The TLCs also incorporate an awareness of our evolutionary need to be in nature and the negative impact of overexposure to contexts of hyperreality and media immersion. Although the TLC approach is intended to be incorporated into our professional work with clients, research is cited suggesting that, for example, psychologists who recommend exercise to their clients are more likely to exercise themselves (McEntee & Halgin,

1996). When asked to comment more broadly on the notion of *reciprocity* that is developed in this article, Walsh replied that

In contemplative disciplines there has long been recognition that the health and maturity of the teacher is essential for cultivating the health and maturity of students. I assume that therapists will one day recognize the same link between themselves and their patients. (Personal communication, October 27, 2011)

These comprehensive approaches provide psychologists with the essential *what* of self-care (as in what to do). In the next section, we will outline the mindfulness-based positive principles and practices (MPPPs) that focus on how these strategies might be most compassionately and effectively applied to our lives as professional psychologists. Along with the four foundational principles discussed earlier, the MPPPs provide a broad and flexible blueprint for how psychologists can most effectively, realistically, and sustainably incorporate self-care strategies and techniques into our lives.

Mindfulness-Based Positive Principles and Practices (MPPPs)

The term mindfulness-based positive principles and practices (MPPPs) is intentionally and explicitly nonclinical. It incorporates the mindfulness orientation, attitudes, and practices that we recommend as the foundation and essential component of sustainable self-care for psychologists. Drawn primarily from mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990), acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999), and the positive psychology movement (e.g., Seligman, Steen, Park, & Peterson, 2005), the MPPPs are consistent with the foundational principles outlined above in that they minimize the addition of new self-care commitments and maximize the manageable and integrated transformation of existing ways of thinking, doing, and being. The approaches on which the MPPPs are primarily based, share similar (although not entirely overlapping) conceptions of mindfulness-based acceptance and change processes. MBSR, ACT, and positive psychology all share an emphasis on intentionality and values-driven behavior as motivators and mechanisms for sustainable lifestyle enhancement. MBSR and ACT differ from positive psychology, however, in that they promote acceptance of negative experience whereas positive psychology more explicitly and directly seeks to promote positive experience. However, taken together, these approaches are sensitive to our common vulnerabilities in that they each view human beings' locus of suffering (and the capacity for joy) within the very vicissitudes of being human rather than within diagnosable psychopathology. It is this latter point that promotes the principle of reciprocity. Because client and psychologist often share much in common by way of sources and manifestations of suffering, psychologists too can benefit from the very principles and prescribed practices that they encourage in those who seek their help.

The following sections on mindfulness, ACT, and positive psychology offer theory and research that provide a meaningful framework for our conceptualization of MPPPs. Although mindfulness and ACT are evidence-based treatments in and of themselves, we consider them here in their more fundamental embodiment as a set of underlying attitudes that can guide our approach to self-care and well-being.

Mindfulness

What is mindfulness and how is it related to psychologists' self-care? Mindfulness, at its most basic level, involves "paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1990). Thus, mindfulness involves the cultivation of *intention* (i.e., the purposeful and conscious choice of where and how we direct our attention moment to moment and over the long term), a specific type of *attention* (i.e., observing with healthy disengagement one's moment-to-moment internal and external experiences), and particular *attitudes*—those that relate to nonstriving, acceptance, and curiosity, to name but a few (Kabat-Zinn, 1990; Shapiro, Carlson, Astin, & Freedman, 2006). The intentional cultivation of mindful awareness helps to increase gentle awareness of thoughts, emotions, and unhelpful ways of reacting to stress and stressful situations, in turn reinforcing new and healthier methods and pathways of coping with life's daily struggles (Bishop et al., 2004). Thus, mindfulness practice, when incorporated formally through intentional focus (or meditation) on a regular basis and informally within moments of daily living, has been shown to confer far-reaching psychological (e.g., Hofmann, Sawyer, Witt, & Oh, 2010), neurobiological (e.g., Hölzel et al., 2010), and interpersonal benefits (e.g., Carson, Carson, Gil, & Baucom, 2006). It is important to note that mindfulness training also facilitates individuals' increased awareness and valuing of positive and joyful experiences, development of a sense of interconnectedness with others, and recognition of one's own and others' basic goodness and humanity (e.g., Shapiro & Carlson, 2009).

MBSR is a comprehensive 8-week awareness training program of secularized Buddhist philosophy and psychology (see Kabat-Zinn, 1990, for seminal work). MBSR emphasizes formal meditative practices in the form of mindful sitting, walking, yogic stretching, and loving-kindness meditation along with more informal practices involving nonjudgmental and purposeful moment-to-moment awareness of one's thoughts, emotions, sensations, and behaviors of daily life (e.g., listening to clients, driving). In this approach, intentionality is emphasized as a way to help individuals bring to conscious awareness the qualities they would like to embody rather than as a means to specific ends (e.g., needing to be less worried or to reduce blood pressure). It is important that with respect to the very pragmatic issue of how to build mindfulness practice into one's daily repertoire in a cost-effective and time-efficient manner, Carmody, Baer, Lykins, & Olendzki (2009) have shown that shorter or less time-intensive MBSR adaptations may have similar beneficial effects as the original 8-week course. This finding is quite promising for the perpetually busy and time-pressured lives professional psychologists often lead and has implications for the incorporation of MPPPs into continuing professional education and graduate school training (Christopher & Maris, 2010).

Early research on MBSR for psychologists' stress and well-being has yielded encouraging findings, despite some methodological limitations. From earlier prepost trials (Shapiro, Schwartz, & Bonner, 1998) to a more recent controlled, comparative clinical investigation (Jain et al., 2007), data consistently point to positive effects of MBSR on clinicians' perceived stress, psychological distress, trait depressive and anxious affect, rumination and distraction, empathy, and self-compassion (Jain et al., 2007; Shapiro,

Astin, Bishop, & Cordova., 2005; Shapiro, Brown, & Biegel, 2007; Shapiro, Oman, Thoresen, Plante, & Flinders, 2008; Shapiro, Schwartz, & Bonner, 1998). Interestingly, an increased sense of spirituality and relational interconnectedness has also been demonstrated (Shapiro et al., 2008). Thus, the effects of even the most stressful events in psychologists' lives may be buffered significantly by a gentle, nonjudgmental awareness of the event itself and the internal experiences that ensue.

One study to date has examined the direct impact of a mindfulness-based therapy on patients themselves. Grepmaier et al. (2007) found that patients in a psychosomatic hospital whose therapists were taught Zen meditation were more likely than patients of the non-Zen trained therapists to benefit in numerous ways, including self-reported reductions in somatization, obsessiveness, paranoia, anxiety, anger, and psychoticism, and social contact. It is notable that this study demonstrated that a variant of mindfulness meditation can impact *patients themselves* when therapists train in intentional, nonjudgmental, and present-focused awareness.

Acceptance and Commitment Therapy (ACT)

Although ACT is broader than mindfulness training proper (see Hayes et al., 1999), it shares with mindfulness philosophy the central tenets of acceptance, nonattached and compassionate mental observation of passing phenomena in the mind and body, intentionality of attention and behavior, and present-focused awareness. It differs primarily in its more explicit and central focus on values-driven action. The central aim of ACT is to increase individuals' psychological flexibility, which is the capacity to act based on what one finds most meaningful in life despite the natural ebb and flow of pain, stress, distress, and even psychopathology (Hayes et al., 1999). In keeping with a nonstriving attitude (also emphasized in MBSR), reduction in stress or symptoms is actually not the main goal nor actively targeted. Rather, *entanglement with* (i.e., the attempt to directly control or deny) stress and symptoms is posited to result in greater dysfunction, and, thus, ACT is known for its purposeful cultivation of "letting go of the control agenda" in the service of living a more vital and fulfilling life. When individuals can intentionally act in accordance with their life values, despite thoughts, emotions, and overt stressors that populate the mental or physical landscape, psychological flexibility is strengthened, and life satisfaction increases. ACT has been proven effective for individuals with general stress-related conditions as well as for those struggling with depression and anxiety, chronic pain, substance dependence, and even psychosis (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

What is the potential for ACT to help psychologists cultivate sustainable self-care and well-being? There is preliminary but promising evidence from a small set of both correlational studies and clinical trials using samples of workplace employees (Bond & Bunce, 2000; Bond & Bunce, 2003; Dahl, Wilson, & Nilsson, 2004; Flaxman & Bond, 2010a, 2010b) as well substance abuse counselors (Hayes et al., 2004). Overall, findings from these studies suggest that a brief on-site ACT workshop can serve as a potent method for self-care and positive lifestyle integration, improving employees' mental health; increasing work-related innovation; and reducing burnout, sick leave, and medical clinic utilization.

Positive Psychology

How do the evidence-based tenets of *positive psychology* support our suggested approach to psychologists' self-care? Research has consistently shown that activities that make people happy in small doses, such as shopping, good food, and making money, tend to have quickly diminishing returns and do not lead to fulfillment in the long term (Myers, 2000; Ryan & Deci, 2000). Even factors such as the quality of one's health (Okun & George, 1984) and physical attractiveness (Diener, Wolsic, & Fijuta, 1995) account for only a very small proportion of lasting happiness and well-being. As Lyubomirsky, Sheldon, and Schkade (2005) strongly suggested, happiness ultimately can be cultivated and sustained not through the alteration of internal or external life circumstances but rather through the intentional undertaking of life-affirming, happiness-inducing practices and the strengthening of positive emotionality and positive character traits (Seligman et al., 2005). Psychologists may avoid many pitfalls and successfully cultivate sustainable well-being through understanding and putting into practice a broad-based and increasingly evidence-based framework for positive emotionality as vital to living a healthy and fulfilling life.

The *broaden-and-build theory* of positive emotions (Fredrickson, 1998, 2001) posits that positive emotions can broaden our cognitive, attentional, and behavioral repertoires. When repeated, such a broadened state and perspective can facilitate the cultivation of personal resources and traits of resilience for sustainable well-being (Cohn & Fredrickson, 2009; Fredrickson, 1998). In a virtuous (positive) cycle, newly cultivated resources and capacities for coping can then increase a growing trait-like inclination toward positive emotionality, thus, broadening once again one's awareness of new opportunities for positive emotion and resource cultivation (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009).

As the Vietnamese meditation teacher and peace activist, Thich Nhat Hahn, has aptly suggested, "sometimes your joy can be the source of your smile, but sometimes your smile can be the source of your joy." Research has increasingly supported this wisdom and demonstrated that when intentionally induced, positivity can broaden attention, cognition, and creativity; enhance feelings of closeness with and trust in others (e.g., Dunn & Schweitzer, 2005; Waugh & Fredrickson, 2006); buffer stress and negative emotional reactivity; and result in new and adaptive thinking, feeling, and action (Garland & Howard, 2009). Supporting such basic research findings, one study (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008) impressively demonstrated that through a 7-week loving-kindness meditation workshop (derived from the mindfulness meditation tradition) that was designed to help participants to intentionally focus the mind and body on wishing others and the self well, a range of positive emotional experiences (e.g., gratitude, hope, contentment, joy) were cultivated over time and increased with greater meditative practice. Personal resources and resilience traits, reduced illness symptomatology, improved relations with others, and mindfulness became increasingly evident and subsequently predicted greater life satisfaction and reduced depressive symptomatology (Cohn & Fredrickson, 2010). Of particular relevance to our emphasis on building sustainable self-care practice and well-being for psychologists, the range of benefits from learning loving-kindness meditation was sustained one year later (Cohn & Fredrickson, 2010).

Gratitude practice has also received increasing attention as a method of cultivating greater well-being. In fact, research suggests that people who express gratitude on a regular basis have better physical health, optimism, progress toward goals, well-being, and help others more (Emmons & Crumpler, 2000). Gratitude practices might include keeping a gratitude journal on a daily basis, regularly updating a list of people for whom one is grateful and reaching out to those who have positively impacted one's life, and acknowledging the personal strengths and qualities one possesses. Practicing optimistic thinking (Seligman, 1998) as well as identifying, appreciating, and building on one's signature strengths and virtues has also been shown to improve one's quality of life and sense of well-being and can act as an antidepressant and stress resilience factor (Seligman et al., 2005). It is interesting to note that the "heart" qualities of hope, gratitude, and love, for example, have been more strongly associated with life fulfillment than character strengths that suggest more cerebral leanings (e.g., curiosity, love of learning; Park, Peterson, & Seligman, 2004). This factor may make the practice of gratitude particularly meaningful for psychologists in their role as psychotherapists with its unique and complex blend of intellectual conceptualization and human relatedness.

What Are the Potential Benefits of MPPPs for Psychologists?

First, through the intentional cultivation of nonjudgmental contact with the present moment (i.e., mindful awareness), psychologists can learn to be more comfortable with difficult emotions in their role as healers and helpers. Given psychologists' personal histories and motivations for entering the field of psychology (Farber et al., 2005), there is a clear need for increased self-compassion, the awareness of countertransference reactions, and capacity to attune to clients' emotional lives without overidentification. Mindfulness-based practices might, for example, serve to simultaneously enhance self-compassion, compassion for clients and loved ones, and decrease ruminative tendencies about difficult clients and one's personal limitations (e.g., Siegel, 2010). Such enhanced capacities would improve psychologists' quality of life, help "cushion" more difficult and stressful moments, and provide more space to experience joy and sense of purpose in life. Second, by identifying and repeatedly reaffirming core life values, psychologists can intentionally refocus their efforts on what is most meaningful, rather than becoming sidetracked by avoidance of what is stressful or fusing with unhelpful thoughts about one's professional incompetence—thereby demonstrating enhanced psychological flexibility. These principles and practices could promote positive self-care-oriented activities—such as exercise, meditation, spending time with close friends and family, being in nature—becoming woven into the fabric of psychologists' daily life because they would align with life-affirming and flourishing-focused attitudes. Incorporation of these positive psychological principles supports commitment to a meaningful and fulfilling life and promotes engagement in happiness-producing, stress buffering, and well-being enhancing practices, such as gratitude expression and loving-kindness meditation. These practices and meditations can be done as brief wellness-enhancing, self-care exercises that can be seamlessly integrated into daily life. As an example, on the commute home, a psychologist could repeat silently, with a

sense of unconditional warmth, “May [I, my family, my clients] experience safety, happiness, strength, and ease of mind.” Given that loving-kindness practice has been shown to have long-term and varied benefits, psychologists would have evidence-based support to integrate this practice into their daily lives. The benefits of practicing gratitude (even briefly) on a regular basis have already been discussed. If such practices are integrated into daily life, psychologists may begin to feel as though self-care, well-being, and even happiness do not have to be targeted as goals to be attained but rather simply as how a fulfilling and meaningful life is to be lived.

A Vision for the Future

We see significant potential for the incorporation of these principles and practices into graduate training programs, professional developmental modules during clinical internship, and a wide range of potential training opportunities for early career and experienced clinicians. We can envision it becoming common practice for psychologists to intentionally engage in the practices suggested by this research and to encourage their use by clients. In addition, we see important potential policy implications related to how continuing professional education and development is conceptualized for psychologists. If incorporated into formal continuing education offerings, psychologists could simultaneously work toward licensure renewal while experientially learning evidence-based and practical approaches for more effectively managing stress, cultivating well-being, and potentially enhancing the therapist–client relationship and client outcomes. The possibilities for psychological and interpersonal transformation continue to be documented, and it may now be time for those of us who devote our days to helping others to transform our own lives toward mindful awareness and positive sustainable well-being. Documenting the benefits of these approaches for psychologists’ functioning is a promising focus for future research.

Finally, we believe that sustainable psychologist self-care must build from (and repeatedly return to) an abiding acknowledgment of being truly human. When psychologists more readily realize the false demarcations between themselves and their clients, self-care becomes not only an ethical imperative but a humanistic one as well. It stands to reason that when mindful awareness, positive emotion, or personal strengths are intentionally cultivated, they can more easily be integrated and sustained. Keeping within conscious awareness that which is easily forgotten may be one of the most vital foundational practices to which psychologists can aspire. Sustainable self-care and enhanced well-being, however, are not free. But we must ask ourselves what comes at a higher cost: maintaining a status quo that promotes a sense of mere survival or mindfully exerting the effort, creativity, and time it takes to practice the art and science of self-care in the service of flourishing and living a life of sustainable well-being. Finally, in a return to where we started, “if not now, when?”

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