Promoting Mental Health through Creativity in Social Work Practice: The Role of Preparation and Self-Care

Associate Professor Justin Francis Leon V. Nicolas, [iD] University of the Philippines Diliman, College of Social Work and Community Development

This article is based on the author's PhD thesis at the University of Newcastle Australia. The study is a product of original research. The original contribution of the study includes the first historical literature review on creativity in social work practice. The study also contributes by theorizing on the dimensions and process of creativity in social work practice. In this article, the author focused on results and portions of the theorizing relevant to mental health and self-care. It contributes to knowledge of self-care as preparation for creative practice, and overall, understanding the role of creativity in social work practice. **Purpose:** This paper discusses part of the findings of the author's graduate thesis research at the University of Newcastle, NSW 'Articulating creativity in social work practice'. It aims to describe how self-care and health, as part of the preparation for creative practice, assists in the promotion of mental health both for the practitioner and the service user. The paper aims to give an overview of the factors that promote and inhibit creativity in social work but focuses on the personal and professional factors where self-care and health are discussed. Subsequently, it introduces the form of creativity that social workers identified in the study and focuses on the *integrative-reflexive* level and presents a beginning theory how self-care and health are related to creative practice. **Methods and Procedures:** The author interviewed 18 social workers from 8 countries (Australia, Canada, Denmark, Germany, Israel, New Zealand, UK and US) using Skype as medium and asked of the their understanding of creativity, ideas of creative practice, how social workers are creative in their work, meanings of creativity, conditions for creativity, valuing creativity, and factors holding creativity in the margins. The author introduced creative critical phenomenology which combined phenomenology and critical realism to highlight the lived experiences of the participants on creativity and self-care and explain the connection of self-care and mental health to creativity in social work practice by re-examining literature on creativity and

self-care. **New Results:** All participants revealed a paradox behind the facilitating and hindering factors of creativity in social work practice. Participants identified wellbeing and mental health as one of the major factors that could influence the practitioner's creativity. Several participants experienced being most creative during periods of optimum health. **Conclusions:** Self-care as preparation for creative practice is achieved through the combination of the use of personhood, engaging in creative activities, healthy living, and developing creative habits. Self-care and being healthy help prepare the social worker for creative practice and at the same time creative practice leads the social worker to self-care and creative living. This paper provides recommendations for practitioners in developing creative habits and mental health in preparing for creative practice and discusses implications for human and social development. In turn, it shows how 10 habits of creative social workers promote mental health and self-care.

Key words: *creativity, self-care, use of personhood, health, preparation for creative practice, creative habits, mental health*

INTRODUCTION

Promoting mental health has been a concern of social work as it relates to an individual's social functioning. In 2019, the International Federation of Social Workers (IFSW) called for the rethinking of mental health services to adopt holistic models built on partnerships, focused on communities, and to replace old concepts with new principles such as dignity, self-determination, and recognition of the whole person. This statement acknowledges the shift of mental health concerns to more relational, empowering, and creative approaches in the field of social work. Moreover, with the recent effects of the COVID-19, there never was a time in the course of social work history that such a reimagining of new approaches and a rebuilding from the effects of the pandemic would require the combination of creativity and a new concept of self-care. Moreover, there are very few materials written that link social work, creativity, and mental health. This chapter provides a response to the IFSW call to rethink social work practice and discusses creativity in social work practice pertaining to mental health interventions. It highlights portions of the author's postgraduate study that establishes the connection between mental health and self-care to preparation for creative practice in social work.

As a beginning assumption in his doctoral thesis (Nicolas, 2019), the author posited that creativity as the antithesis of alienation (Nicolas, 2012). Seeman's (1959) forms of alienation (powerlessness, meaninglessness, normlessness, isolation, and self-estrangement) are still observable in recent times and even became more apparent during the COVID-19 pandemic. Many people felt estranged, isolated, stranded, and powerless including social work

practitioners and educators. However, many accounts on social media revealed that many people have turned to self-care to lessen the effects of alienation and found ways to connect with others despite their being isolated while in quarantine. Following the concept of alienation in Kohut's self-psychology, Kottler (2015) echoed the sentiments that being human can only be felt with other humans. This supports the findings in the author's postgraduate research study that creativity in practice involves the use of one's whole personhood and that one's personhood while identified individually is actualised relationally. The author argues that promotion of mental health involves the introduction of an awareness of creativity and its importance to social work practice.

Social workers and social work educators are exposed to work-related stress and are vulnerable to burnout and other mental health issues. Moreover, the unprecedented effects of the COVID-19 pose occupational stress and increased risk of experiencing anxiety, depression, and anticipatory grief among social work practitioners, social work educators, and students (Cifuentes-Faura, 2020; Wallace, Wladkowski, Gibson, & White, 2020) . As such, during this time of COVID-19 pandemic, many webinars and online discussions focused on the importance and timeliness of creativity, compassion, and self-care. How might we support social workers to cope with the demands of practice? The author's proposal here is simple: social workers need to be prepared for creative practice. This preparation includes developing an attitude of using one's whole personhood to develop creative habits that promote resilience, flexibility, and the tenacity to face social pressures.

This chapter discusses part of the findings of the research at the University of Newcastle, NSW on articulating creativity in social work practice. It aims to describe how self-care and health, as part of the preparation for creative practice, assists in the promotion of mental health both for the practitioner and the service user. Subsequently, it introduces the reader to the form of creativity that social workers identified in the study and focuses on the *integrative-reflexive* level and presents a beginning theory how self-care and health are related to creative practice.

LITERATURE REVIEW

Many writers have explored mental health and creativity in terms of madness, mental illness and psychological problems (Cropley, 1990; Furnham, 2015; Kaufman, 2014; Runco & Richards, 1997; Silvia & Kaufman, 2010; Spence & Gwinner, 2014; Thys, Sabbe, & De Hert, 2014; Wendler & Schubert, 2019). Some researchers have explored the relationship of creativity to drug use (Anderson et al., 2018) and alcoholism (Lauronen et al., 2004; Rothenberg, 2009). Early studies focused on the relationship of creativity to personality traits and maladjustment (Schubert & Biondi, 1977), some to psychotic-like traits (Schuldberg, 1990, 2001/2010). Cropley, Cropley, Kaufman, and Runco (2010) referred to this kind as the dark side of creativity which leads to outcomes as deviance, malevolent innovation, destruction, and terrorism.

However, several researchers associated creativity with health and well-being (Flood & Phillips, 2007; Gallant, Hamilton-Hinch, White, Fenton & Lauckner, 2019; Gordon & O'Toole, 2015; Maidment & Macfarlane, 2011; Mchenry, 2009; Schmid, 2005). As early as the 70s, researchers have explored the positive correlation between creativity and mental health (Garfield, Cohen, & Roth, 1969). Cropley (1990) and Richards (2007; 2010) explored the relationship of everyday creativity to mental health. Cohen (2008) researched on the positive impact of creativity to health among aging persons. In other caring fields, creativity has been incorporated in their mental health interventions (Gillam, 2013; McDonnell, 2014). Previous studies focus mainly on psycho-pharmacological, psychiatric, and biomedical models (McDonnell, 2014). Later, researchers turned to existential psychology to link creativity with mental health (McDonnell, 2014). Other researchers promoted a transformative coping framework that explores inherent creative capacities to promote resilience and positive emotions (Corry, Lewis, & Mallett, 2014).

Clinicians have related creativity with resilience (Metzl & Morrell, 2008). The use of expressive arts (Telerico, 1986) as intervention and even community arts programmes were instituted in hospitals (McDonnell, 2014). Application of creativity and creative expression were seen as meaning making and a vehicle for healing and growth (McDonnell, 2014). The health sciences saw creativity as a framework for promoting health (Schmid, 2005) and the arts as associated with wellbeing (Stickley & Clift, 2017). Clinicians found the importance of developing creativity among clinicians by incorporating creativity in counsellor education (Lawrence, Foster, & Tieso, 2015).

In social work, some educators still associated creativity with mental illness albeit from a strengths perspective (Mignon, 2020). Mignon (2020) used Virginia Woolf as an example to show how individuals were able to channel their mental health issues into creative pursuits such as writing. However, early advocates saw creativity as generative and transformative (Rapoport, 1968). Some social workers continued advocating for the inclusion of creativity in social work education pedagogy (Burgess, 2004; Gibbons & Gray, 2004; Leung, 2009; Nicolas, 2016; Walz & Uematsu, 1997) and in social work practice (Gelfand, 1982; Ife, 1988; Nicolas, 2019; Pamperin, 1987; Turner, 2002). For example, social work practitioners and educators utilise participatory creative arts to promote mental health and wellbeing (Huss & Sela-Amit, 2018; Walls, Deanne & O'Connor, 2016). In the United Kingdom, the collaboration of social workers and service users' experience brought in insights to social work education through the reflections of survival using the creative arts (River, Thakoordin, & Billing, 2017). Social workers applied creativity in mental health interventions such as the use of narrative biography and creative writing (Barak & Leichtentritt, 2017; Sagan, 2007); dialogical sharing of artists' diaries (Titley, 2017); inclusive arts with young people with mental difficulties and mental health complexities (MacPherson, Hart, & Heaver, 2016), and the use of arts in community wellbeing and safety (Schubert, 2012). Maidment and Macfarlane (2011) emphasised the

importance of reciprocity between the social worker and the service user and the therapeutic value of creative activities in advocating creativity and wellbeing in practice.

Creativity and Self-care

Social workers used the resilience and strengths-based approach in relating creativity to mental health (Corcoran, & Walsh, 2015; MacPherson, Hart, & Heaver, 2016). In mental health practice, practitioners have employed creative approaches to promote self-care to counter burnout, compassion fatigue, and vicarious trauma (Parry, 2017; Smullens, 2015). For instance, marriage and family therapists promote creative self-care strategies and perspectives such as the use of music, mindfulness, spirituality, and autohypnosis (Williams et al., 2010). Professional counsellors use creative writing as an exercise for reflection in self-care (Warren, Morgan, Morris, & Morris, 2010). In social work, Schellhammer (2020) uses the Greek philosophy that requires self-care to engage others ethically and meaningfully by employing creative methods such as psychodrama to experience the different levels of otherness.

According to Moffat, Barton and Ryan (2016), creative facilitators in the fields of education, counselling, psychology and social work often do not have the time and space for their own self-care. As such, social workers initiate programs that would allow practitioners to spend time outside of the helping circle and participate in several weeks of reflective sessions. As in other fields, these reflective sessions promote self-care to prevent burnout, compassion fatigue and vicarious trauma among social work practitioners and field students (Lewis & King, 2019; Smullens, 2015). By seeing oneself as part of a larger circle, the practitioner uses self-care to take care of one's creativity (Daley, 2005). With this kind of self-care, the practitioner enhances self-awareness and authenticity as agency while imagining new efforts towards social change by connecting to the outer world. This concept of self-care deviates from the neoliberal approaches of self-care, argued to exacerbate burnout (Casalini, 2019; Stuart, 2020). It links the practitioner to forces beyond the individual (Stuart, 2020) and therefore seeks changes in the environment and in society. It sees self-care, not as self-indulgence but as driven by compassion (Parry, 2017) necessary for survival and political action (Lorde,1988).

METHODOLOGY

For this paper, the author culled from his thesis findings and partial results of theorising pertinent to self-care as a promoting factor and as part of preparation for creative practice. Grounded on a phenomenological critical realism (Bhaskar,1997; Budd, 2012) framework, the author used his creative critical phenomenology to examine creative lived experiences of social workers and to identify structures keeping creativity at the periphery of social work. The author interviewed 18 social workers from 8 countries (Australia, Canada, Denmark, Germany, Israel, New Zealand, UK and US) using Skype as medium and asked of the their understanding of creativity, ideas of creative practice, how social workers are creative in their work, meanings

of creativity, conditions for creativity, valuing creativity, and factors holding creativity in the margins (Nicolas, 2019). Part of the research questions of the research aimed to determine what makes social work creative and what are the facilitating and hindering factors to creativity in social work practice. This is an update of the author's earlier study on Filipino social workers that also asked for hindering and facilitating factors (Nicolas, 2012; Nicolas, 2013). Participants granted the author permission to mention their names in the thesis and resulting publications from the study. The University of Newcastle Human Researcher Ethics Committee granted the clearance to conduct of the author's postgraduate research study.

The researcher employed interpretative phenomenological analysis (IPA) (Smith, Flower, & Larkin, 2008) and qualitative data analysis (QDA) (Miles, Huberman, & Saldaña, 2014), to interpret the data from the Skype interviews. This meant a reading and rereading of the interview transcription for familiarity, a comparison of themes from the different interviews, and a constant going back and forth from the data display and data analysis. The author used NVivo to code the data and to organise the themes. Further, in the second phase of the creative critical phenomenology, the author used critical realist methods like abduction and retroduction to compare the resulting themes with the existing creativity theory and theories mentioned by the participants during the interviews (Fletcher, 2017). The second phase of the analysis aimed at examining what factors kept creativity at the periphery of social work. The use of critical realist methods was necessary for theorising (Danermark, Ekström, Jakobsen, & Karlsson, 2002). The author employed abduction and retroduction to compare existing theory together with facilitating and hindering factors of creativity from previous studies, with the themes from the findings of the study for refining the framework on dimensions of creativity in social work practice. This analytical process sought to identify what needs to be present for creativity in social work to happen. Specific to self-care, the author used the combination of phenomenology and critical realism to highlight the lived experiences of the participants on creativity and self-care and extended the analysis by re-examining literature on creativity and self-care.

RESULTS

In describing its nature, social workers found creativity in social work practice as an integration of the creative individual with being relationship-based. The analysis of the themes described a creative paradox wherein factors that the participants identified to promote creativity may also inhibit creativity. Two of these factors identified affecting creativity were self-help and health. Open coding of the participants' statements and analysis of the nodes encoded in Nvivo revealed that self-care and health have a dual paradox relationship. That is, optimum health is ideal for creative practice while creative practice requires preparation of self and development of creative habits, and part of that preparation is the practice of self-care. The following significant statements of the participants describe how this finding eventuated. Some of these statements are repeated in the discussion section.

Ten of the participants described the importance of self-care in achieving creativity in practice. Participant LS referred to her own study that self-care was an important ingredient in empowering social workers in health and mental health care. Participant JH described how enrichment of health and well-being allows workers to manage stress and reduce burnout. Referring to the importance of diet and exercise to mental and physical well-being, Participant LS mentioned "If someone's unhealthy, it's going to affect their psyche". Similarly, Participant EC believed that self-care promoted 'mutual wellbeing' because "the social worker who is burnt out cannot help anyone".Participant JC, shared that

> .. concepts of creativity have to do with health. I don't think you could be as creative if you're not healthy…I'm the most creative when I feel healthy and my body is doing well. When I am not, when I am in pain, believe me, I'm not creative. I'm just thinking of how to get out of the pain place…

According to Participant KN, burnout happened 'not because of overwork but from feeling impotent and not being able to help clients thus the need to recharge. In discussing personal factors that affect creativity, Participants LS and JC underscored the importance of physical and mental health for clarity of mind and sound decision-making. Similarly, Participant LT emphasised the need for "taking care of personal needs least one become fatigued and tuned out of possibilities". For Judy Hicks, creativity required "imagination and the soul … [and] understanding" and that it "comes from being able to care for yourself".

Eight participants emphasised the use of one's whole personhood in creative practice. Participant UW explained that creativity in social work is like improvisation where practitioners use every part of their personhood. In her concept of 'third space', Participant UW shared, "We've already internalised that voice (of someone scolding us)…it is necessary to…create spaces…of protected freedom…a play space…in which you are allowed and encouraged to experiment and…be goofy, and to be wrong, and to make mistakes, and to be okay anyway". Participant JH argued that one's use of personhood was being creative. Participant KN referred to this experience as allowing "natural creativity to come through". Thus, use of one's whole personhood related to mental health and well-being.

For Participant LS, being in optimum health facilitates an in-the-moment inspiration, "an opportunity to dig in and see who you are, what your strengths are, what your passions are and apply that to what social workers do". Participant LT shared that in engaging clients, "focus on this person you are with and give them your full attention and your whole personhood when you are there with them in the moment and at least you know you are doing that". For Participant EC

> … it's also drawing on all of our capacities, intellectual, emotional, physical, aesthetic, intuitive, social, relational in cultivating ourselves, that we need to be in a constant

process of self-cultivation of our own full potential so that when we are connecting in helping process, it's whole person into whole person.

Participants emphasised the use of one's whole personhood in creative practice. When one engages with others and community, one uses all resources of one's personhood. This engagement of personhood with the community leads to social action, a collaboration and co-creation of different actors, of professionals and service users (Nicolas, 2019).

Locating self-help and health in creativity in social work

This section partially discusses the resulting framework from the analysis of the findings and beginning theorising of the study to provide a background on the social workers' notion of creativity and self-care. It mentions parts of the framework on creativity in social work practice and expounds only on the levels and factors about self-help and health.

Locus of creativity

The analysis of the definitions of creativity provided by all participants revealed that social workers understood creativity as an attribute of the practitioner and a component of practice. They look at the individual as creative yet look at creativity occurring beyond the individual. The author grouped the themes from the definitions given by the participants into *structures of creativity* and *processes* and categorised them into different *levels of creativity*. This analysis led to a typology of basic forms of creativity in social work practice:

Individual as creative
1. *Intuitive-imaginative* – refers to the use of one's intuition and imagination
2. *Integrative-reflexive* – refers to the use of self and personhood. It includes discovering self, being different and non-conformist, integrating internal and external resources, and self-care
3. *Expressive-communicative* – refers to self-expression while connecting and communication with others

Beyond the individual
4. *Collaborative-relational* – refers to empowering, co-created relationships
5. *Transformative-collective* – refers to finding alternatives and changing the system through empowerment and social action (Nicolas, 2019).

After employing abduction and retroduction by further comparison of the themes with existing creativity theory *inter alia* Archer (1995); Bhaskar (2008); Csikszentmihalyi (1988, 1999), Gardner (1993, 1999), Maslow (1968), Sternberg (1985, 1988), the author expanded the five levels to reflect a typology of multidimensionality of creativity in social work practice. These

levels include the sub-personal (*inherent potential*), personal (*analytic-cognitive*; *expressive-communicative*; *integrative-reflexive*), impersonal (*transactional-organisational*), multi-personal (*transformational-collective*), intrapersonal (*intuitive-imaginative*), interpersonal (*collaborative-relational*), transpersonal (*transcendent-spiritual*), and extra-personal (*emergent-systemic*) forms of creativity in practice (Nicolas, 2019). These are not expounded in this article but explained elsewhere. However, by mentioning this typology of forms of creativity in social work practice at this point, the reader will understand where participants located the relevance of self-care and health in creative practice.

Participants in the study explicitly mentioned 'self-care' and 'being healthy' as factors promoting creativity and these themes were categorised under the *integrative-reflexive* form of creativity where the practitioner goes through a process of self-discovery and begins to integrate internal and external resources. However, self-care extends to other forms of creativity such as in the *expressive-communicative* level where the social worker finds the need for self-expression and the desire to connect with others. For this reason, self-care is not limited to self-improvement but extends to improving relationships. The formation of empowering and co-created relationships occurs in the *collaborative-relational* level of creativity in practice. Such collaboration leads to finding alternatives and changing the system through empowerment and social action.

Self-care is not limited to self-preservation and self-improvement but extends to the need for societal change. The rest accorded to self by social workers allows them to become better change agents and advocates of social justice and freedom. For instance, the Foucauldian notion of care of self as a struggle for freedom relates to the notion of care of others in fighting for their right to the same freedom (Foucault, 1997; Milchman & Rosenberg, 2011). Self-care therefore has a multiplier effect of being able to care more for others and effecting change in society.

Promoting and hindering factors to creativity in practice

Self-care and health are also found in the themes related to promoting and hindering factors of creativity in social work practice. Promoting and hindering factors of creativity in social work mentioned by participants in this research, confirms but at the same time expands the facilitating and hindering factors mentioned in the author's earlier study on creativity among Filipino social workers (Nicolas, 2012, 2013). The author compared the findings from his earlier study with factors mentioned in literature on creativity in social work (Nissen, 1997; Šinkūnienė, 2011) and compared these further with the factors identified by the 18 participants in the doctoral thesis study (Nicolas, 2019). The comparison revealed common themes such as organizational environment, organizational support, peer support, diversity, and attitude of management towards change. However, factors from literature also emphasised personal factors such as the social worker's fear and self-confidence. In the findings of the study, the

author expanded the promoting and hindering factors and classified them into *personal*, *relational*, *organisational*, *professional*, and *structural* factors (Nicolas, 2019). The participants considered self-care and health as personal factors. Social workers confirmed that fear, or specifically, fear of criticism and failure hinders creativity in practice. Poor health and burnout affect the confidence of social workers at work and therefore undermines their creativity. Moreover, participants also mentioned the importance of preparation as a factor which affects creativity. The author classified themes pertaining to preparation under professional factors. Social workers saw the importance of lifelong learning and gaining insights from practice. They considered exposure to creative activities and different cultures and travel as part of the preparation for creative practice.

The Creative Process: Phases of creativity in social work

One way of locating the importance of self-care and being healthy in the creativity practice framework is through understanding the process of creativity in social work as identified by the participants of the study. Using NVivo, the terms explicitly mentioned by participants during the interviews were encoded as nodes. Figure 1 shows the nodes in NVivo referring to creative processes categorised into different levels of creative processes such as *preparatory processes*, *internal processes*, *collaborative processes* and *emergent processes*. The participants also explicitly mentioned terms pointing to stages such as 'preparation', 'engagement' and 'co-creation'. Since the arrangement of nodes in NVivo shows recurring stages happening within cluster of nodes also categorised as stages, the author assigned a different category referred to as 'phases' for the larger clusters of processes. Therefore, instead of stages, the author categorised the nodes into phases because different stages of the creative process are recurring in each phase.
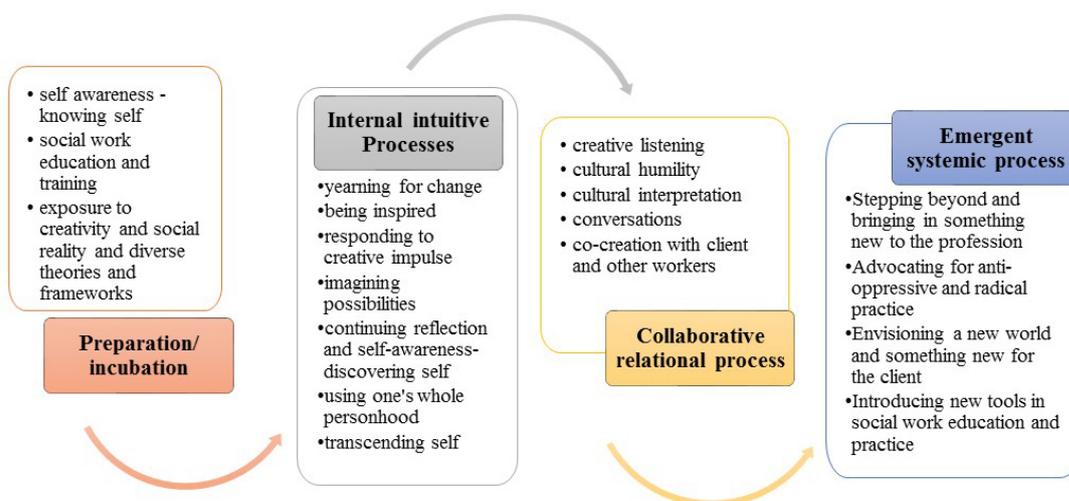

Figure 1: Creative processes in practice (Nicolas, 2019)

The resulting phases would differ from the classical creative process commonly read in literature (Csikszentmihalyi, 1996; Runco, 2014; Wallas, 1926) to include *preparation*, *incubation*, *engagement*, *co-creation*, and *elaboration*. In the preparation phase, the practitioner acquires the needed knowledge and skills for practice. Aside from developing competence and expertise in social work, the social worker also engages in creative activities, and prepares to develop expertise in a second domain. The social worker enters the incubation phase, where knowledge is internalised and integrated into creative practice. The social worker develops creative habits and practices spontaneity and authenticity. Self-improvement becomes part of one's self-care. The social worker also increases self-awareness and develops self-discovery and the desire to go beyond one's usual practice (Nicolas, 2019). Self-care prepares the social worker to engage more effectively in the helping process.

Social workers' notion of creativity and self-care

Maintaining mental health enables the social worker to be creative in practice. Physical and mental health led to clarity of thought and decision making (Nicolas, 2019). An important skill that the creative social worker develops is the ability to bounce back after certain setbacks (Participant LS and Participant JC). Here lies the importance of self-care. The social worker still needs to attend to his or her personal needs "least one become tuned out of possibilities" (Participant LS). The ability to engage the "imagination and the soul [and] understanding comes from being able to care for yourself" (Participant JH) (Nicolas, 2019, p. 267). Participant EC argued that self-care promoted "mutual well-being' because for him, the social worker who is burnt out cannot help anyone". This participant emphasised the value of mindfulness as a strategy for self-care. Participant LS explained that social workers grappling with internal struggles and those who did "not know and trust themselves" cannot respond emotionally to clients because their creativity was blocked.

Time management was also a factor that connected self-care and mental health. Participant BS asserted if you have too much to do and end up having no time for other things, the social worker is trapped and finds no time to plan for activities. Participant LT suggested that social workers should have a 'creative time out' and find time to talk to people and share the same concerns. Participant KN argued that social workers do not have the luxury of time to implement creative ideas because of neoliberal work environments. She shares, 'The neoliberal is squeezing more for less and it's tragic' (Nicolas, 2019, p. 267). However, Participant LT argued that structures and institutions could not prevent creativity. It is more of the personal reasons that hinder it. As such, as part of self-care, the social worker would have plenty of time for reflection and even for having fun (Nicolas, 2019).

From the participants' notions of self-care and creativity, three themes of creativity related to self-care emerged: 1) creativity involves the use of one's whole personhood; 2) preparation is needed in creative practice; and 3) part of the preparation meant developing creative habits. Preparation for creative practice and practising creative habits were also themes identified from the participants' descriptions of the creative process.

Use of one's whole personhood

The use of one's whole personhood and self-care intersect at the *integrative-reflexive* form of creativity. At this level, the creative self relates with using one's whole personhood. The practitioner experiences self-discovery and for some, self-transcendence, an experience of being different and non-conformist. The social worker blends internal with external resources and integrates them to achieve self-care. Through this integration, the creative practitioner undergoes a spiritual experience, a recharging for having used all resources of one's personhood. There is a synthesis of previous knowledge and new learning. Creative practice was part of using one's personhood and the use of one's personhood is part of being creative.

Preparing for creative practice

Cox and Steiner (2013) argued that self-care is not a rare activity that is only accessible during one's free time, but rather a part of the social worker's state of mind and integral training. The practice of self-care and being healthy prepares the social worker physically, mentally, and emotionally for creative practice. Participants argued that the social worker who practices self-care will be able to help others better. Social workers believe that creativity is blocked when practitioners do not trust themselves and therefore, they are unable to respond properly during the helping relationship. As one learns to use one's personhood and integrates internal and external resources, one is gradually getting prepared for a more creative practice. Through self-awareness and self-discovery, the social worker learns to be spontaneous and utilises his/her body and senses to respond to the service user and other helping professionals. The practitioner learns to apply improvisation (Walter, 2003) in engagement using informed intuition with knowledge gained from years of training and practice. This preparation includes a series of activities such as constant reflection, internalising knowledge gained from training and practice, spending time with creative people, engaging one's self in creative activities, and developing and practising creative habits. Developing creativity in practice involves a series of creative acts (Carruthers, 2011).

Developing creative habits

Creativity in practice is a product of life-long learning. The social worker continuously applies internal conversations, reflects, and integrates previous knowledge with wisdom gained in

practice and collaboration, and eventually develops creative habits. Participants of the research suggested the following measures:

1 Be authentic and genuine	• Be authentic and genuine (PS)
2 Observe and pay attention, improvise	• Being aware now while you are doing something (check in with yourself) (FR) • Improvise. Practice Improvisation (UW)
3 Find time to reflect	• Journaling (ST) – Internal conversation, integration • Managing time. Have plenty of time for reflection (LT, KN) Heal and recharge.
4 Be open and combine old ideas with new ones	• Work on what is already there (ST). • Open one's mind to possibilities (ND). Give it some slack time – Imagine, daydream - take the train, ride the bike. • Learn to anticipate possible moves and to choose the best move (FR). • Open one's mind to possibilities (ND). Give it some slack time – Imagine, daydream - take the train, ride the bike.
5 Challenge the norms and do something different	• Do something different (CG). Try new things • Challenge conventional norms (JH; TW). Be critical.
6 Be aware of rituals, places and people that makes you more creative	• Develop rituals that stimulate creativity (swimming, guitar, meditation) (JC, LU, EC) • Explore a second domain - develop talents in other fields (gardening, theatre, visual arts, music, crafts, carpentry); Learn new skills or a new hobby • Have a hideaway – have time alone (LU) - a beach house, a cabin, a corner in your room • Surround yourself with creative people (JC); Collaborate.
7 Develop curiosity and keep on asking questions	• Lifelong learning - Read more (Jim Ife; Tom Walz) • Develop curiosity (CG). • Ask questions (CG).
8 Record your ideas	• Record your ideas (JI), capture the moment (photography) (PS)
9 Be courageous: Engage, take risks and learn from others	• Take risks and put yourself out there (JH). • Engage the community, Learn from their stories (ND; LS) • Overcome worry about anybody seeing it or looking at it (LT). • Observe what happens in the interchange with persons (UW).
10 Live healthy	• Live healthy. Be healthy (JC); Diet and Exercise (LS)

These creative habits measures are a preview to what may be considered as ten habits of creative social workers. These are actual habits of the participants based on their experiences of what helped them become more creative in what they do. These measures, while pointing to preparation for creative practice, are ways of developing connected and relation-based self-care. They involve taking care of self while at the same time connecting with and caring for others and the environment.

Creativity and Self-care in Social Work Practice

The importance of self-care in creativity in social work practice was part of the results of the author's graduate thesis study *Articulating Creativity in Social Work Practice* (Nicolas, 2019) which presents nuances on how self-care is viewed in relation to social work practice. The dimensions of creativity in social work practice serves as a framework to analyse practice, in this case, the relationship of self-care to creative practice. Figure 2 shows the aspects of self-care and its connection to creativity in social work practice.

Figure 2: Self-care as preparation for creativity in social work practice

While many of the mentioned self-care practices may still include the more mundane and self-indulgent regimen found in many self-help sources, social workers view self-care as preserving oneself to be more effective in practice. Creativity, as does self-care, involves the use of one's whole personhood. Social workers experience how being healthy becomes a multiplier for the professional use of self. Moreover, it includes practices that prepare the practitioner, not only to go through the motion of being a social worker, but to delve into creative practice. This includes a deliberate decision to expose oneself to creative activities and pursuits as part of

self-discovery and growth. Self-care becomes part of the process of life-long learning that in turn leads to development of creative habits. Being creative in practice also means synthesising knowledge from different domains and collaborative work with other practitioners and bringing them into social work. Self-care means allowing oneself to be part of this integrative and collaborative process. The practitioner also experiences a flow from self-discovery to self-transcendence, eschewing self-indulgence, but rather, entering a creative spiritual experience and developing deeper compassion to help others. Self-care in creative practice is rooted in compassion together with authenticity and genuineness, open-mindedness, playfulness, spontaneity, immediacy, and improvisation, and novelty in the practitioner (Nicolas, 2019).

CONCLUSION:

Promotion of mental health through creativity

The onset of the 2020 Coronavirus pandemic proves that social workers continue to thrive in a world characterised by risk, uncertainty, and chaos. As such, creativity is key in adapting to such an environment and in promoting mental health among service users and social work practitioners. Through ample preparation, the social worker synthesises knowledge from experience and new sources and develops creative habits necessary for resilience, flexibility, spontaneity, and creativity in practice. Self-care and being healthy help prepare the social worker for creative practice and at the same time creative practice leads the social worker to self-care and creative living. Self-care and being healthy are just a small portion of the thesis findings. The author recommends further research for theorising creativity and the new concept of self-care in social work practice which advances social development and transformation through the promotion of mental health.

AUTHOR ORCID ID

https://orcid.org/0000-0003-4520-6486

REFERENCES

Archer, M. (1995). Realist social theory: The morphogenetic approach. New York: Cambridge University Press.

Barak, A., & Leichtentritt, R. D. (2017). Creative writing after traumatic loss: Towards a generative writing approach. *The British Journal of Social Work, 47*(3), pp. 936-954. doi: 10.1093/bjsw/bcw030

Bhaskar, R. (1998). General introduction. In M. Archer, R. Bhaskar, A. Collier, T. Lawson, & A. Norrie, (Eds.), *Critical realism: Essential readings* (pp. ix-xxiv). London: Routledge.

Bhaskar, R. (2008). Dialectic: The pulse of freedom. London: Routledge.

Budd, J. M. (2012). Phenomenological critical realism: A practical method for LIS. *Journal of Education for Library and Information Science, 53*(1), 69-80.

Burgess, H. (2004). Redesigning the curriculum for social work education: Complexity, conformity, chaos, creativity, collaboration? *Social Work Education, 23*(2), 163-183. doi: 10.1080/0261547042000209189

Carruthers, P. (2011). Creative action in mind. *Philosophical Psychology, 24*(4), 437-461. doi:10.1080/09515089.2011.556609

Casalini, B. (2019). Care of the self and subjectivity in precarious neoliberal societies. *Insights fo Anthropology, 3* (1), 134-139. doi: 10.36959/763/496

Cifuentes-Faura, J. (2020). The role of social work in the field of education during COVID-19. *Internatinal Social Work,* doi: 10.1177/0020872820944994

Cohen, G, (2006). Research on Creativity and aging: The positive impact of the arts on health and illness. *Generations, 1*(1)*,7-15.*

Corcoran, Jacqueline, and Walsh, Joseph M, (2015). Mental Health in Social Work: A Casebook on Diagnosis and Strengths Based Assessment (DSM5 Update), 2nd ed. Pearson.

Corry, D. A. S., Lewis, C. A., & Mallett, J. (2014). Harnessing the Mental Health Benefits of the Creativity–Spirituality Construct: Introducing the Theory of Transformative Coping. Journal of Spirituality in Mental Health, *16* (1), pp. 89–110.

Cox, K., and Steiner, S. (2013). Self-care in social work: A guide to practitioners, supervisors and administrators. Washington, D. C.: NASW Press.

Cropley, D. H., Cropley, A. J., Kaufman, J. C., & Runco, M. A. (Eds.). (2010). *The dark side of creativity.* NY: Cambridge University Press.

Csikszentmihalyi, M. (1988). Society, culture, and person: A systems view of creativity. In R. J. Sternberg (Ed.), The nature of creativity: Contemporary psychological perspectives (pp. 325-339). New York: Cambridge University Press.

Csikszentmihalyi, M. (1996). Creativity: Flow and the psychology of discovery and invention. New York: HarperCollins Publishers.

Csikszentmihalyi, M. (1999). Implication of a systems perspective for a study of creativity. In R. Sternberg (Ed.), Handbook of Creativity (pp. 313-337). New York: Cambridge University Press.

Daley, K. E. (2005) Taking care of your creativity. *Journal of Museum Education, 30* (1), pp. 23-31. doi: 10.1080/10598650.2005.11510515

Danermark, B., Ekström, M., Jakobsen, L., & Karlsson, J. C. (2002). *Explaining society: Critical realism in the social sciences*. New York: Routledge.

Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. *International Journal of Social Research Methodology, 20*(2), 181–194. doi:10.1080/13645579.2016.1144401

Flood, M., & Phillips, K. D. (2007). Creativity in older adults: A plethora of possibilities. *Issues in Mental Health Nursing, 28*(1), pp. 389-411.

Foucault, M. (1997). The ethics of concern of the self as a practice of freedom. In P. Rabinow (Ed.), *Ethics: Subjectivity and Truth: The Essential Works of Michel Foucautl Vol. 1,* (pp. 281-301)*. NY: New Press.

Fox, Alice, & MacPherson, Hannah. (2015). *Inclusive Arts Practice and Research: A Critical Manifesto.* NY: Routledge.

Furnham, A. (2015). The bright and dark side correlates of creativity demographic, ability, personality traits and personality disorders associated with divergent thinking. *Creativity Research Journal, 27* (1), pp. 39-46. doi: 10.1080/10400419.2015.992676

Gallant, K., Hamilton-Hinch, B., White, C., Fenton, L., & Lauckner, H. (2019). "Removing the thorns": The role of arts in the recovery for people with mental health challenges. *Arts & Health, 11*(1), pp. 1-14. doi: 10.1080/17533015.2017.1413397

Gardner, H. (1993). *Creating minds: An anatomy of creativity seen through the lives of Freud, Einstein, Picasso, Stravinsky, Eliot, Graham, and Gandhi*. New York: Basic Books.

Gardner, H. (1999). *Intelligence reframed: Multiple intelligences for the 21st century*. New York, NY: Basic Books.

Garfield, S. J., Cohen, H.A., & Roth, R. M. (1969). Creativity and mental health. *The Journal of Educational Research, 63*(4), 147-149.

Gelfand, B. (1982). Creative imagination: The forgotten ingredient in social work practice. *Social Casework, 63*(8), 499-503.

Gibbons, J., & Gray, M. (2004). Critical thinking as integral to social work practice. *Journal of Teaching in Social Work, 24*(1/2), 19-38.

Gordon, J. & O'Toole, L. (2015) Learning for well-being: Creativity and inner diversity. *Cambridge Journal of Education, 45* (3), pp. 333-346. doi: 10.1080/0305764X.2014.904275

Harvey, D. (2018). Universal alienation. *Journal of Cultural Research, 22*(2), 137-150.

Huss, E. & Sela-Amit, M. (2019). Art in social work: Do we really need it? *Research on Social Work Practice,* 29(6), pp. 721-726. doi: 10.1177/1049731517745995

International Federation of Social Workers (IFSW). (2019 October). On World Mental Health Day IFSW calls for the transformation of mental health services. Statement issued by R. Truell, IFSW Secretary General. Retrieved on July 14, 2020 from https://www.ifsw.org/on-world-mental-health-day-ifsw-calls-for-the-transformation-of-mental-health-services/

Ife, J. (1988). Social work education for an uncertain future. In E. Chamberlain (Ed.), *Change and continuity in Australian social work.* Melbourne, VIC: Longman Cheshire.

Kaufman, J. C. (2014). *Creativity and mental illness*. New York, NY: Camabridge University Press.

Lauronen, E., Veijola, J., Isohanni, I., Jones, P.B., Nieminem, P., & Isohanni, M. (2004). Link between creativity and mental disorder. *Psychiatry, 67*(1), pp. 81-98.

Lawrence, C., Foster, V. A., & Tieso, C. I. (2015). Creating creative clinicians: Incorporating creativity into counsellor education. *Journal of Creativity in Mental Health, 10*(1), pp. 166-180. doi: 10.1080/15401383.2014.963188

Leung, C. F. S. (2009). *A study of the relationship between creativity and fieldwork performance of social work students.* (D. Ed), University of Leicester.

Lewis, M. L., & King, D. M. (2019). Teaching self-care: The utilization of self-care in social work practicum to prevent fatigue, burnout, and vicarious trauma. *Journal of Human Behavior in the Social Environment, 29*(1), pp. 96-106. doi:10.1080/10911359.2018.1482482

Lorde, A. (1988). *A burst of light*. Ithaca, NY: Firebrand Books.

MacPherson, H.M., & Hart, A., & Heaver, B. (2016). Building resilience through group visual arts activities: Findings from a scoping activity with young people who experience mental health complexities and/or learning difficulties. *Journal of Social Work, 16*(5), pp. 541-560. doi:/10.1177/1468017315581772

Maidment, J. & Macfarlane, S. (2011), Older women and craft: Extending educational horizons in considering wellbeing. *Social Work Education, 30* (6), pp. 700-711. doi: 10.1080/02615479.2011.586568

Martin, L. (2009). Critical realism and creativity: A challenge go the Hegemony of psychological conceptions. *Journal of Critical Realism, 8*(3), pp. 294-315.

Maslow, A. H. (1968). Creativity in self-actualizing people: Toward a psychology of being. New York: Van Nostrand Reinhold Company.

McDonnell R. (2014) Creativity and mental health. In R. McDonnell. *Creativity and Social Support in Mental Health: Service Users' Perspectives*, (19-41). London: Palgrave Macmillan.

Mchenry, J. A. (2009) A place for the arts in rural revitalisation and the social wellbeing of Australian rural communities. *Rural Society, 19* (1), pp. 60-70. doi: 10.5172/ rsj.351.19.1.60

Metzl, E. S., & Morrell, M. A. (2008). The Role of Creativity in Models of Resilience: Theoretical Exploration and Practical Applications, *Journal of Creativity in Mental Health, 3* (3), pp. 303-318. doi: 10.1080/15401380802385228

Mignon, Sylvia I. (2020). *Social Work and Mental Health: Evidence-based policy and practice.* NY: Springer Publishing Company.

Milchman, A., & Rosenberg, A. (2011). Michel Foucault: An ethical politics of care of self and others. In C. Zuckert (Ed.), *Political Philosophy in the Twentieth Century: Authors and Arguments* (pp. 228-237). Cambridge: Cambridge University Press. doi:10.1017/CBO9781139028530.016Miles, B. M., Huberman A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook.* Los Angeles, CA: SAGE.

Moffatt, A., Barton, G. & Ryan, M. (2016) Multimodal reflection for creative facilitators: An approach to improving self-care. *Reflective Practice, 17*(6), pp. 762-778. doi:10.1080/14623943.2016.1220935

Nettle, D. (2001). *Strong imagination: Madness, creativity and human nature.* Oxford University Press.

Nicolas, J. F. L. V. (2012). The meaning of creativity among Filipino social workers: An exploratory study. (M.S.W.), University of the Philippines (Diliman), Quezon City Philippines.

Nicolas, J. F. L. V. (2013). The meaning of creativity among Filipino social workers and its implication to governance. Philippine Journal of Social Development, 5, 89-111.

Nicolas, J. F. L. V. (2016). Pushing the boundaries in social work: Establishing the place of creativity in disciplinary knowledge creation. *Humanity Journal*, *7*(1) 45-64.

Nicolas, J. F. L. V. (2019). Articulating creativity in social work practice. [PhD Thesis] University of Newcastle, NSW, Australia.

Pamperin, B. F. (1987). Creative school social workers and job satisfaction. *Social Work in Education, 10*, 60-71.

Parry, S. (Ed.). (2017). *Effective self-care and resilience in clinical practice: Dealing with stress, compassion fatigue and burnout*. London, UK: Jessica Kinsley Publishers.

Rapoport, L. (1968). Creativity in social work. *Smith College Studies in Social Work, 38*(3), 139-161. doi: 10.1080/00377316809516365

Richards, R. (2010). Everyday creativity: Process and way of life—Four key issues. In J. C. Kaufman & R. J. Sternberg (Eds.), *The Cambridge handbook of creativity* (p. 189–215). Cambridge University Press. doi:10.1017/CBO9780511763205.013

River, D. H. M., Thakoordin, J. M., & Billing, L. (2017). Creativity in social work education and practice: Reflections on a Survivors Arts Program. *Social Work Education, 36*(7), pp. 758 – 774. doi.org/10.1080/02615479.2016.1266320

Runco, M. (2014). Creativity: Theories and themes: Research, development and practice (2nd ed.). San Diego, CA: Academic Press Elsevier.

Runco, M. A., & Richards, R. (Eds.). (1997). *Eminent creativity, everyday creativity, and health.* CT: Ablex Publishing Corporation.

Sagan, O. (2007). An interplay of learning, creativity and Narrative biography in a mental health setting: Bertie's story. *Journal of Social Work Practice, 21*(3), pp. 311-321. doi: 10.1080/02650530701553617

Schellhammer, B. A. (2020) The philosophy of self-care, individuation and psychodrama: exploring creative means to encountering the "unknown other" in self. *British Journal of Guidance & Counselling, 48*(1), pp. 114-124. doi: 10.1080/03069885.2018.1539466

Schmid, T. (Ed.). (2005). *Promoting health through creativity: For professionals in health, arts and education*. London, UK: Whurr Publishers Ltd.

Schubert, Daniel S. P., & Biondi, Angelo M. (1977). Creativity and mental health: Part III: Creativity and adjustment. *Journal of Creative Behavior, 11*(3), pp. 186-197.

Schubert, L. (2012). *Art, social work and social change*. [PhD Thesis]. University of Newcastle, NSW Australia.

Schuldberg, D. (1990). Schizotypal and hypomanic traits, creativity, and psychological health. *Creativity Research Journal, 3*(3), pp. 218-230. doi: 10.1080/10400419009534354

Schuldberg, D. (2001/2010). Six subclinical spectrum traits in normal creativity. *Creativity Research Journal, 13*(1), pp. 5-16. doi:10.1207/S15326934CRJ1301_2

Seeman, M. (1959). On the meaning of alienation. *American Sociological Review, 24*(6), pp. 783-791.

Silvia, P. J., & Kaufman, J. C. (2010). Creativity and mental illness. In J.C. Kaufman & R. J. Sternberg (Eds.). *The Cambridge Handbook of Creativity* (pp. 381-394). NY: Cambridge University Press.

Smith, J. A., Flowers, P., & Larkin, M. (2008). *Interpretative phenomenological analysis: theory, method and research*. London: Sage.

Smullens, S. (2015). Burnout and self-care in social work: A guidebook for students and those in mental health and related professions. Washington, D.C.: NASW Press.

Spence, R. & Gwinner, K. (2014). Insider Comes Out: An artist's inquiry and narrative about the relationship of art and mental health. *Arts & Health*, *6* (3), pp. 254-265.doi: 10.1080/17533015.2014.897959

Sternberg, R. J. (1985). Beyond IQ: A triarchic theory of human intelligence. New York: Cambridge University Press.

Sternberg, R. J. (1988). The triarchic mind: A new theory of intelligence NY: Viking Press.

Stickley, T., & Clift, S. (Eds.). (2017). *Arts, Health, and Wellbeing: A Theoretical Inquiry into practice*. Newcastle upon Tyne: Cambridge Scholars Publishing.

Stuart, H. (2020), 'Professional inefficacy is the exact opposite of the passionate social worker': Discursive analysis of neoliberalism within the writing on self-care in social work. *Journal of Progressive Human Services.* doi: 10.1080/10428232.2020.1790715

Telerico, C. J. (1986). The expressive arts and creativity as a form of therapeutic experience in the field of mental health. *Journal of Creative Behavior, 20* (4), pp. 229-47.

Thys, E., Sabbe, B., & De Hert, M. (2014) The assessment of creativity in creativity/psychopathology research – a systematic review. *Cognitive Neuropsychiatry*, *19* (4), pp. 359-377. doi: 10.1080/13546805.2013.877384

Titley, W. (2017). Creative relations. *Journal of Social Work Practice, 31*(2), pp. 239-248. doi:10.1080/02650533.2017.1305338

Turner, L. M. (2002a). *Dimensions of creativity in generalist social work practice: Constructions of retiring practitioners.* (NQ84074 Ph.D.), Memorial University of Newfoundland, Canada. Retrieved May 26, 2018 from http://research.library.mun.ca/1243/Turner_Linda.pdf

Waddell, C. (1998). Creativity and mental illness: Is There a Link? *The Canadian Journal of Psychiatry, 43*(2), pp. 166–172. doi:10.1177/070674379804300206

Wallas, G. (1926). The art of thought. New York: Harcourt Brace Jovanovich.

Walls, A., Deane, K. L., & O'Connor, P. J. (2016). 'Looking for the blue, the yellow, all the colours of the rainbow': The value of participatory arts for young people in social work practice. *Aotearoa New Zealand Social Work Review, 28*(4), 67-79. doi:10.11157/anzswj-vol28iss4id206

Walter, U. M. (2003). Toward a third space: Improvisation and professionalism in social work. *Families in Society: The Journal of Contemporary Social Services, 84*(3), 317-322.

Walz, T., & Uematsu, M. (1997). Creativity in social work practice. *Journal of Teaching in Social Work, 15*(1-2), 17-31. doi: 10.1300/J067v15n01_03

Warren, J., Morgan, M. M., Morris, L.B., & Morris, T. M. (2010). Breathing words slowly: Creative writing and counselor self-care—The writing workout. *Journal of Creativity in Mental Health, 5*(2), pp. 109-124. Doi:

Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief during the COVID-19 Pandemic: Considerations for palliative care providers. *Journal of Pain and Symptom Management, 60* (1), pp. e71-e76. doi:10.1016/j.jpainsymman.2020.04.012

Wendler, E. & Schubert, E. (2019). Synaesthesia, creativity and obsessive-compulsive disorder: Is there a link?. *Creativity Research Journal, 31*(3), pp. 329-334. doi: 10.1080/10400419.2019.1631637

Williams, I. D. , Richardson, T. A. , Moore, D. D. , Gambrel, L. E. & Keeling, M. L. (2010). Perspectives on self-care. *Journal of Creativity in Mental Health, 5*(3), pp. 320-338. doi: 10.1080/15401383.2010.507700