

PURPOSE IN THE BROKEN: A JOURNEY FROM DISILLUSION TO DIRECTION

Agathe de Broucker

Training Developer and Doctoral Student, McGill University, Montreal, Quebec, Canada

agathe.debroucker@mcgill.ca

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Much like the Japanese art of Kintsugi – which honors the cracks in broken pottery by filling them with gold – I’ve found that acknowledging the fractures in our healthcare system is not an act of division, but of restoration – an act that has helped me to forge my own sense of purpose in mental health care.

To give some context, my interest in psychology and mental health was shaped early on by personal experience. Having faced significant challenges in my youth and early adulthood, I was driven by a need to make sense of my inner world – to understand, validate, and articulate feelings that had often gone unseen. This is a common thread for many drawn to the helping professions. Growing up at a time when mental health was rarely acknowledged – whether at home, school or among friends – my therapists’ offices were some of the first spaces where I felt truly seen and held. These experiences left an indelible mark. As I began mapping a professional future, I carried with me a simple but powerful conviction: if I could help just one other person feel less alone in their most vulnerable moment, then this work would be worth it.

As a result, I embarked on a path in counselling psychology, specifically through the lens of the creative arts therapies. This choice was guided not only by a desire to support others, but by a deep belief in the arts as powerful tools for connection, expression, and healing. There was something profoundly human and intimate in this approach that resonated with me. Like the aforementioned art of Kintsugi, I was drawn to the possibility of creating something meaningful, purposeful, and beautiful from experiences of pain and fragmentation.

Disillusion

My graduate training was holistic, rigorous, and intellectually expansive. I gained a strong foundation in therapeutic practice and was fortunate to be surrounded by like-minded peers equally committed to the field. At the same time, the demands – both academic and emotional – were substantial. As I entered my internship, I began to notice subtle cracks in my sense of purpose. Convinced that it could simply be part of the learning curve, I remained determined to overcome this hesitancy. I was working in a psychiatric acute care unit with adolescents and adults in New York City – an environment I had been eager to join given my research focus on community and acute trauma. However, I soon found myself grappling with feelings of inadequacy and self-doubt. The clinical work was undeniably challenging, but what struck me the most was the rigidity of the systems of care and how swiftly questions, alternative perspectives, or constructive opinions from newcomers were dismissed. This experience exposed the often-unspoken hierarchies of credibility within clinical spaces – a reality that was both eye-opening and disappointing.

In my first years of practice, I was repeatedly met with comments such as: *"That's just how we've always done it"*, *"Give it time, you'll stop asking questions too"*, and *"No system is perfect – are you really going to exhaust yourself trying to change them all?"* These remarks, often delivered casually or with a tone of seasoned authority, left me deeply unsettled. Despite the depth and intensity of my graduate training, I felt unprepared for the implicit message behind them – that silence, compliance, and emotional endurance were the undeclared rites of passage. I fully recognize the value of experience in shaping clinical judgement, but must that come at the cost of curiosity, critique, and care for systemic integrity? Was there truly no space for fresh perspectives, or the insights offered by lived experience?

The sense of purpose that had once motivated and anchored me in this field – rooted in a genuine desire to support and understand – was further shaken between 2019 and 2020. Shortly after graduating, I obtained my first clinical job in the field. Though I only held that employment for about a year, I was profoundly marked by the significant incoherence and inconsistency of its environment. What began as a source of excitement and pride for this promising professional opportunity, quickly turned sour due to the unsustainable demands of the role. These included mandatory training weekends, expectations of self-disclosure during supervision and seminars (later weaponized when I raised concerns or dissent), and insufficient compensation that left me, ironically, unable to afford the very service I was providing.

For the year I held this role, I helped young children and adults through trauma while being in a constant state of survival myself. The core of what had once drawn me to the creative arts therapies – the sense of humanity, connection, and meaning – felt increasingly distant. Isolated and exhausted, I would come home at night questioning whether I had made the right choice in pursuing this profession. If I had been correct, wouldn't I feel more fulfilled? More certain? I told myself I should be grateful: I have a job, I am in a position to help others, I am practicing.

And yet, I felt disillusioned and almost betrayed. I had expected to find the same vocational, almost blinding sense of care that I had felt reflected throughout the field. I believed that systems and institutions supporting such emotionally demanding work would, in turn, extend compassion and care to their workers – especially given the expectation that those workers continuously demonstrate kindness and empathy to their patients or clients. Instead, I was struck by an unsettling incoherence between the values espoused and the realities lived within these structures.

The onset of the COVID-19 pandemic only cemented my uncertainties. In the summer of 2020, I lost my employment which provoked an unexpected return to Canada. Upon arriving in Montreal, I found myself unemployed due to complex licensing regulations, despite the urgent demand for mental health professionals. I decided to step away from clinical practice – both out of necessity and reflection. After some time, I transitioned into a role focused on training development at the intersection of the healthcare and higher education systems which offered a new vantage point from which to observe different systemic challenges.

For a while, I believed I was alone in experiencing a dissonance between values and practice. Few people around me spoke freely about their working conditions or, if they did, it rarely seemed to impact their drive or professional identity. As I began sharing my experiences more openly, however, I came to realize that I was far from isolated. Feelings of shame and confusion, financial need, genuine commitment, and systemic barriers often keep practitioners from fully acknowledging their own discontent, let alone imagining how change might be possible.

Direction

These realizations prompted a deeper interrogation of my original motivations for entering the field. In hindsight, my initial sense of purpose was likely rooted in a profound longing for connection and self-understanding as a young woman who had often been told that her sensitivity would hinder her goals rather than inform them. There surely also have been traces of a savior narrative; if my therapist had once helped me reclaim a sense of wholeness, perhaps I could do the same for others.

Over time, I came to understand that the misalignment I felt was not in the field's core values, but in the structures meant to uphold them. From that clarity emerged a renewed and more grounded sense of purpose: one centered not only on mental health care, but also on advocating for the well-being and working conditions of those who provide it. My focus expanded to include the broader integration of trauma-informed principles across disciplines and institutions. What I couldn't find within the systems I worked in, I began building on my own. After all, it is rarely from comfort or complacency that meaningful innovation is born. From there, my sense of purpose propelled me to launch *Nuances*, my private consulting agency, with the mission of integrating mental health awareness and trauma-informed frameworks into professional

practices to foster safer, more responsive, and more sensitive workplaces. With this in mind, I also redefined my therapist identity and approach, and returned to clinical practice with a more informed understanding of the many systemic realities practitioners and patients face alike.

Growth and Repair

To be clear, while much of this reflection centers on the challenges and misalignments that led me to question, and ultimately, redefine, my sense of purpose, it comes from a place of compassion for all of us in healthcare. I sincerely believe that, more often than not, we are striving to do the best we can with the resources and conditions available to us. My critique is not of individuals, but of the systems and structures that often obscure or complicate our sense of *why* we chose this work in the first place.

I have found it can be difficult to discuss a shaken sense of purpose in this field, largely due to fear that it might alienate others or impact my career. I do care deeply about this work – in fact, I cannot imagine dedicating my life to anything else – and it's precisely because of this commitment that I believe we must keep space for honest, purpose-driven dialogue. When we speak from a place of care, integrity and shared responsibility, we strengthen the field, rather than divide it. My hope is to contribute to the evolution of the systems that I am myself a part of – not from the outside, but from within. Lived experience matters as a meaningful vehicle to drive purpose – it shapes perspectives, deepens empathy, and ultimately, makes for more human practitioners, thoughtful researchers, and accountable advocates.

As I conclude this commentary, I reflect again on *purpose* – not as a fixed destination, but as something living, evolving, and deeply shaped by experience. In the beginning, purpose often feels like something that finds us. For me, it emerged naturally through artistic expression, human connection, and a desire to help others. But as we move through the complexities of our professional paths, I have come to realize that purpose is not simply inherited or sustained – it is something we must continually find, lose, renew, share and nurture, with intention. Much like the Japanese art of Kintsugi, our purpose is not diminished by rupture, it is made more meaningful through it. There is purpose not only in what is whole, but in how we choose to mend what has been broken. ■

Biographical Note

Agathe de Broucker (she/her) practices as a creative arts therapist in private practice, works in training development at McGill University's Student Wellness Hub and consults with *Nuances*, her mental health consulting agency. Agathe is also entering her PhD studies in Social Work at McGill University where she will continue her research on trauma-informed care implementation in high-stress, high-accountability workplaces and with helping professionals. Outside of all things mental health, Agathe can be found painting, running, or looking for her next horseback riding travel adventure.