

Reconsidering Self Care

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Abstract In light of diminishing resources in service settings, and the subsequent high risk for worker burnout, self care remains an important vehicle for promoting worker well-being. However, traditional definitions of self care are based in formulations about the nature of the self that don't reflect paradigmatic shifts in social work practice that place increased emphasis on the multiplicity of workers' selves, use of self and a collaborative frame for the worker–client relationship. Thus, a reconsidered definition of self care is proposed that reflects intersubjective, relational, and recovery-oriented frames for practice and posits strategies for self care that make the self appear.

Keywords Self care · Use of self · Worker burnout

Introduction

Social work practitioners increasingly operate in service settings functioning under the strain of diminished resources. In these contexts, self care has emerged as a core intervention for promoting worker well-being and avoiding the emotional exhaustion and depersonalization characterizing the condition of worker burnout. This paper reconsiders the goals and objectives of self care in response to shifting paradigms in the field of social work that have

redefined *the self*, and in turn, the use of self in the context of collaborative worker–client relationships. This reconsideration, based in relational models and a recovery orientation, contrasts with a traditional view of self care that seeks to maintain equilibrium between personal and professional realms. Instead, it emphasizes nurturing selves that are reflexive and dialogic in relationship with clients (Foucault 1997; Miehl and Moffatt 2000). In particular, the aim of self care moves away from protecting the personal self from the professional self and vice versa, but rather frames self care as encompassing strategies for coping with the uncertainties and liminal spaces that emerge from the social work relationship. Furthermore, self care activities are offered as moments for the self to be touched, shaped and re-imagined in response to professional experiences.

Burnout and Self Care

Following a landmark nationwide study of the social work labor force, the NASW Center for Workforce Studies cautioned that “social work, as a profession dedicated to helping individuals, families, and communities achieve the best lives possible, finds itself at a crossroads as it tries to ensure there will be a qualified workforce to meet the service needs of these vulnerable populations” (Whitaker et al. 2006, p. 7). Social workers increasingly function within treatment settings charged with doing more with less, and thus professional burnout and its sequelae remain a substantial threat to the development of an effective and sustainable workforce. Over 40 years ago, Freudenberger (1974) helped coin the term *burnout* as involving a process of “wear[ing] out, or becom[ing] exhausted by making excessive demands on energy, strength, or resources” (p. 159). A contemporary review of the studies on burnout reported rates of burnout

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among mental health professionals across studies that ranged from 21 to 67 % (Morse et al. 2012). Although the construct of burnout is underdeveloped and varies in research studies, a widely used conceptualization from Maslach and colleagues (2001) delineates burnout to be a psychological syndrome involving emotional exhaustion, a resultant tendency towards depersonalizing client groups, and a feeling of decreased efficacy on the job. As such, burnout contributes to a withdrawal from engagement with clients, threatens major disruptions in continuity of care through eliciting high turnover rates within agencies, or hastens exit from the field all together (Chiller and Crisp 2012; Schaufeli et al. 2009).

Prior literature delineates a diversity of organizational and person-level risk factors associated with burnout in an effort to contextualize and ultimately combat worker distress. First, resource-strapped and insurance-driven treatment settings for vulnerable persons living on the margins with complex trauma histories subject workers to higher caseloads, demand greater resources for documentation, yet offer low levels of training and supervision (Arnd-Caddigan and Pozzuto 2008; Newell and Nelson-Gardell 2014). Supervisory relationships are often focused on managing tasks and procedures as opposed to offering space for processing reactions to client interactions (Chiller and Crisp 2012; Figley 2002; Newell and Nelson-Gardell 2014). Other forms of support such as peer debriefing may also be discouraged by organizational structures and cultures (Newell and Nelson-Gardell 2014). At the level of the individual practitioner, a lack of personal coping strategies and supportive relationships, both in and outside of the workplace, put a practitioner at higher risk for burnout. The literature also sets a parabolic developmental frame to the experience of burnout and suggests novice practitioners, as well as those with a great deal of exposure to client suffering are at higher risk for burnout (Hunter and Schofield 2006; Newell and Nelson-Gardell 2014).

The substantial threat to client and worker well-being associated with burnout, coupled with workers' embeddedness in resource-compromised human service agencies, has resulted in a renewed interest in self care as a crucial strategy for maintaining the social work labor force (Lee and Miller 2013; Whitaker et al. 2006). It is notable that the term "self-regulation" now appears twice in the newly crafted list of practice behaviors that concretize the core competencies of the 2015 Educational Policy and Accreditation Standards of the Council on Social Work Education (CSWE 2015). The insertion of this language foregrounds the critical responsibility of the worker in practice to manage one's professional activities in part through nurturing the self.

As with professional burnout, the construct of self care is variably defined in the literature. Self care generally refers to activities or processes that are initiated and managed by the worker for the purpose of supporting one's health and

well-being, attending to one's needs, or providing stress relief (Lee and Miller 2013; Newell and Nelson-Gardell 2014). While self care might involve others such as peers, supervisors, one's personal therapist, family or friends, it is presumed to be care that is by the self and for the self.

Self Care: Maintaining Equilibrium Between the Personal Self and the Professional Self

Discussions of self care in the social work literature inherently include assumptions about *what the self is* and how it functions. In this discourse, the self has typically been divided either implicitly or explicitly into two primary component parts; namely the *professional* self and the *personal* self. The professional *self* is the aspect of self that is engaged at work in relationships with clients and is guided by professional *role* expectations which provide the rules of engagement for these relationships with clients. The personal self is the self that exists outside of the workplace. The personal self is guided by other role expectations outlined by family life, economic functions, community, and many other diverse ecologies.

This construction of the self is related to pre-modern theoretical orientations rooted in ego psychology and systems theory which construct the self organically as a *singular* entity that ideally functions when its component parts are operating with balance, coherence and integrity (Miehls and Moffatt 2000). Thus, the overarching goal of self care activities has been to maintain equilibrium or homeostasis within a self system such that the professional self does not impinge on the personal self and vice versa. Within this frame, the experience of worker burnout results from a self that is not in balance.

Inspection of the discourse on self care suggests many iterations of how this imbalance between the personal and the professional might emerge. These include, but are not limited to, experiencing a severe infringement of the professional self on the functioning of the personal self. This is colloquially known as "bringing one's work home at night" (Lee and Miller 2013) and is assumed to result in a personal self that is overwhelmed by or over-identified with the emotional distress of clients (Berzoff and Kita 2010; Siebert 2005). In contrast, a professional self may suffer from a personal self that is too impinging on the work through an over use of self, or when the worker's emotional functioning in personal relational matters is poor.

Following a review of the social work self care literature, Lee and Miller (2013) offered the following definition of personal and professional self care;

Personal self care is defined as a process of purposeful engagement in practices that promote holistic

health and well-being of the self, whereas professional self care is understood as the process of purposeful engagement in practices that promote effective and appropriate use of self in the professional role within the context of sustaining holistic health and well-being. (p. 98)

This definition of self care draws on the idea of a self in balance in its aim at protecting the integrity of the personal self in an effort to be one's best at work, alongside facilitating a protection of the professional self through cautious *use of self* on the job.

First, in this construction, personal self care is focused towards behavioral strategies that promote subjective well-being, reduce stress and promote containment of the impact of the professional self on the personal. This includes attempts at basic regulation of the body and mind through sleep hygiene, good nutrition, an exercise regimen, building a supportive matrix of relationships with one's community, family or peers and those activities that promote creativity, pleasure and rest and relaxation (Lee and Miller 2013; Morse et al. 2012; Newell and Nelson-Gardell 2014). Some proposed self care strategies such as hobbies, physical activities, or socializing are also thought to promote wellness by distracting the personal self from the professional. These strategies allow for space to actively disengage from or avoid professional experiences in an attempt to keep them from infiltrating personal, relational, emotional and cognitive experiences (Skovholt et al. 2001). Towards the same aim, Lee and Miller (2013) suggest that workers set clear boundaries around engaging in thoughts or discussions about work while at home. Likewise, Figley (2002) suggests this kind of disengagement is preventative of the emotional exhaustion of burnout and purports a worker must make "a conscious, rational effort to recognize that she or he must let go of the thoughts, feelings, and sensations associated with the sessions with the client in order to live their own life" (p. 1438).

Second, formulations of professional self care center on using strategies to avoid the personal self encroaching on one's professional role in a way that is harmful to the self or to the client. Lee and Miller (2013) write "maintaining [emotional] boundaries while in the professional role may then better enable a practitioner to have the energy and space to sustain and preserve the depth of emotional connection in personal relationships" (p. 99). In this vein, professional self care focuses in on strategies that allow for managing a worker's use of self with clients. Use of self emerged as a rejection of a historical emphasis on therapeutic neutrality, and is a core social work intervention that directly draws the personal self into the work. It encompasses a set of practitioner interventions which include Rogerian person-centered concepts such as genuineness

and transparency, self disclosure of informational content regarding the worker's experiences, attributes, and identifications, as well as here-and-now self disclosures of the practitioner's emotional and cognitive processes during an interaction with a client (Knight 2012). The profession has a strong tradition of charging social workers to use self conscientiously within the confines of professional role to promote client growth. This process, which is furthered by self awareness, is considered a prerequisite for meaningful engagement in the social work relationship (Heydt and Sherman 2005; Shulman 2012).

However, use of self also ushers in a profound fear, almost a phobia, of inviting a disruption in the equilibrium between the personal self and professional self (Burton 2012). Thus, professional self care as previously defined aims to prevent use of self from going too far and unknowingly harming a client by subverting the professional self and its requisite role expectations to the personal self (Heydt and Sherman 2005; Reupert 2007). This caution is captured in the now obsolete 2008 CSWE EPAS which directs workers to "recognize and manage personal values in a way that allows professional values to guide practice" (p. 4) highlighting the trepidation that workers would consciously or unconsciously use their positionality and power to subjugate the emotional needs and values of clients to their own needs. Worse, it alludes to the fear that a worker would engage in a gross encroachment of the personal self by coercing or intruding on clients through breakage of professional role boundaries.

These current conceptualizations of self care are helpful in encouraging practitioners to intentionally formulate self care plans as an aspect of professionalism. However, constructing self care as maintaining the ideal of a singular self with personal and professional parts that are bounded and balanced has important limitations that may discourage engagement with clients and use of self. For example, this perspective places the personal self in competition with the professional self for limited psychic resources. Subsequently, workers may adopt a defensive stance aimed at protecting the personal self from the professional or diminishing the importance of the personal self on client interactions. In other words, in an attempt to maintain the status quo, a resistance to the client emerges that may operate against change and growth in the worker and in the client (Ghent 1990). Workers may presume the affective and identity dysregulation spurred by interactions with clients is a sign of weakened personal boundaries or they may begin to see clients as intruders on their psychic wellness. This approach contrasts with viewing the intense affects and relational experiences inherent in therapeutic work as an expectable aspect of the work with oppressed, traumatized and vulnerable people that is useful for building an effective client change process.

Next, when workers feel too much danger around use of self, which may be heightened by current definitions of professional self care, they may begin to imagine they should abandon use of self for their own protection and for protection of the client. Elements of use of self, such as self disclosure, may take on a pejorative meaning because of trepidation around an over-engagement of the personal self in the professional role. In a small qualitative study, a respondent stated that he felt use of self “contaminated” his work with clients, and that keeping his personal self separate was vital for self care (Reupert 2007, p. 112). In the name of self care, *any* use of self may be discouraged outright, and instead be replaced by a sense that the personal self is closed or off-limits from one’s professional life. In turn, this position may lead to strong prohibition against engagement with clients emotionally or with intense intimacy and may draw workers to construct the personal self as a closed system, held separate and distinct and also fully subversive to the professional self in interactions with clients (Reupert 2007).

Reconsidering the Self and Self Care

In recent decades, social work scholars and practitioners have operated in diverse clinical and therapeutic settings and have been influenced by paradigmatic shifts in theoretical orientations to practice around the construction of *self* and thus, the *use of self*. They have steadily challenged a pre-modern conceptualization of a personal self that is separate, dissociated, or distinct from a professional self. Shulman (2012) called the separation of the self into two parts, the personal and the professional a “false dichotomy” (p. 37). Instead, a post-modern constructivist stance based in intersubjectivity and relational models advocates for a self that is not a single bounded entity but rather postulates workers have multiple selves that are co-constructed in relationship with each client (Benjamin 1998; DeYoung 2015; Ganzer 2007; Ganzer and Ornstein 2004; Knight 2012). These selves are “reflexive, complex and dialogical” and ideally open to the influence of professional relationships (Miehls and Moffatt 2000, p. 339). Influenced by feminist theory, in this view, a multiplicity of identities in the worker that occupy both oppressed and privileged positions intersect in complex ways and “cannot be teased apart or stand on their own” (Garran and Werkmeister Rozas 2013, p. 102).

In addition to redefining the self, intersubjective and relational models have also significantly reshaped use of self in therapeutic practice. As, Miehls and Moffatt (2000) note; “the subjective social worker can no longer illuminate the struggles of another person or group of persons from a safe distance” (p. 342). Relational theory shifts the clinical social worker from their role as expert and instead

encourages a stance of embracing not-knowing and uncertainty in the clinical situation. It requires direct consideration and use of self in placing primacy on here-and-now countertransferential material and relational enactments that emerge in the work. As such, the strong affects that emerge from work with clients are transformed into important communications from clients that must be attended to, as opposed to avoided. Ganzer writes (2007);

Use of self in this configuration requires that the therapist not only tolerate ambiguity and uncertainty but also immerse herself in it; for it is by entering the patient’s world and experiencing it that the therapist can work with the patient to emerge from it. This process often involves an inquisitive and curious stance on the part of the clinician and the self disclosure of the countertransference. (p. 119)

A relational mode of practice poses that strong emotional and cognitive responses resulting from close connection with other selves is *required* for workers to truly empathically enter into and be with clients around a range of experiences including those related to structural inequalities related to race, class and gender. Likewise, in inviting the worker to be in close interaction with the client, there is also the potential for the worker to be touched, changed, and moved by the client’s change process. Unlike prior conceptualizations of a personal self that is bounded from the client, this frame for practice welcomes and encourages self-discovery and poses these “risks to the self” as opportunities for finding personal meaning and a clearer acknowledgement of one’s privilege through relationships with clients (McTighe 2011, p. 302). In essence, the work provides a space for the *self to appear* (Foucault 1997).

These therapeutic models are in sisterhood with changes in the service sector that promote an egalitarian approach to the worker–client relationship. In particular, the recovery-movement in the field of psychiatric rehabilitation alongside feminist critiques of the service system has supported a move towards greater collaboration and partnership in the social work relationship. In this orientation, clients are postulated to be the experts on their own lives and on their own care. They are held as full partners in the change process as opposed to passive recipients of expert knowledge or good will. Most importantly, and commensurate with intersubjective and relational frames to therapeutic work, a recovery orientation requires workers believe they will learn and change in parallel with the client (Stanhope and Solomon 2013).

In light of these shifts in the field, the goal of self care activities needs reconsideration. They must incorporate and respond to these changes in the construction of self and in the practice modalities that increasingly ask practitioners to work in close contact with clients within the context of

uncertainty and vulnerability. As such, the following reconsideration of the aims of self care is offered:

Self care is inclusive of agentic self-regulated activities that purposefully a.) bolster the ability to sit within, tolerate and understand the affective and identity dysregulation related to experiencing vulnerability and uncertainty in the social work relationship, and b.) make meaning of the ways workers' selves are changed from work with clients.

First, the goal of self care is no longer limited to decreasing anxiety from disequilibrium in the self or protecting the self from one's professional life. Rather it should specifically function to allow workers to tolerate the expected affective and identity dysregulation related to entering the client's world (Miehls and Moffatt 2000). In sitting in these spaces, it is presumed that a worker can then appreciate the client's past, current relational matrix, and attachments (Knight 2012; Miehls and Moffatt 2000). Reframed, self care activities such as exercise regimens, mindfulness meditation, hobbies, and the like move beyond the purpose of stress reduction or diversion. Instead, they bolster the worker's capacity for affect regulation and for sitting with and understanding feelings of vulnerability, uncertainty, and identity dysregulation that emerge from the work (McTighe 2011).

Second, self care strategies need to include mechanisms for meaning-making and self-discovery. Relational models and a recovery-orientation assume that the social work relationship is the vehicle for interventions that produce change in both the worker and client, in a bi-directional, co-constructed fashion. These models normalize and encourage workers to actively reflect on the ways work with clients brings meaning to their lives. Self care activities oriented towards meaning-making might include journaling, creative writing, artistic endeavors, peer to peer discussions, or engagement in advocacy efforts that highlight specific self discoveries that emerge from deep engagement with others in therapeutic contexts.

Using this reconsidered frame for self care, social workers should be explicitly directed that emotional disturbances, or other signs of distress are a normal and important aspect of work with vulnerable persons. With this as a starting point, social workers may then be directed towards a range of activities aimed at (a) moving through and coping with distress in the body and mind, (b) locating their own reactions as communications from clients or countertransference responses to clients, (c) providing spaces or opportunities for reflection on their own internal assumptions about clients and their own lives, (d) and working against use of avoidance of affects and thoughts related to clients as the primary form of self care or frame for use of self.

Conclusions and Implications for Practice

This reconsideration of self care, rooted in a relational frame, is aimed at sustaining workers' capacity to enter into and thrive in the context of work environments that involve continued and prolonged exposure to oppression and human suffering. Returning to the concept of burnout, the proposed definition of self care seeks to disrupt the drive towards being overwhelmed by powerful emotional experiences, and the subsequent pull to disengage from clients who have been labeled as intrusive or "other". It provides a framework for allowing the worker to anticipate and expect strong affects and increased vulnerability. As opposed to being engulfed by these emotional experiences or avoiding them altogether, it incorporates self care strategies to contextualize and reflect on them. In addition, self care activities that build and encourage meaning-making and self-discovery directly work against psychological distancing from clients through depersonalization.

It is important to offer the following caution: self care is a necessary but insufficient response to worker burnout. It is insufficient because agency-level supports, consistent and process-oriented supervision, personal therapy, and peer support are crucial for promoting safe work environments (Chiller and Crisp 2012). An over-reliance on self care to resist work-related distress is aligned with a problematic yet prevailing discourse about the amelioration of stress and its negative outcomes. This discourse is rooted in the medical model and frames stress as an individual problem to be addressed with individual-level interventions as opposed to attending to the complex social and structural patterns that create it (Becker 2013). However, as evidenced by the emergence of models of care such as the sanctuary model, safety and support for workers in human service organizations opens the door to parallel processes that also promote client well-being (Bloom 2013). In addition, relational work requires workers to engage in their own therapeutic processes towards developing the capacity to hear difficult narratives, recognize and manage strong emotions, deal with complexity, and know themselves at a deep level (DeYoung 2015).

The proposed focus for self care activities requires educational programs in social work, field practicums, and professional supervision to underpin skill-building around self care with theory. This paper argues for an approach to self care that must be contextualized and understood within a knowledge-base of relational theory. The linkage between theory and core social work skills is a perennial challenge for educators and supervisors. For example, in examining self disclosure as an aspect of use of self, a recent study (Knight 2012) suggested that clinicians' were often unable to connect their use of self disclosure to

evidence-based or theoretical models. Therefore, it may be most effective for classroom and field instructors, as well as supervisors, to concurrently discuss theory, use of self, and self care in an effort to better integrate these concepts.

As social work theory shifts from the pre-modern paradigms, the multiplicity of workers' selves is acknowledged and purposefully utilized in the client–worker dyad. Self care strategies must similarly shift to expect and acknowledge that these selves are both impacting and impacted by the client. The proposed reconsideration of self care recognizes the dissolution of the personal and professional selves as distinct entities. In order to help prevent burnout, this model asks practitioners to recognize how their work place interactions can inform their interactions with their personal world and vice versa. As self care models catch up with prevailing social work theory in this way, we hope to see practitioners enjoying deeper meaning in both their personal lives and professional roles.

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