

RESCUING THE SELF FROM SELFLESSNESS: HOW WE CAN BE BETTER AT HELPING OTHERS BY HELPING OURSELVES

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This article examines the risks faced by helping professionals, such as clinical social workers, due to their tendency to be more attentive to clients than to their own needs. It is suggested that clinicians can improve job engagement and minimize burnout risk through increased self-awareness and self-care. Using an approach based on Giddens' (1984) structuration theory, the authors provide specific suggestions for self-awareness and self-care, including the concept that workers should improve and exercise their self-advocacy skills as a form of self-care.

There is a long tradition within clinical social work and psychology of considering the importance of self in direct practice (Edwards & Bess, 1998; Guy, 2000; Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003; Kondrat, 1999; Skovholt & Jennings, 2004). The therapist or clinician plays a key role in therapeutic encounters, and it is thought that a healthy self is a clinician's most important tool. In addition to considering the advantages of a strong self, this article examines the risks of depleting the self through an unbalanced focus on attending to others – unbalanced selflessness.

In the early 1980s, researchers began studying the unique stresses faced by human services workers stemming from the nature of their direct interactions with clients (Maslach, 2003; Maslach, Schaufeli, & Leiter, 2001; Posig & Kickul, 2003). This particular type of occupational stress became known as burnout and is most frequently thought of as a combination of emotional exhaustion, cynicism about the job, and a low sense of personal achievement. Burnout has a negative impact on the personal life and work performance of the affected worker, while the presumed antithesis of burnout, job engagement, has a positive impact on the worker's personal life and work performance (Maslach; Maslach & Goldberg, 1998; Maslach, Schaufeli, & Leiter). This article considers some of the potential vulnerabilities of clinical social workers that may lead to a depleted self, key symptoms of this condition, and steps that can be taken to facilitate self-awareness and engage in self-care behaviors that can both strengthen and maintain the clinician's self.

This article examines the social worker's need for self-awareness and self-care, using the concept of person-in-environment, a framework that has been endorsed by the Council on Social Work Education and considered a hallmark of good social work practice (Council on Social Work Education, 2001; Kondrat, 2002; Rogge & Cox, 2001). In particular, Giddens' (1984) structuration theory, an elaboration of the person-in-environment framework, will also be utilized. This framework develops the concept of bi-directional, recursive interactions between an individual and the individual's environment and the ways in which this concept supports the notions of human agency and empowerment (Giddens; Kondrat, 2002). Another framework frequently used in social work, Bronfenbrenner's multi-level, ecological systems model, which can be seen as an extension of the person-in-environment approach (Rogge & Cox, 2001), will also be incorporated. Bronfenbrenner's model describes four levels of environment that can affect an individual or family – micro, meso, exo, and macro (Bronfenbrenner, 1979). However, this article will forego a complete analysis of each of Bronfenbrenner's levels in the interest of brevity.

Background on Social Workers and Self-care

The tendency to limit or avoid self-awareness and self-care can take a serious toll on the practice and personal life of the clinical social worker. Helping professionals appear to be more adept at assessing and intervening with individuals and groups as opposed to assessing and helping themselves. Such avoidance could lead to less effective practice, professional impairment, boundary violations, and burnout. In addition, this avoidance could lead to personal relationship problems, depression, substance abuse, and even suicide in extreme cases (Brady, Healy, Norcross, & Guy, 1995; Gilroy, Carroll, & Murra, 2002; O'Connor, 2001; Sherman & Thelen, 1998; Sussman, 1995b).

Until recently, few studies focused on distress, burnout, and impairment specifically among social workers. These studies showed mixed results (Soderfeldt, Soderfeldt, & Warg, 1995). However, a 2003 study of social workers in North Carolina found that 11% of social workers studied were at serious risk of alcohol abuse, another 22% were at moderate risk of alcohol abuse, and that 53% of those at serious risk reported some kind of professional and personal impairment (Siebert, 2003). A recent study of social workers in the United Kingdom found that 74% of respondents suffered from borderline to pathological levels of anxiety (Lloyd, King, & Chenoweth, 2002). Although it is unfortunate that recent studies indicate a potential problem with distress, burnout, and impairment among some social workers, it is encouraging that these issues are receiving more attention among researchers. The implications of impairment and boundary violations extend beyond the individual helping professional, as the reputation of the

helper's profession can also be tarnished by such acts (Sherman & Thelen, 1998).

While some clinicians suffer from distress, burnout, and impairment, there are other clinicians who have been found to thrive in their profession with therapeutic outcomes that are far superior to other colleagues (Brown, Dreis, & Nace, 1999; Okiishi, Lambert, Nielsen, & Ogles, 2003). There appears to be little, if any, research on the specific clinician attributes that lead to positive client outcomes, but there is an increasing body of research that looks at the common attributes among practitioners who are considered to be master therapists, as defined by their peers or by client outcome measures (Okiishi, Lambert, Nielsen, & Ogles; Skovholt & Jennings, 2004). To date, attention to the clinician's self, through self-awareness and self-care, has been cited as a key characteristic of expert clinicians (Guy, 2000; Kondrat, 1999; Norcross, 2000; Schwebel & Coster, 1998; Skovholt & Ronnestad, 1992), and Skovholt and Jennings (2004) found that master therapists were as skilled at assessing themselves as they were at assessing their clients. Additional research is required to identify what degree of self-awareness and/or self-care are directly correlated with therapist wellness and client outcomes. In particular there is a need for longitudinal studies of therapist development (Skovholt & Jennings) which follow students from school through their professional careers.

Self-Awareness

Helping professionals are often driven by an intense curiosity about and interest in others (Kottler, 2003; Spurling & Dryden, 1989). As some authors have pointed out, however, it is ironic that the same levels of curiosity and interest are not always present when the practitioners consider themselves (Kottler; Skovholt, 2001; Sussman, 1995b). Kottler stated that social workers are encouraged to be reflective but tend not to seek out the same sort of help they provide for and encourage in others.

To some degree, social workers are in the business of "disillusionment" (Kottler, 2003, p. 23), helping clients to replace their illusions and misperceptions with a more realistic, helpful view of their lives. There are also potential benefits to clients if social workers can disillusion themselves as well. Through a more realistic lens, social workers can come to terms with a more balanced view of who they are, what motivates them, and how they behave in their profession, ultimately becoming more effective (Kottler). Personal therapy, supervision, consultation, and peer support are often-cited approaches to increase self-awareness and personal growth (Kottler, 1999; Kottler; Pieper, 1999; Skovholt & Jennings, 2004). Schools and training programs can also play a key role in encouraging students and trainees to become more self-aware (Schwebel & Coster, 1998; Sherman & Thelen, 1998; Sussman, 1995b).

It can be important to understand one's motivations for entering the helping professions to ensure realistic aspirations. This understanding may also serve as a preventive measure against future burnout, impairment, and boundary violations (O'Connor, 2001). A number of authors have looked at the motivations of those in the helping professions, including social work (Berger, 1995; Gilbert, Hughes, & Dryden, 1989; Grosch & Olsen, 1995; Guy, 2000; Kottler, 2003; Norcross & Guy, 1989; O'Connor, 2001; Smith, 1995; Spurling & Dryden, 1989; Sussman, 1995a; Sussman, 1995b; Vincent, 1996). These authors have found that some of the same traits that can lead people to these professions and contribute to their effectiveness as helpers can also be potential vulnerabilities when it comes to taking care of themselves and their clients.

In many cases, helpers are driven by a "selfless caring for others" (Smith, 1995, p. 785). It is also possible that they are motivated by forces that are further from their awareness and more difficult to accept – a search for intimacy, power, admiration, and even a desire to address issues in others that are also their own (Gilbert Hughes, & Dryden, 1989; Pieper, 1999; Sussman, 1995a; Vincent, 1996). Skovholt and Ronnestad (1992) found that graduate students studying counseling and therapy believed they understood their motivations for entering the profession, while senior clinicians often stated they had not fully understood their motivations when they were beginning their career. While this was not a longitudinal study and this difference may be explained by the varying cohorts and teaching methods, it is possible that there is an evolution in clinicians' concepts of their motivations.

It is important for social workers to understand their motivations. If they expect, even unconsciously, their clients to serve their own needs, they are likely to care less effectively for their clients and risk frustrating themselves, potentially leading to impairment or burnout (Brady, Healy, Norcross, & Guy, 1995; Kottler, 2003; Vincent, 1996). Through self-awareness, social workers can mitigate unrealistic expectations of their clients and their client relationships. Through such awareness social workers can recalibrate their expectations of themselves and their clients.

Another aspect of self-awareness is for social workers to recognize the impact of their personal histories on their choice of profession and how they practice. Many who work in the helping professions have played the roles of go-betweens, helpers, caregivers, or mediators in their families of origin (Kottler, 2003; Ronnestad & Skovholt, 2001; Sussman, 1995b; Vincent, 1996). The positive result of this experience may be that it helped them to develop particular skills and sensitivities toward helping others. However, that focus on the other could mean they have less experience and comfort when it comes to asking for and receiving help themselves. Recognizing

this can allow social workers to counteract such tendencies and seek out the help they need.

There are several steps that social workers can take in an effort to increase their level of self-awareness (Kondrat, 1999; Skovholt & Ronnestad, 1992):

- Notice their own biases.
- Get feedback from colleagues and clients.
- Utilize audio and video recording for self-monitoring.
- Secure good ongoing supervision.
- Engage in personal therapy.

Self-Care at the Individual Level

At the individual level, self-care is defined as the strategies that one uses to care for him- or herself, particularly those that build-up or replenish the self, lowering the risk of impairment, burnout, or simply less effective practice (Guy, 2000). Maslach (2003) suggests that the three dimensions of burnout are cynicism, exhaustion, as well as a sense of ineffectiveness and lack of accomplishment. While direct client work may lead to quicker burnout, social workers in every discipline need to be aware of and guard against burnout. In fact, Kottler (2003, p. 159) has suggested that “rustout” is a more accurate term than burnout “because it better represents the kind of slow, gradual process that eats away at a therapist’s spirit.” In many cases those around social workers may be the best sources of feedback about whether it is time to step up self-care efforts, given the difficulty of identifying the warning signs (Kottler).

In social work it is often hard to avoid disillusionment related to a sense of ineffectiveness and lack of accomplishment, one of Maslach’s (2003) three dimensions of burnout. The greater the imagined success and power, the greater the potential for disillusionment. Exhaustion, another of Maslach’s dimensions, is also a potential concern for those who work long hours. This is particularly true when there is a great need for services and scarce and diminishing resources with which to help clients. With high, potentially unrealistic expectations for what can be accomplished and inadequate time and resources to achieve constant success, social workers may find themselves becoming cynical, completing Maslach’s third dimension of burnout.

Building self-care into one’s way of life is recommended. Just as social workers automatically write progress notes to track client progress or advocate for client social service needs, they also need to build self-care into their schedules. Several possible strategies for individual self-care include (Kottler, 1999; Mahoney, 1997; Sussman, 1992):

- Maintain strong relationships with significant others.

- Eat healthy balanced meals and get 7-8 hours of sleep a night.
- Get physical exercise at least three times a week.
- Try a few minutes of meditation in the morning or before seeing clients.
- Do not lose sight of hobbies such as movies, reading, arts, and museums.
- Take vacations away from routine schedules, home, and clients.
- Regularly capture thoughts and feelings in a reflective journal.
- Set limits and boundaries between work and personal life.
- Get supervision from peers or others.
- Embark on personal therapy to better understand motivations and possible sources of countertransference.

There are also strategies that could be used within the educational system (Schwebel & Coster, 1998; Sherman & Thelen, 1998; Sussman, 1992):

- Screen during the entrance process to ensure that students admitted to the program have a healthy, realistic understanding of their reasons for entering it.
- Include training on self-awareness and self-care within the curriculum, including family of origin work.
- Include training within the curriculum on recognizing and dealing with distress and impairment.
- Use a buddy system or small groups to help students become more self-aware.
- Ensure that supervisors can provide appropriate support.
- Continue or expand use of reflective journals and process recordings to ensure that students use these tools to improve their capacity for self-awareness.
- Encourage students to find an appropriate balance between study and outside interests.

Self-Care at the Person and Environment Levels

The degree of fit between an individual and his or her work environment, known as job-person fit, appears to be a major factor in burnout across a broad set of occupations (Maslach, 2003; Maslach, Schaufeli, & Leiter, 2001; Um & Harrison, 1998). Self-advocacy – an attempt to improve one’s professional and personal environment – can be seen as a form of self-care and an effective strategy in the quest to both improve job engagement and minimize burnout.

As stated previously, the dynamics of exchange between the environment and the individual fit well with Giddens’ (1984) model of person-in-environment. Social workers may exercise self-advocacy in both

the workplace and also within and on behalf of the profession of social work. In the workplace, social workers would be interacting with what Bronfenbrenner would term the individual's mesosystem. In advocating for the profession, the worker's profession would be considered to be part of the individual's macrosystem.

If social workers find that they do not have the resources to do their jobs well, it may be time for increased self-advocacy in the workplace. Areas which can be addressed include workload/caseload, paperwork requirements, salary, office environment, amount and type of onsite supervision, alliance building, and the effective marketing of social work services.

On a broader level of the profession, using Giddens' (1984) concept of bi-directional, recursive interactions between person and environment, social workers are impacted by the profession's role in society but also have the potential to contribute to a redefinition of that role. Examples of self-advocacy used by social workers trying to impact the profession could include attempts to:

- Increase salary for all social workers.
- Improve the public perception of professional competence among social workers.
- Use and increase the power of the profession to practice at both micro and macro levels, practicing both case advocacy and cause advocacy on behalf of clients and others (Lens & Gibelman, 2000; Walz & Groze, 1991).

Strengthening alliances with other professions and practitioners would be of tremendous value to helping social workers and their clients. Particularly within the field of social work where the nature of the work can sometimes be isolating, social workers can work more effectively through a greater degree of collaboration with others. By leveraging these resources, social workers will not spend their energy forging a new path of advocacy and support for each additional client.

Advocating for self-interest may sound antithetical to social work, but when social workers help themselves, they help their clients directly. Selye (1974) writes about "altruistic egotism", suggesting that altruism and egotism do not have to be seen as mutually exclusive. If a client sees that social workers are taking care of themselves, they may receive a positive modeling message of effective self-care. This becomes a useful model of self-advocacy that clients can internalize for their own lives.

Conclusion

Only when social workers incorporate an approach that includes self-awareness, self-care, and self-advocacy are they most likely to stay healthfully engaged in their chosen profession and of greatest service to their clients. If social workers begin to lose their self through unbalanced selflessness, they run the previously mentioned risks of impairment and burnout. Thus, social workers are faced with a need to rescue the self from pure selflessness so that they may build and maintain their sense of self for their own good and for the good of their clients.

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