

THE SELF CARE MANDATE

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Introduction

The personal relationship is at the core of the practice of spiritual care. In this relational model of caring, care for the other and care for the self partner in a balanced whole. In the caring relationship, good self-care serves other-care. Conversely, good other-care respects self-care. True caring relationships encompass the needs and limits of both the self and the other.

Questions

- How can concern for others detract from our own best self-interest?
- Are there ever times that serving the other should come at the cost of the self?
- Can you think of particular instances when other-care violated self-care?
- How does “self-sacrifice” fit your spirituality of love and care?

Caring for Self

With self-care and other-care inextricably connected, self-care becomes an ethical mandate.¹ When we do not care for self, we put the other at risk. In our own lives as caregivers we see the intimate connection between how we have been cared for and how we can care for others. With the experience of being valued and cared for, we are free to focus more fully on the other. In contrast, when it is easier for us to give than to receive care, it also becomes easier to fuse other-care with self-care. Caring for others can become a substitute for self-care: to give to the other what we seek ourselves and vicariously appropriate in the other.

Caregivers have the twofold task to treat both the other and the self as persons in need of care. Although meeting in different roles, care-giver and care-taker are both vulnerable participants in a common life experience, in the words of Harry Stack Sullivan, we are both “more human than otherwise.” By differentiating our self-care from other-care, both self and other have a chance to receive the care they deserve. How to take care of self in ways that help rather than interfere with others, is the topic area for this educational module.

Questions

- How do you understand *compulsive care-giving* (Bowlby)?
- How can *compulsive care-giving* and *compulsive self-reliance* (also Bowlby) go together in the practice of care?
- When does caring turn into compulsive or addictive behavior?

A Case Example

Colleen Lashmar, a teaching supervisor in CAPPE, has written a chapter on “Mentoring Mindfully” in supervision,² based on five “umbrella learnings” grounded in her own self-care. She finds herself supervising her students more honestly and with more passion when stressing fidelity to the following self-care disciplines:

- 1) a time for pausing and reflecting.
 - 2) a sense of who God, Holy Mystery, or Spiritual Treasure is to me now.
 - 3) a consultation process with other professionals in the field.
 - 4) a study refresher with the spiritual care and theology literature.
 - 5) a daily inclusion of physical exercise.
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For Reflection and Conversation

Is “starting with ourselves” the way to start in all areas of learning and practicing care?

The Hazards of the Caring Profession

Increasingly the evidence of the high costs of caring for the helping professional is coming out of the closet. Research studies describe the stress, job dissatisfaction, personal disillusionment, workaholism, and burnout challenges for many in the helping professions. Not just the practitioner but also his or her intimate couple and family relationships, friendships and social life are often impacted by the stress.

During the 1970’s “burnout” became the term reserved for the occupational exhaustion of helping professionals. It was defined as “a state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward” (Freudenberger, 1980, p.13). This sad narrative gets uncomfortably close to spiritual care providers. For many of them the practice of care is experienced as a calling motivated by ultimate meanings and idealism. “Burnout” is a fitting metaphor for those who carry a burning devotion to their life cause, a flame that can gradually dim and extinguish. Burnout occurs when “vision has been replaced by disillusion or even cynicism” (Grosch & Olsen, 1994, p.4). Burnout shows in physical and emotional depletion, but its roots are found in loss of spirit and hope – a depletion of soul.

Stress identified in the helping professions come from three common sources:

- i. *workplace conditions*
 - isolation
 - vagueness in job description/professional identity
 - time pressures
 - organizational/bureaucratic politics

ii. *person issues*

- physical exhaustion
- emotional depletion and reactivity
- vulnerability in self-esteem and with critical feedback
- doubts about ultimate value/efficacy of the work

iii. *practice concerns*

- conflict/control tensions at work
- difficult patients/clients (demanding, hostile, dependent)
- traumatization through contact with suffering, hopelessness, death
- lack of support, personal reciprocity and acknowledgement

Questions for Conversation

Speaking for yourself and from your own specific situation:

- How can you further expand, edit and itemize the above lists?
- How would you prioritize these lists in severity of stress?
- How would you describe the respective personal hazards?

The Stress of Omission

nonreciprocated attentiveness

While therapists may expect stress and difficulty to be part of their therapeutic relationships, they are frequently not prepared for the lack of expressed appreciation from their clients. Constant giving in a one-way relationship, without feedback or perceived success, is hard on anybody.

Grosch & Olsen. 1994, p.15.

Self Care Strategies

All too often, when mental health workers attend conferences or seminars on preventing burnout or dealing with stress, they receive simplistic formulas and advice: exercise more, develop outside interests and hobbies, balance work and play... Unfortunately, such common sense solutions usually do not work, and frequently leave people feeling more frustrated and guilty.

Grosch & Olsen. 1994, p.102.

A more realistic self-care assessment is multi-faceted with an emphasis on self-awareness, understanding our roots in the family of origin, and our present vocational motivations and frustrations. It balances the past with present, the work environment with what we bring to it in personal expectations and needs, our present sense of self and competence with the challenges/needs for further personal and professional development.

In enacting self-care three major and interdependent areas are recognized: the physical, the emotional, and the psycho-spiritual. Specific self-care tasks that have been identified include the following “ten commandments:”

- 1) Know yourself and your motivations for being a care-giver³
- 2) Understand your relational origins in family, religion and culture
- 3) Cherish and enhance your intimate and primary relationships
- 4) Participate in support group settings
- 5) Direct your career in being proactive and building options
- 6) Reflect on your practice through supervision or peer supervision
- 7) Balance work and recreation, seriousness and playfulness
- 8) Attend to your physical well-being through exercise and healthy food
- 9) Enrich life through ongoing education and cultural/social events
- 10) Deepen life through spiritual practices and theological reflection

Commonalities and Idiosyncrasies

Self-care strategies need to be tailored to each person’s unique physical, emotional, and spiritual needs and the specific demands of their particular place of practice. In a recent seminary course on “Therapeutic Relationships in Pastoral Counselling,” a final assignment was for the student to prepare a short paper on self-care: the therapeutic relationship with oneself. When papers were presented in class, there were both commonalities and the idiosyncrasies that highlight the uniqueness of each person in the particular context of his or her practice of care.

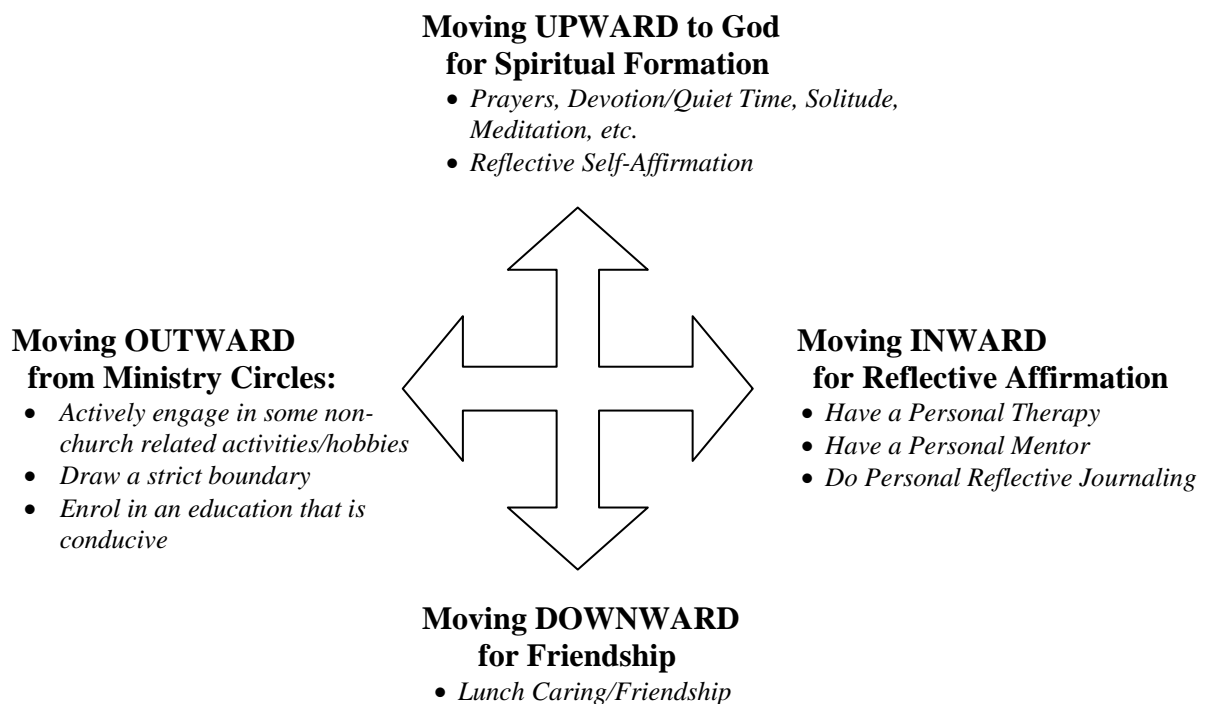
an example of person/place specific self-care

One student, a chaplain, identifies the unique place of lamentation in her self-care⁴:

- As a care provider I am not simply “a means to an end.” I am also an end. I am also to be a recipient of compassion and care, not merely a dispenser. Just as patients and clients become ill, experience deep losses, and run into roadblocks in life, so do I. Lamenting in the midst of my own pain and suffering is a way of showing this same compassion and care to myself.
 - We cannot be available to others in a responsible manner when we are not tending to ourselves in an ongoing way. We will either fall into the valley of suffering with them, losing our ability to be self-differentiated and therefore effective, or we will remain at arm’s length, unable to risk identifying with their pain in any meaningful way...
 - Related to lament for me is that of disenfranchised grief... Losing patients to death, and sometimes even to discharge often profoundly impacts me. In my first CPE unit my supervisor added an extra goal for me: “to learn to walk on the edge of the valley of the shadow of death without falling in.” Then she placed me in Oncology/Palliative to be sure I would have to work hard at it.
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Parts of a Composition

Rather than a linear process of checking off a list of tasks, a self-care strategy is perhaps best pictured as a symphony – where separate sounds harmonize into a melody. For some it may sound like a rhapsody, for others more like a ballad. Another student, in a former life an electrical engineer and presently a parish pastor, organized his self-care systemically, locating four stations of care that are arranged and connected in a balanced whole. The balance arises from movement up and down between a transcendent pole and the earthly roots in caring and supportive relationships, and a movement back and forth between the personal, inner world and the outer world beyond the walls of his practice of ministry.



note the two complementary perspectives: systemic and intrapsychic

- *Bowen's Family Systems theory on Self-Differentiation*

Self-differentiation is present when, especially at stressed times, we can sustain our sense of integrity and agency, setting appropriate boundaries to the point of saying no non-anxiously when necessary. Self-differentiation is positively related to the ability to separate thinking from feeling and to think about what we are feeling.

- *Kohut's Self Psychology theory on Selfobject functions*

Our concern to help others ties in with our own yearning for gratification and a more cohesive self. Giving and receiving love are intertwined in the practice of care but, with insight and self-care, caring is freed from the constraints of a dependency relationship.

Self-Care as a Personal Manifesto

When other-care and self-care are seen as interdependent and thus interchangeable in the practice of care, it follows that self-care requires the same kind of hard work as involved in other-care. A common feeling is that other-care is about hard work, and self-care is about taking it easy. Rather than such polar opposites, other-care and self-care demand similar tasks in practice: a work contract, an assessment, a treatment plan, homework assignments, regular evaluations and critical reviews.

The seminary class, utilized as a live research setting, included an assignment to compose a personal declaration of self-care. The self-care design went beyond a theoretical exercise by formatting it as a personal manifesto: a commitment of one's personal intent and beliefs expressed in practice. One student, a therapist, wrote:

Declaration of Self-Care

When in the course of spiritual caregiving, it becomes necessary to assume a stance of self-care in relation to self, other and God, to assume a station that entitles each human being who is created by God to stand in a differentiated state with one another, a decent respect for self and other requires me then to declare the conditions which impel me to this stance of self-differentiating self-care.

I declare from this day forth that I will...

Here follow the first five out of ten resolution and action goals:

- *Care about my visibility and my invisibility and strive for balance.*
- *Care about my humility and self-assertion, and to embrace the tension required*
- *Care about self-protection in my self-care. I will assess, warn myself of and protect myself against danger. I will concern myself with the protection of other's self-care in my caregiving.*
- *Care for self-nurturing in my self-care. I will seek to recognize, assess, set priorities among, and take care of my needs and facilitate others getting their needs met.*
- *Continually be aware of and reflect on my motivations for caregiving and ministry and help others reflect on their motivations.*

a project in waiting

- How would your own self-care manifesto come out?
- Where would be the commonalities and idiosyncrasies?
- What could be learned in sharing these personal manifestos in the peer group?

References and Resources

Related Educational Modules:

- *Self-Differentiated Caring*. I.ii
- *Relational Patterns in Caring*. I.iii
- *Theological Reflection*. I.viii

Some Key Sources:

- Boers, Arthur P. 1999. *Never Call Them Jerks: Healthy Responses to Difficult Behavior*. Alban Institute.
- Farber, B. 1983. *Stress and burnout in the human service professions*. New York: Pergamon.
- Freudenberger, H. 1980. *Burnout: the high cost of high achievement*. New York: Doubleday.
- Friedman, E. 1985. *Generation to generation*. New York: Guilford.
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- Kottler, J. 1986. *On being a therapist*. San Francisco: Jossey-Bass.
- Guy, J. 1987. *The personal life of the psychotherapist*. New York: Wiley.
- Moore, T. 1992. *Care of the soul*. New York: HarperCollins.
- Nouwen, H. 1972. *The Wounded Healer*. Garden City, NY: Doubleday.
- Sussman, M. 1992. *A Curious Calling: Unconscious motivations for practicing psychotherapy*. Northvale, NJ: Jason Aronson.
- Sussman, M. 1995. *A Perilous Calling: The Hazards of Psychotherapy Practice*. New York: Wiley

Endnotes

¹ A helpful book that integrates self care as an ethical issue is: Corey,B.,Corey Schneider M., Callanan P. 2007. *Issues and Ethics in the Helping Professions*. Belmont, CA:Brooks/Cole.

² “Mentoring Mindfully: Supervision in Spiritual and Religious Care and Therapy,” in *The Spiritual Care Giver’s Guide*. Edited by O’Connor, Lashmar & Meakes. 2008. CAPPESWONT & WLS, Waterloo, ON.

³ Michael Sussman, (1995), mentions several of his own childhood wishes that motivated him (pp.15-23):

- I hoped to be admired and idolized
- I hoped to make up for the damage I believed I had inflicted on my family as a child
- I hoped to escape my own problems by focusing on those of other people
- I hoped to meet my own dependency needs vicariously
- I believed I might become free of limitations

⁴ For background on the spiritual resource of lamentation see the module *Lamentation*, section V