Cultivating human beings, not human doings: Challenging discourses of self-care

J. Nicole Little

To what do we owe the project of human doings over human beings? Self-care has long been sanctioned as the root of Child and Youth Care (CYC) practitioner resilience. This argument is faulty in its individualistic and "doing" ways. Instead, the author proposes that we need to connect with vulnerability and love as a means to accomplish self and other-care. Critiquing contemporary discourses of self-care, the author draws on Buddhist philosophy and Radically Open Dialectical Behaviour Therapy (RO-DBT) as a means to deconstruct this.

Keywords

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As humans working with other humans, we confront realities of pain, loss, and injustice. We encounter trauma narratives that when spoken aloud can defy our trust in goodness, justice and love. It is no wonder, then, that Child and Youth Care (CYC) professionals have been exposed to ideas of burn out (see, for example, Barford & Whelton, 2010; Headley, 2001; Kruger, Botman & Goodenow, 1991; Savicki, 1993; Seti; 2008), and vicarious trauma (Salloum, Kondrat,Johnco & Olson, 2015; Sprang, Craig & Clark, 2011; and Thompson, 2014 to name a few) and warned of their insidious effects on our professional resiliency. Child and Youth Care (CYC), as it is known in North America, is a professional body that works with children, youth, families and communities in a wide variety of settings, including, but not limited to, life space intervention, early years, mental health, community development, residential care, recreation, policy development and advocacy. To ensure the aforementioned burn-out does not creep up in our diverse domains and steal our professional souls, prescriptive narratives of "self-care" are circulated as the antidote to keep workers robust, hopeful and dedicated and such practices are seen as an essential characteristic for a CYC practitioner. Indeed, I have been recruited into discourses of self-care as a CYC undergraduate and graduate student and have also purported their centrality as a CYC instructor. And yet, something about these discourses has been discomforting, which is what I intend to explore herein. Specifically, there are concurrent covert and overt messages that suggest self-care involves doing and not being; finding something and not someone or what Brach (2003) refers to as 'I-ing' and 'my-ing' (p.19). In addition to challenging the narrow and constrained choice conception of self-care, I intend to propose that self and community love is the next level of clinical and pedagogical practice and to examine some of the collective pursuits to attain this. To be clear, I am not suggesting this is only a phenomena experienced in the training of CYC practitioners as anyone who has worked in a context of helping can attest to the dominant 'pull yourself up by the bootstraps' orientation of self-improvement; whether for practitioner or client. I came to this topic of self and community love as an antidote to self-care through a serendipitous collision of events. This includes a pedagogical vignette I offer further, but was preceded by my recent training in Radically Open Dialectical Behaviour Therapy (Lynch, Hempel, & Dunkley, 2015), which is modality that has emphasised that emotional loneliness is at the heart of many contemporary challenges related to refractory depression, anxiety, obsessive personality types, Anorexia Nervosa and perfectionist personas. I attended this training with the hope of finding new ways of working with my clients who had longstanding relationships with Anorexia Nervosa and chronic anxiety and/or depression. What I left with was a mind shattering understanding of my own shadows and how they limited my authentic movement in the world and more importantly, how students were denied opportunities to be their authentic selves and, in turn, holistic helpers because self-care discourse erased potential of self-love

potential. Self- care discourses also erase two elephants in the teaching and therapy room; anxiety and shame.

The discourse of self-care

Self-care in Child and Youth Care has been defined by various practitioners and educators with variations on a theme. Freeman (2013) defines self-care as

> a core competency in our work which includes incorporating wellness practices into own lifestyle, practicing stress management, and building and using a support network (Mattingly, Stuart & VanderVen, 2010). It is also an ethical responsibility which includes self-awareness and the maintenance of our own well-being (p.25).

De Monte (2016) tells us:

> just as the word suggests, self-care is about looking after ourselves. However, if we do not know ourselves (who we are both inside and out, our needs, our priorities, etc.), and how we relate to others and the world, then taking care of ourselves proves to be difficult (p.32).

Her insistence that self-awareness must precede self-care practice is common, as indicated by my preliminary search of CYC-net (www.cyc-net.org) for 'self-care'. This resulted in 867 results as of November 2015 that appeared to use the terms 'self-care' and 'self-awareness' interchangeably at times. But for any of us who have worked with children, youth, families and communities can attest insight does not necessarily translate to positive action. Indeed, not only do we discuss professional contexts that may be more stress-ridden (and by proxy, demand more self-care) but personality is brought to bear on the likelihood of 'burning out'. In her discussion of self-care, Koroll (2009) draws on the work of Maté (2003) who

> identifies the following characteristics of the stress-prone personality: Difficulty saying No. Automatic and compulsive regard for the needs of others without considering one's own. Rigid and compulsive identification with duty, role and responsibility rather than with the true self. Habitual suppression or repression of healthy anger and assertion (p.50).

She goes on to say that

> I think there are probably many Child and Youth Care Workers and other caregivers that would have all or some of these characteristics. It could be that these are the traits that are consistently rewarded in a social service system that is constantly trying to do more with less. But with the rewards come also the consequences — illness and/or burnout (p.51).

Many of us who are practitioners, teachers, activists and/or parents might readily agree with the above statements. After all, as the saying goes, one cannot give from an empty cup. I view this idea of self-care, however, through the bifurcated lens of educator and practitioner. When you look through binoculars, for example, you actually cannot focus unless you use both lenses. And I want to be clear that I am not arguing for a binary perspective, rather one that is blended at all times. I have discussed elsewhere (Little, 2011) that practitioner and educator cannot be separated under the umbrella of CYC and still believe this. More importantly, what I have observed with this unique lens is that both my students and clients hold deep insecurity to the business of knowing, being, and doing (White, 2007) and how this translates into self-care as busy work or rather, human doings and not human beings. Brach (2003) recounts a traditional folktale:

> A man who becomes so frightened by his shadow that he tries to run away from it. He believes that if only he could leave it behind, he would then be happy. The man grows increasingly distressed as he sees that no matter how fast he runs, his shadow never once falls behind. Not about to give up, he runs faster and faster until finally he drops dead of exhaustion. If only he had stepped into the shade and sat down to rest, his shadow would have vanished (p. 53).

In my experience, I see clients, students and colleagues (and myself) all running from these shadows under the banner of self-care. And the shadows are catching up.

Running from our self-loathing shadows

I have had the privilege of teaching Child and Youth Care students for over a decade now. In this capacity, I teach both 'theory' courses that emphasize topics such as counselling theories, mental health issues and addictive behaviours. I also teach 'process' and practica courses that are focused on development of helping skills via counselling and assessment labs and community placements. Despite the counselling labs being intended to be simulated environments in which to practice their skills, students are poor thespians and inevitably, personal information is discussed even if it is 'disguised'. As a result, I gain a much deeper understanding of students through their disclosures as 'the client'. Indeed, it was a recent disclosure in a counselling lab course that prompted my desire to participate in this unfolding conversation regarding love.

Imagine:

A 30 something skilled child and youth care worker is in the 'client' chair. She brings to her 'counsellor' concerns about family roles and relationships,

particularly feeling distant and underappreciated. What unfolds is the complexity of being a wife, mother, daughter, student; all colliding under the umbrella of family 'issues'. With the skill of her 'counsellor' there is a sudden crack in the analytical and caustic façade and the tears start to flow. Emotional expression is expected in this intense lab course where students are counsellors, clients and reflecting team members each day for a week. Perhaps what none of us on the reflecting team were expecting was a deep unleashing of self-loathing and deeply rooted idea of being unlovable; or an unworthiness of receiving love. The energy saturated the room and the tears felt less cathartic and more indicative of a deep, shameful secret others might be sharing. I sat witnessing this exchange and the impact on all involved and wondered, I love this student, why does she not love herself?

What is described above would not be unusual in my class but this time, my conceptualising of it was different. Brach (2003) speaks to the suffering often witnessed in teaching and helping. Indeed,

> I have worked with many clients and students who reach a critical gateway when they finally register how much pain they are in. This juncture is very different than feeling self-pity or complaining about our lives. It is different from focusing on how many problems we have. Rather, seeing and feeling the degree of suffering we are living with reconnects us to our hearts (p. 80).

In my own experience, the 'best adjusted' or 'high achieving' or 'model minority' students are experts at masking these critical gateways because the expression of vulnerability, which we witnessed above, does not align with our ideas of competent practice. As a result, this vulnerability is vigilantly contained but inevitably this is not sustainable, resulting in what Lynch, Hempel, and Dunkley (2015) call emotional leakage which is expression of emotion out of proportion to the context and not normally tolerated in competitive post-secondary contexts. We foreclose on the potential of awakenings (Adyashanti, 2008) when self-care options are presented as tangible doing and not the pain required of reconnecting to our hearts. But this reconnection requires a tolerance of unmasking. As Adyshanti (2008) suggests, telling half-truths about experiences is a means to protect ourselves, but then creates more fear. He says:

> We cannot control somebody with whom we have been truthful. We can only control people if we tell half-truths, if we shave down what is true. When we tell the total truth, our inside is suddenly on the outside. There's nothing hidden anymore. For most human beings, being that exposed brings up incredible fear. Most people walk around thinking, 'My god, if anybody could look inside me, if anybody could see what is happening in there, what my fears are, what my doubts are, what my truths are, what I really perceive, they would be horrified' (p.65).

My experience with students has taught me that self-care needs to move beyond the doing of avoiding suffering and being in this heart reconnection. But not just our hearts but the hearts of communities, at time which is the classroom or the group therapy/skills class setting.

Many readers at this point would likely concur that dominant discourses of congruent helping is important; that is we need to self-care and self-love in order to other-care and other-love. We need only think of all the professional schools who implicitly or explicitly endorse Carl Roger's therapeutic triangle: accurate empathy, unconditional positive regard and therapist congruency. Consider phrases such as 'you can't love another until you love yourself'. Or, perhaps, 'change needs to come from within'. We may concur with these ideas; indeed, they are circulated widely in self-help books, Euro-Western counselling theories and professional development. My students and clients in immense personal pain and feelings of inadequacy defy this rule and often go the extra distance for the children, youth, families and communities they serve and/or are involved with. They are convinced that through service, their personal pain and inadequacy will be erased. But it is not, despite all the self-care we mandate. Brach (2003) reflects on this work harder phenomenon stating:

> Those who feel plagued by not being good enough are often drawn to idealistic worldviews that offer the possibility of purifying and transcending a flawed nature. This quest for perfection is based in the assumption that we must change ourselves in order to belong. We may listen longingly to the message that wholeness and goodness have always been our essence yet still feel like outsiders, uninvited guests at the feast of life (p.10).

Her suggestion of an essence may provoke deserved debate, as many critical theorists contest such a thing; and such a thing applied to gender, race, and class have certainly limited our global conversations regarding these important issues. At the same time, self-care is purported to be a gateway to our essential or authentic selves. Child and Youth Care values and ideals may be one component to why we attract wounded healers and our strength based discourse may be the promise of the purification and transcendence Brach claims some are seeking. The promise of self-care, in fact, is an idealistic worldview that is promoted in public education and counselling services, and in my experience, fails to deliver the invitation of healing welcome we seek.

I am not suggesting that we throw self-care out the pedagogical window, and agree with Reynolds (2011) who reflects:

> I believe we have an ethical responsibility to engage in enough self-care to be able to be fully present with clients, keeping their suffering at the centre, and bring hope to the work. And yet it can seem self-indulgent to

> attend to our sustainability against a backdrop of the lived exploitation and pain of clients (p.29).

I will take up Reynold's point of self-indulgence, as that is how self-care is often presented. We discuss individual care practices without acknowledging the privilege afforded with self-care practices that are stereotyped (think bubble baths - if you have running and clean water, positive affirmations - if they are mirrored in popular culture or your curriculum, the ubiquitous down time - if you are afforded such luxury between school, parenting, food security and community/cultural obligations, and if you live on the West Coast of Canada, the price of living a yoga culture). At the same time, most seasoned practitioners would see the value of self-care as a means to sustainable practice. The threat of burnout permeates our discussion of care for others. Reynolds (2011) tells us:

> Burnout sounds like we are toys with disposable batteries that are used up. As if we're not doing enough yoga or drinking enough water and these are important things, I do yoga and I drink water but self-care is not enough to offset the issues of poverty, violence, and basic dignity people struggle with. No-one advocating self-care suggests that it will create the necessary practical changes in the daily lived reality of clients (p.29).

I admire Reynold's work for her anti-individualistic and community justice approach to care. She has been instrumental in how I view praxis. Where I differ from Reynolds, however, is that these daily, lived realities are not just that of our people we work with, but in our classrooms. Whatever I teach, there is always the explicit message that curriculum is not 'out there' but in our learning community. This means that issues of poverty, violence, and basic dignity, as Reynolds states, are not foreign territories on which to exercise our skills. These issues are personal, lived experiences of the students who are concurrently learning to address them as professionals and an endless list of self-care activities will not salve the wounds. For example, when teaching a course on mental health, I am explicit that the challenges of anxiety, depression and eating disorders are not 'out there' but in here; in our classrooms, our practicum placements and our families. In fact, Carver, Ceppelli, Davidson, Caldwell, Belair, and Vloet (2015) argue that 'emerging adulthood (between ages of 16-25) is a developmental period in its own right' and that 'during this period that 75 per cent of adult mental disorders emerge' (p.16). Regardless if you deny or endorse the discourse of 'mental disorder', this poses an immense challenge to those of us who teach this demographic, often against the backdrop of campus mental health initiatives that echo self-care as more doing.

The fallacy of the self-care discourse comes from what Pearce (2010) describes as lunatic suggestions:

> Suggestions are indeed the 'mother of lunacies' in that their processes of production encourage us to forget how to describe an alternative discourse or memory - we know only a range of normalizing choices which are both highly repetitive and mutually reinforcing. The establishment of officially sanctioned memories and dominant discourses on history, politics, identities - even words themselves - already sets up, ad nauseam, a whole field as *the* start, a false start(p.903, original emphasis).

What this means is that our dominant discourse of self-care is a normalised range of constricted choices which are implicitly sanctioned. This narrow range then omits the responsibility to address the messy business of inadequacy and unworthiness I see both students and clients struggle with. At the heart of the pain we witness amongst our students and clients is not lack of self-care but shame.

Shame

hooks (2003) recognized the impact on shame on student development. She stated 'as long as educational institutions continue to serve as settings where the politics of domination in any form are perpetuated and maintained, teachers will need to confront the issue of shame' (p. 102). In North America, the topic of shame has gained contemporary attention with the works of Brown (2008, 2010). She refers to shame as a 'silent epidemic' and reflects:

> As is the case with many epidemics, it seems that we are so mired in our own struggle to take of ourselves and our families, we just don't see the connections that allow us to make sense of it and begin to address it as a large-scale problem. We can't see the enormity of it - we think it's a personal problem or self-esteem issue rather than a serious social problem (2008, p. xix).

We can see the parallel in post-secondary context where we ask to students to 'take care' of their practicum clients and families and selves without allowing the space to deconstruct shame in ways that would enhance these other-care capacities. As a result, students become mesmerised by the idea that their shame is somehow unique, internalised and insurmountable. In my teaching career, I have heard repeatedly from colleagues that 'we are the students' teachers, not their therapists'. While I agree with this statement, I am also cognisant that we are facilitating therapeutic work and therefore are not immune to the effects of shame leaking into the classroom. Brown goes on to say that:

> We spend an extraordinary amount of time and energy tackling the surface issues, which rarely results in meaningful, lasting change. When we dig past the surface, we find that shame is often what drives us to

hate our bodies, fear rejection, stop taking risks or hide the experiences and parts of our lives that we fear others might judge. This same dynamic applies to feeling attacked as a mother or feeling too stupid or uneducated to voice our opinions (p.xvii).

In the context of post-secondary contexts, this would suggest that we have several students (and colleagues) who are working at the surface. Koroll (2009) reminds us that 'the topic of self-care comes up a lot in each of our practice courses, but I usually find these discussions to be quite superficial' (p.49) and I wonder if our fear of vulnerability is a barrier. According to Brown (2008), shame is a universal experience, yet for marginalised students, taking risks in exposure of vulnerability is tantamount to academic suicide. Dotson (2011) refers to this process as testimonial quieting and testimonial smothering (p.237). The former 'occurs when an audience fails to identify a speaker as a knower' (p.242) and the latter is 'the truncating of one's own testimony in order to ensure that the testimony contains only content for which one's audience demonstrates testimonial competence' (p.244). In efforts to reconcile this, some curricula are dependent on identifying and exploring social location as a means to 'get below the waterline' (www.challengeday.org). But as we know well in therapy situations, having insight to one's history and subsequent triggers does not always translate to practices of self-acceptance or self-love. It may, instead, manifest as anxiety.

What is past the surface: An anxiety of alienation?

I suggest that our shadows, shame and unworthiness are manifesting in post-secondary contexts and practice contexts as normalised and medicalised discourses of anxiety. The discourse of anxiety is rampant and both my students and the youth I work with often use this word to describe their identities, whether officially diagnosed or not. As a therapist (and human) I am no stranger to the many incarnations of 'anxiety' and wonder, as Gural and MacKay-Chiddenton (2016) do:

> Is anxiety in children and youth a disorder or a normal response to an abnormal situation? Young people's difficulties with anxiety have become so prevalent in Western society that some clinicians and authors refer to it as 'an emerging epidemic' (Foman, 2010); being an anxious child or adolescent in what many refer to as the Age of Anxiety seems to be the norm rather than the exception (p.234).

When contemplating anxiety, my question turns more existential – is this an anxiety of alienation, structural or perceived? Cochran (2016) tells us:

> In recent years, researchers have been able to show that when our minds are not actually sleeping or actively engaged in a task or in

moment-by-moment awareness of our experience, they wander in a particular 'default mode circuit,' including midline areas of the brain associated with self-referencing and first person narration – with thinking about 'me.' Scientists have correlated being in this 'default mode' with unhappiness. But this can be an understatement. When anxiety and depression are deep, when the reptile mind is convinced that you are in danger of being shunned by the tribe, left to die, the comparisons and narratives of the default loop are truly hell (p.13).

Campuses are populated places but, in my experience as an instructor, this populated geography often amplifies a sense of not belonging; ultimately without tribe. 'Higher' education also continues to alienate students in terms of equitable access. I suggest that manifestations of anxiety are likely attempts to cover up shame and manage fear of exposure and my sense is that students can relate to this. The question is what do we do about it?

Toward a radically open pedagogy

If it is agreed that the discourses of self-care promote human doing, rather than human being, it becomes clear that a new route to embodied care must be practiced. I would argue that this practice needs to be modelled by those teaching students and in positions aimed at helping others. My first exposure to a pedagogical context where the teacher was vulnerable came from my participation in Challenge Day in a small town in the interior of British Columbia, Canada. In Challenge Day's 2016 leader recruitment, they say:

> Challenge Day is a metaphor for life. Every single part of this work has meaning and purpose. As you learn the process and begin applying it to your life, we believe you will find the lessons and insights to be life-changing. Being a Challenge Day Leader means you are in constant practice of all the lessons and principles you will be teaching at Challenge Day. If you were to lead a Challenge Day without actually taking a truthful, vulnerable look at your own life and continually striving for growth, you would be out of integrity with what you're teaching…and it would show. Challenge Day Leaders and Trainees will tell you that once you have committed to becoming a Challenge Day Leader, it is a constant unfolding and calling in of life lessons and personal truths. It's also an on-going birthing of new parts of yourself that you never before discovered. (www.challengeday.org).

Given my prior experience with Challenge Day and my own doctoral research with youth engaged in community housed social justice curricula (Little, 2010), I am perhaps biased to the concept of educator as vulnerable. At the same time, I am certain that many readers could compare the job description above of a Challenge Day leader to that of a CYC practitioner. When I completed my MA in

CYC and attended this event (roughly around the same time), I intellectually knew this. What I was perhaps unprepared for was a serendipitous training 10 years after.

In her well circulated Ted Talk, Brown (2010a) describes a moment in her research on vulnerability where she experienced what she called 'a little breakdown' and what her therapist reframed as a 'spiritual breakthrough'. Attending my training in Radically Open Dialectical Behaviour Therapy (RO-DBT), I had a parallel experience. This training completely upset my notions of what it means to be 'in control' and how my intentions for self and other care fell short on the concept of love and forgiveness. In the words of Rumi, 'I have a certain knowing. Now I want sight' (Barks, 2010, p.300). RO-DBT has a 20 plus year research record (Lynch, Hemple & Dunkley, 2015) and is directed at working with those who lean toward rigidity as a means for coping with the ups and downs of life, a population they term 'overcontrolled'. RO-DBT posits that there are three core aspects of psychological health. First, openness and receptivity; second, flexibility; and thirdly, intimacy and connection. In my experience as an educator, I see these as potentially radical experiments in a student population that often craves certainty, fears disconfirming feedback and shields vulnerability; a population indeed over-controlled in their efforts at reducing opportunities for unrehearsed exposure.

The three core RO-DBT aspects align with hooks (2003) who defined love 'as a combination of care, commitment, knowledges, responsibility, respect and trust. All these factors work interdependently' (p.131). Likewise, one cannot have intimacy and connection without openness and receptivity or flexibility without openness. These are the conditions that are required for making classrooms healing spaces where the focus is less on a list of individual accomplishments (be they academic or self-care) and more on reciprocity of vulnerable exchange. When asked 'is there a connection between teaching as a space of healing and your understanding of love?' hooks replied: 'Well, I believe whole-heartedly that the only way out of domination is love, and the only way into really being able to connect with others, and to know how to be, is to be participating in every aspect of your life as a sacrament of love, and that includes teaching' (Yancey & hooks, 2015, para 19). She further elucidates that 'when we engage love as action, you can't act without connecting. I often think of that phrase, only connect' (para 22). If we were to re-conceptualise self-care as connection, how might learning become a process of self and other-loving?

I will forgive the reader if at this point my argument smacks of privilege and utopian thought. Although love and connection are not new concepts in helping professions, they are still suspect. As Gharabaghi (2016) reflects, 'I would like to end my column this month by offering lots of love to all my friends, colleagues and readers, but I won't; I worry it might incite a global sexual orgy with considerable consequence. So I just wave to you from a distance, and care for

you in loveless ways' (p.7). Although tongue-in-cheek, his comments remind us that any conversation regarding vulnerability, connection and love raise tired responses that do not serve to deepen the conversation but rather censor it. From my vantage point, all the self-care in the book has not solved the fact that we continue to graduate students who work from an intellectual orientation to care and not an embodied one; and in my own experience I have been complacent in this.

So there is a new challenge, eloquently stated by Eagleton (2003):

> There can be no falling back on ideas of collectivity which belong to a world unravelling before our eyes. Human history is now for the most part both post-collectivist and post-individualistic; and if this feels like a vacuum, it may also present an opportunity. We need to imagine new forms of belonging, which in our kind of world are bound to multiple rather than monolithic. Some of those forms will have something of the intimacy of tribal or community relations, while others will be more abstract, mediated and indirect. There is no single ideal size of society to belong to, no Cinderella's slipper of space (p.21).

For CYC students, the slipper is the classroom, regardless of what societies overlap this space.

For me, the challenge presently and ahead lies in my commitment to incorporating RO-DBT's core concepts of psychological health as to not merely teach self and other-love, but to model it whole heartedly. Where this would behoove me to begin is within my academic community, and this is a risky prospect as Parker (1998) reminds us:

> Academics often suffer the pain of dismemberment. On the surface, this is the pain of people who thought they were joining a community of scholars but find themselves in distant, competitive, and uncaring relationships with colleagues and students. Deeper down, this pain is more spiritual than sociological: it comes from being disconnected from our own truth, from the passion that took us into teaching, from the heart that is the source of all good work (p.20-21).

Conclusion

Most of us would agree that self-care practices have seen us through the ugly moments of practice, whether that be a death of a client, a failing of a student or an existential crisis related to the work we do. Our everyday work is important and caring for practitioners is essential. What I propose, however, is that our ideas of self-care are limited in their individualistic capacity to transform our resistance to being truly vulnerable and are blocked by our parallel resistance

examining issues of anxiety and shame. While most of our work in social care, CYC, and other allied professions depend on a critical self-awareness, this awareness is often superficial and our work will not be transformed until we transgress this pedagogical blockage and consciously work toward loving –self. While this is the responsibility of all, there is special attention to the CYC educator and practitioner modelling risk and vulnerability in this respect. If we are to move forward in a movement of love, let us embrace vulnerability as instructors and practitioners.

About the author

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