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Professional Flourishing: Re-visioning Self-Care Using Imago Dei

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Although self-care is not a foreign idea to most social workers, it can be a foreign practice. To examine why this may be so, I suggest that social workers who are Christian can re-vision self-care by looking first at their own identity development. A prominent care-giving identity has been linked with difficulty asking for help with personal challenges. Developing a less salient care-giving identity may help social workers flourish. Self concept can be shifted by using Imago Dei, the idea that people have worth and value irrespective of their utility and function because of God’s intent and action. Social workers who are Christian may have unique challenges and opportunities for a revised vision of self-care and this manuscript is an attempt to move discourse about self-care to a different place—to the thoughts and motives that guide behavior.

How and why do some people develop a satisfying and sustainable social work career and have resilient coping responses, while for others social work becomes burdensome and overwhelming, leading to vicarious trauma, distress, burnout, and even impaired practice? For social workers who are Christian, their understanding of their relationship with God may help them develop a healthy work life balance, and others may experience almost compulsive urges to keep giving even when they are depleted. Social workers have other factors that impact their work experiences based on years in practice, quality of supervision, maturity, diverse workplace, work environment,
available resources, funding, leadership styles, organizational culture, practice setting, client population, caseload size, and the list could continue. All of these factors affect people’s experiences with their career, but some of these factors are not very malleable, and individual workers have varying levels of control over them.

Professional flourishing happens at the intersection of being satisfied with one’s job, having a sense of effectiveness at work, and having a healthy balance between work and life. Self-care undergirds professional flourishing. Self-care, although not widely discussed, is not new to the literature. Collins (2005) suggested spiritual practices to enhance self-care such as finding silence, keeping the Sabbath, and being grateful. Much of the discussion of self-care happens in organizations and in-service training, and the focus is on healthy behaviors like exercise, eating in moderation, and getting appropriate sleep. These ideas are common knowledge to social workers, but in my opinion are sometimes not practiced very well.

It is critical to examine the thoughts and motives that guide identity rather than focusing only on the behaviors of self-care or urging social workers to simply try a little harder. A shift at this level may in fact be the place where permanent change originates. Role identity theory and social identity theory make explicit the process of how social workers develop their identity. Making this process more explicit gives social workers an opportunity to reflect on their practice, uncover things over which they have some control, and make appropriate changes, so their practice may be more sustainable. This is also important for social work educators and administrators to consider because it has implications for curricula, class discussions, and organizational policies and practices.

Identity Development

Professional identity guides behavior in relation to clients, colleagues, community leaders, supervisors, and supervisees. Examples of its influence in the workplace could include decisions such as when to say “yes” or “no,” when to set boundaries, when to take sick days and vacation time, how many hours to work per week, and how to care for one’s self. Core beliefs about important occupational matters stem from our personal identity and its correlate self-concept—how one sees one’s self compared to relevant others (Ng & Feldman, 2008). Self-concept is complex and is influenced by personality, peers, parents, church,
community, education, the media, and social interactions with others (McCall & Simmons, 1978).

Self-concept is created by multiple social roles ranked by subjective importance based on perceived appearance to self and others, and these roles guide behavior (Burke & Tully, 1977; Siebert & Siebert, 2007). Role identity theory and social identity theory are two related theories that clarify the identity development process. Role identity theorists explore the components of self and differentiate them by “roles” and the salience of each role in the construction of self-concept (Hogg, Terry, & White, 1995). Social identity theory provides additional clarity regarding professional identity by exploring the group differentiation process in which helping professionals may conceptualize themselves differently from relevant others, such as clients, as they form a professional identity (Chu & Dwyer, 2002; Ng & Feldman, 2008).

Two sub components of social identity theory explain this differentiation process. Self categorization is when professionals identify themselves with other professionals (their in-group) and make a differentiation between self and others (clients/non-professionals). Self-concept is further enhanced through social comparison, which assumes that people need to see themselves positively in relation to important comparison groups (e.g., clients) (Charng, Piliavin, & Callero, 1988; Grube & Piliavin, 2000). Social workers may focus only on those positive elements of their “role identity,” such as competence and capacity to offer help, and minimize problems that are associated with clients, such as being depressed that is not associated with their role.

Darcy Siebert advanced identity theory by including social workers who have a “care-giving” role identity. Using an anonymous survey, she randomly sampled 1000 practicing NASW members in North Carolina. Over 800 social workers responded and 751 returned usable surveys. In the research package a new measure to capture the salience of a care-giving identity was included. A care-giving identity is characterized by someone feeling an obligation to help friends and family with their problems and having difficulty saying “no” to the requests or demands of others. The two dimensional “caregiver role identity scale” captures the salience of this kind of role identity (Siebert & Siebert, 2005) by measuring self-perception of care-giving and perceptions of others’ expectations in relation to care-giving. The scale was used to examine relationships between a salient care-giving role identity and personal and professional challenges (Siebert & Siebert, 2007).
A positive relationship between a salient care-giving role identity was found with depression, alcohol misuse, and difficulty asking for help (Siebert, 2005). Pooler (2008) used the caregiver role identity scale with social workers and found that close to half of the sample had a salient care-giving role identity and that there was a positive association with distress. Siebert and Siebert (2005, 2007) used “role identity theory” to explain how a salient care-giving role identity creates vulnerability to professional impairment and found that a strong care-giving role identity is not congruent with appropriate help-seeking, and social workers with this kind of identity may have difficulty with self-care.

A care-giving role identity develops as one responds to the expectations of family, friends, colleagues, and clients. When relevant others associate a social worker with giving care and helping people, the care-giving role will be more likely to merge with the social worker’s self-concept (Finkelstein & Brannick, 2007). As the role of care-giving and self concept fuse, future actions are chosen that reinforce actions of care-giving as the social worker behaves consistently with the identity. There is little external validation from clients to set limits or boundaries with them or to say “no” to requests; in fact, clients may reinforce the opposite—offering praise for going above and beyond their expectations. There may be little internal validation to appropriately limit oneself, especially when a care-giving identity is prominent.

Role identity theory explains how the most prominent identity develops through the role in which someone functions most frequently and how that role is idealized (Hogg, Terry, & White, 1995). For social workers, the care-giving role is often idealized; the result may be internal expectations of behavior that are not consistently attainable in life. When social workers have difficulties, such as addictions, mental health problems, relationship problems, or dysfunctional behaviors which create distress, those are incongruent with their idealized care-giving role. In order to appear more competent (congruent with their idealized roles and less like clients) social workers could not only deny the existence of those problems, they may engage in behaviors that bolster and enhance the care-giving identity (Hogg, Terry, & White, 1995; Siebert & Siebert, 2005, 2007). Social workers may actually work longer, see more clients, or give until they are depleted, which can exacerbate problems that are already present. Research suggests that between 40% and 60% of social workers have salient care-giving role identities and that a salient care-giving role identity has been linked with poor workforce outcomes.
such as distress, alcohol misuse, depression, and difficulty asking for help with such problems (Pooler, 2008; Siebert & Siebert, 2007). This leads to the question, “How can one's self-concept be modified so that a care-giving identity is less salient?”

**Imago Dei and Identity Development**

Social workers who are Christian may have challenges and opportunities leading to different outcomes regarding job satisfaction and personal challenges. Literature to date has not explored the identity development of social workers who are Christian, and I have not found research which explores how a social work professional identity is influenced by Christian beliefs and practices.

Faith is an important aspect of the developing identity of Christian social workers, and I cannot cover the full range of ways that faith informs identity development. Therefore, I offer one aspect of identity development that can be explored in the rest of the paper. I want to suggest that social workers who are Christian have an opportunity to reflect on and use *Imago Dei*, the notion that people are created in the image of God, to enhance or modify their identity.

Christians refer to Genesis 1:26-27 as the primary source for this concept which says, “Let us make man in our image, in our likeness... so God created man in his own image, in the image of God he created him; male and female he created them (NIV).” It is often used to delineate the distinctiveness of persons in God’s created order (Capper, 1985). There is considerable theological debate and lack of consensus about how God's image is expressed through people (Capper, 1985; Ruston, 2004). There is more agreement about one aspect of *Imago Dei*, namely, that because human beings are created by God, they have inherent dignity irrespective of utility or function (Sands, 2010). Hodge and Wolfer (2008) use this practical dimension of *Imago Dei* to support the imperative for social workers to value clients deeply. I use this aspect of *Imago Dei* as an imperative to value ourselves, not just as caregivers, but as people. The notion that social workers have inherent value as persons, not because of the role in which they function is most useful for this discussion of identity development and may be a lynchpin to having a less salient care-giving identity.

Before going further, I want to make a distinction between identity and function, which should clarify where knowledge of our inherent value can
be applied. Social workers are trained to care for others by using scientific evidence and professional skills to intervene on behalf of vulnerable and underserved populations at micro-, mezzo- and macro-system levels. Social workers function as helpers or caregivers in a professional sense, so giving care to others is obviously not the concern—it is the strong identity or sense of self as caregiver that leads to poor outcomes like alcohol misuse, depression, and difficulty asking for help with those problems.

People who develop an identity around giving care may use their work and the outcomes of their work to provide a sense of self or self-esteem. They may also help family and friends in the same way they help clients—care-giving becomes a way of life. Their most salient identity is fused with role—“I am what I do professionally and personally”—a caregiver. Social workers rarely have opportunities to step out of role. Family, friends, and acquaintances know when someone is a social worker. If social workers are going to have other salient roles that shape their identity it will have to be at the level of their own self-concept and shaped internally. People who have less salient care-giving identities have other roles that are more prominent in their self-concept. There are multiple ways that self-concept can be constructed and other significant roles that can be arranged, such as husband, wife, daughter, sister, pianist, poet, or tri-athlete. For the social worker who is a Christian, being a child of God is a role which can be incorporated into self-concept. When using the term “child of God,” I am referring to the theological and practical implications of what it means to be made in the image of God—acknowledging inherent value irrespective of their role as a social worker.

The irony is that being a healthy social worker may be linked to an identity that goes beyond a professional social work identity. Healthy and balanced social workers may, in fact, arrange the care-giving role lower in the hierarchy of importance. One positive consequence of a less salient care-giving role and a more prominent “child of God” role is freedom to learn to “be with” God and enjoy “being” a child of God, instead of having to “do something” or “help someone” to be valuable. This may mean learning to enjoy a relationship with oneself. It involves focusing on one's intrinsic worth and value, and realizing that worth is not based only on external valuation by clients, family or friends. A social worker who is learning to use Imago Dei may not necessarily look different than any other social worker, but there will be internal validation of oneself as a child of God, rather than looking for the social work role as the point of validation.
Self-care behavior may flow more naturally for people who value themselves first as children of God. Their theological identity as children of God would trump their social work identity. Social workers using *Imago Dei* may give themselves more permission to care for self. Also using *Imago Dei* could empower a social worker to know that calling to social work or to a life of service does not exclude self-care and times of pulling back to refresh and gain perspective.

A practical consequence of meditating on the implications of *Imago Dei* and allowing it to influence behavior and thinking is that what I “do” for a living becomes less important. There is not as much at stake in my identity if I am “successful” at work or not, or if clients get better or fail. I am not suggesting that social workers care less about competent and ethical practice; in fact, they ought to care more. It is that social workers do not have to give care to be of significance, and clients can fail without the social worker’s self-worth being adversely affected. Social workers can have boundaries, say “no,” care for themselves, and develop other interests outside of work.

Motivation to be helpful or function in a professional role is much clearer if my identity as a person of worth is rooted in my understanding of *Imago Dei*; I am less likely to be driven by a hidden agenda or strings attached to client outcomes or expectations. It is clearer that I am being helpful to a client because it is my job and I care about the client’s well-being, rather than being driven to have a positive outcome with a client so I can feel better about myself. Our core beliefs regarding identity often motivate us and guide our behavior. Using *Imago Dei* allows social workers to work from a place of internal validation and affirmation and a place of “being” instead of having to rely on “doing” social work for validation. Therefore, when good experiences and positive consequences arise from the work we do, they can be enjoyed in the moment and not misused to provide us with a sense of self, where we continually require good outcomes for our own sake. When social workers demand successes in order to feel okay, we may be blinded to clinical realities of clients and not pay attention to areas of client functioning that need to be addressed. We may also be blinded with regard to our personal challenges.

**Influence of the Faith Community**

Many experiences in faith communities enhance *Imago Dei* and encourage clear healthy motivations for working with others. Many
churches value service when it comes from mature spirituality and support healthy relationships and appropriate boundary setting. Developing a healthy professional identity requires a high level of self awareness and critical analysis of the “thoughts and intentions of the heart” (Hebrews 4:12).

Sadly, some faith communities can exacerbate the care-giving identity in the same way that clients might (e.g. offering praise for giving more and more of self, regardless of the consequences). Pastors and leaders in churches encourage people to serve. Churches can inadvertently deplete a person whose self-esteem and value are derived from external affirmation and giving help to others, especially if there is not a great deal of attention given to self-care in the congregation. Churches socialize people to give “selflessly,” which may be interpreted by people with a prominent care-giving identity as giving until one is depleted. Considering others as better than ourselves (Philippians 2:3) often is lived out as neglecting self at the expense of giving to others. People who give until it hurts are sometimes reinforced as being “great servants,” instead of people who might not be well or who lack boundaries.

In regard to the church, social workers who are Christian could either be more vulnerable to developing a care-giving identity with its consequent negative outcomes, or have additional tools and strengths from which to form a healthy professional identity depending on their experiences. Social workers who are Christian will have to sort through the helpful and hurtful influences faith communities have had on their development, their choice to be in social work, and how well they care for themselves.

In the following section I provide a case vignette that illustrates how someone can use *Imago Dei* to modify their self-concept and enhance self-care. This vignette shows a change process that might be ideal, but I acknowledge that life is often far more messy and complex.

**Case Vignette**

Julie, age 25, finished her MSW a little over a year ago and is working as a case manager in a community mental health center. Her clients have severe and persistent mental health problems requiring high levels of monitoring and support to remain in the community and out of the hospital. Julie spends a lot of time with clients in their homes, ensuring that her clients have the supports they need. Instead
of finding joy in her work, Julie finds herself perplexed and distressed about the people on her caseload, specifically she obsessively thinks about her client Fran.

When Julie started working with Fran they really connected. Fran was a needy and fragile 36-year-old woman with bi-polar disorder and she was in and out of relationships with what Julie called “questionable” men. Fran was very friendly and open and at first Julie felt good about her work with Fran, but that started to change. Seven months ago when Fran came in with a scratch on her neck and a bruise around her eye, Julie was immediately concerned about intimate partner abuse. Over the past seven months Julie and Fran have had multiple conversations about domestic violence, staying safe, and about setting boundaries with Miguel, the man in her life who continues to abuse her. Julie has literally spent hours with Fran in the office and in her home providing support and counseling, even working past the end of the work day. Julie is worn out.

The same pattern happens every time: Fran seems to have some real insight about her own life, her low self-esteem, and is fully aware that Miguel is not a healthy person. At every session, Fran tells Julie that she has plans to let Miguel know that she doesn’t want him in her life. But they continue to stay together, and at least once a month Fran is injured by Miguel in some way, and today the ER social worker calls Julie and says Fran is in the ICU in a coma. Julie is angry and feels betrayed.

This crisis with Fran creates a personal crisis for Julie. For at least two days Julie has trouble working, has times of self-loathing, and feels responsible for Fran. Julie is struggling with her effectiveness as a social worker and feels depressed. As a Christian, Julie has been praying all along for Fran, but now Julie’s spiritual world just doesn’t make sense to her. Julie thinks, “how come I can’t help her, what is wrong with me?” Julie realizes that the kind of emotional investment she is making in her work is not sustainable; at age 25 she is already feeling somewhat burned out.

This pain motivates Julie to do some hard work and make some changes. As she reflects, Julie realizes that she often works more than 40 hours per week, and takes work home and thinks about her clients while not at work. Since earning her MSW fifteen months ago, Julie has been increasingly consumed and swallowed up by her work and her spiritual life and social life have suffered.

Julie’s first change is getting more honest with her clinical supervisor about what has been going on with her. She also seeks out a few safe women at church in a support group where she can talk openly.
Through this process Julie confronts some ideas she has embraced that need to change. Julie faces the fact that she went into social work because she believed helping others would help her feel better about herself. Julie gets honest about her own gnawing emptiness and her own low self-esteem. Her support group helps her see that she has been misusing her work to give her a sense of being okay. Julie had always been a doer—helping others almost constantly. In her support group she allows the women around her to love her as Julie, not as Julie the social worker. For the first time Julie admits she needs care and support from healthy people in her life. Julie is starting to take off her hat of “social worker” that she wears all the time and lets go of being responsible for others. She embraces the idea that she is loved, valued and cherished by her heavenly Father, simply because she is Julie and she is His daughter. Julie is using *Imago Dei* with the help of her faith community to change her self-concept.

These changes in her self-concept and identity show up in tangible ways in her personal and professional life. After four months, Julie works 40 hours a week most weeks. She can say no much more easily and is not perplexed when clients do not accept her help or when clients make bad choices. She is able to set boundaries with clients more easily and help them understand realistically what she can and cannot do for them. Julie is at peace and is learning to carry her weather inside—she is less swayed by what is happening at work and with her clients. She can affirm herself and not look for other people to validate her. Julie is more effective with clients and is satisfied with her job. A bad day at work has less overall meaning in her life.

Julie's personal life is robust. She is taking a cooking class, spending more time with friends in her support group, and has started exercising more. Her relationship with God is good. She is free to fail, to make mistakes, and she allows herself to be human and teachable. One month after Fran was admitted to the hospital, she died. Although she struggled at first, Julie is no longer consumed with thoughts of Fran, nor does she feel responsible for Fran's death.

Julie changed some personal and professional behaviors, but the fundamental change happened in her self-concept. Her very identity changed. Instead of compulsively helping others to fill a void in her life, Julie is free. She knows that she is loved and valued simply because she belongs to God. Work is now work, and her personal life has much more meaning. Julie's identity as a person who has intrinsic value trumps...
her social work identity. This allows her to embrace her calling and her passion even more. She takes care of herself, and has more to offer clients and colleagues. Julie is starting to flourish.

**Conclusion**

Social workers like Julie function in settings and organizations that may be challenging because of scarce resources and the needs of marginalized people. These dynamics create vulnerability to distress (Pooler, 2008). Balance, health, integrity, and self-care are important. The concept of *Imago Dei* can provide a starting point for social workers who are Christian to re-vision self-care and explore the resources that come from their faith and their communities of faith that impact their personal and professional lives. Social workers who are Christian can discuss what empowers them to have a balanced life where self-care is valued.

Support groups, life groups, 12-step groups, and deep friendships are places where relationships are enhanced and identity can grow and change. These are the places where the notion of self-care can change from the inside out. Healthy relationships are the touchstones of identity change and where people can be safe and honest. Relational resources like social support and mutual aid flow from such dyads and groups and can often be found in faith communities.

Role identity theory explains how roles are prioritized in a social worker’s self concept. I suggest that an intentional focus on our intrinsic value can be a salient part of our social worker identity that may moderate the need to use that role as a form of affirmation of one’s identity. This may free up energy and attention at work and in a social worker’s personal life to attend to meaningful dimensions of the life/work balance. Future research could explore the relationship between a care-giving identity and Christian social workers and differences with other samples of social workers could be established. In addition, social workers who are Christian can explore identity development further. Social workers who are Christian may have unique ways of looking at self-care that are valuable to the profession at large. Let’s keep talking.


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