

Decolonising Self-Care in Social Work from an Afro-Brazilian Perspective: The Self-Intertwined with Collective Care

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Abstract

The article questions the current conceptualisation and usefulness of *self-care* as a universal concept in social work practice and education. The authors consider the epistemological, cultural and ideological assumptions informing self-care practice. The current view of self-care is exceptionally Western in essence, and it carries with it, neoliberal tendencies. That is, the concept is overly centred on the individual, and tends to remove the responsibility for solutions from the public to the private sphere, encouraging professionals to bear the onus for their personal and professional wellbeing. In addition, the concept assumes social workers can, and ought to, disconnect from others to protect themselves from professional stresses and burnout. We argue that the conceptualisation of self-care lacks epistemological diversity. Social workers (consciously or unconsciously) risk perpetuating colonisation by ignoring this lack. The authors call for a re-conceptualisation of self-care. The starting point in this journey is the interrogation of what is, or could be, an Afro-Brazilian perspective on *self* and *self-care*. Our contribution is in sharing these worldviews and knowledge systems. They assist a broader conceptualisation of self-care in social work, reflecting people's lived realities in collective, non-anthropocentric communities around the world.

Keywords: *Self-care; Collective care; Decolonisation; Social work; Afro-Brazilian*

Background

There is an increasing emphasis on *self-care* in today's social work education and practice. Self-care is not only the norm but also considered a 'must-do' ritual for a sustainable career. In this professional context, self-care requires the individual worker to become aware of their stress and stressors and establish strategies and coping techniques to avoid them (Ogasawara et al., 2013). The goal is to prevent burnout and promote good health, mental wellbeing, and resilience (Bressi & Vaden, 2017; Lee & Miller, 2013). Social workers are responsible for developing self-care strategies to enhance their own personal, emotional, environmental, financial, intellectual, occupational, physical, and spiritual wellness (Willis & Molina, 2018). Self-care is about making the *self* a priority. While a universal definition of self-care is absent in the social work literature, there is some consensus that self-care is largely a professional responsibility of the individual worker, and to a lesser extent, the responsibility of the workplace (Lee & Miller, 2013). Social work students, practitioners, and educators have been taught to take responsibility for establishing their self-care plans. Some social work scholars have developed self-care practice scales (SCPS) outlining examples of social workers' self-care (Lee et al., 2019). Some suggested self-care strategies include mindfulness, setting boundaries in practice, taking vacations, laughing, and saying "no" when appropriate (Lee et al., 2019). In a handbook for social work students and new graduates in Australia, the Australian Association of Social Workers–South Australian Branch (AASW–SA) includes a self-care assessment form and a checklist encouraging each social worker to assess their physical, psychological, emotional, spiritual, relationship, and workplace self-care (Australian Association of Social Workers, 2014). Some activities suggested for self-care include eating regularly and healthily, massages, meditation, self-reflection, taking breaks, and setting limits with clients and colleagues, among others. While the Association acknowledges that the checklist is not exhaustive and allows the inclusion of alternative actions under the term *other*, these potential 'other' inclusions are certainly not core to our social work lexicon or thinking. When such ideas are not explicitly mentioned, alternative measures that move beyond the individualistic, anthropocentric responses to self-care will continue to be marginal, regarded as mere exceptions – not the norm.

We have structured this article by first discussing our experiences and concerns with the current conceptualisation of self-care. Charlotte is an Indigenous African tracing her ancestry from the Banyankore/Bakiiga/Bahoro tribe in Western Uganda. Iris was born in Brazil from an Afro-Portuguese-Indigenous heritage. We offer an African and an Afro-Brazilian perspective from which we can more broadly define self-care. We conclude the article by discussing social work education and practice implications.

Our experiences and concerns with the current conceptualisation of self-care

Our concerns with the current conceptualisation of self-care in social work stem from our experiences as social work educators, teaching both domestic and international cohorts of students in Australian institutions. Teaching such a diverse group of people is an honour and privilege. However, with the pleasure and associated professional and personal rewards come the complexities of assisting students to navigate the diverse worldviews, epistemological and cultural, and ideological assumptions reflected in the classroom.

To further complicate this scenario, educators born and raised in the global south may also find it challenging to relay self-care concepts and ideas that are, not only foreign to them, but also conflict with their own idea of selfhood. The dilemma for some educators from the southern hemisphere also resides in the issue that the classroom textbooks and narratives do not and cannot fit in with their selfhood reality.

Given the influence of Western modernity in social work history, self-care is predominantly individualistic in focus, which sharply contrasts with a more collective view of our [authors'] lived experiences of care. At times, these discrepancies surface in the classroom. For instance, international students, at times, speak of being challenged and questioned when bringing to the discussion room another perspective of what constitutes self-care. Based on the authors' anecdotal evidence gathered from conversations with our students in the classrooms as well as outside, in informal settings like corridors or on our way home on public transport, students, particularly from non-Western backgrounds, talked about their difficulties understanding what otherwise seemed to be a simple concept of self-care. In such situations, given the language diversity in the classroom, one can easily interpret the apparent misunderstanding as a deficit of English language proficiency. However, in reality, these students understood the question of what self-care is, but could not relate to the cultural information embedded in the concept (customs, rituals, rules, etc.) and the epistemic assumptions. The miscommunication happened outside the language domain. Students shared examples with us showing that, when the underlying assumptions built into the self-care concept were not explored, the communication becomes twisted, and learning is impeded. For example, a teacher who understands self-care as an individual activity may not understand a student's reply if the answers include more collective, relational activities such as spending time with extended family, engaging in community groups, etc. In these situations, the teacher considers the question not answered and can ask again, "But what do you do for yourself? Are there activities you do as an individual to spend time caring for yourself?" Educators and students whose life realities and experiences differ from the Western world are at risk of becoming further disconnected or alienated from these discussions. In this case, two distinct paradigms are in operation. One that sees the self/individual as an entity in itself ("I think therefore I am"), and another that embraces the "I am because we are". One view separates the individual from family and community. Another is where interconnection and interdependency are the norm to the extent that one cannot talk of an individual without thinking about others surrounding them (these ideas are explored later in the article).

Another concern with the conceptualisation of self-care is the assumption that the personal and the professional self are separate entities or that these two facets can easily be separated from one another. As Muslim social worker Yassine (2020) stated, "the common term for self-care often encourages individual forms of caring for oneself, and also a disconnection from the people we work for" (p. 96). Social workers have been questioned when they have allowed their need to care for others to take precedence over the need for self-care, concentrating on their clients more than they do on themselves (Smullens, 2015). The concern is with the personal self, which means the self that exists outside of the workplace, being compromised (Bressi & Vaden, 2017).

The individual self has not been protected from the professional self and vice versa, creating disequilibrium between the personal and professional realms (Bressi & Vaden, 2017). Here the assumption is that the social worker is separate or disconnected from the clients they are caring for. The question we pose here is: what happens to those social workers whose fight for their clients is also their struggle? What happens to those social workers for whom the separation of personal and professional is nothing more than an artificial construction?

Attempts to introduce a clear separation violate and perpetuate injustices. Struggles against racism, discrimination, colonialism, and dispossession are both a personal, professional and communal fight. The literature highlighting the lived experience of Indigenous people worldwide shows that epistemicide is one of the legacies of Western colonisation – the destruction of Indigenous traditions and collective memories is well documented (Morseu-Diop, 2017; Ottmann, 2009; Tascon & Ife, 2020; Tusasiirwe, 2022). In her narrative about the justice system, Morseu-Diop illustrates how the personal, professional and political are intertwined. As an Indigenous social worker, Morse-Diop lives and continues to resist oppression. Indigenous social workers and social workers from the global south, when teaching, bring with them their lived experience of colonisation, dispossession, racism, inequality, oppression, rendering it virtually impossible to separate the personal from the professional. The professional is also personal and more importantly, it is political. Tascon (2020) when commenting about knowledge and knowledge creation remind us that, in some cultures, such as Latin American cultures, people are encouraged to see themselves in relation to others – extended family and community are the reference point.

Other cultures, such as mine, of Latin origin, discourage individuals from seeing themselves as able to achieve anything without a reference to many others, with family usually the endpoint, but family in a much wider sense than mum, dad and siblings, rather to anyone who shares my surnames (we carry two surnames – father’s and mother’s – to announce our familial and communal relations to strangers). (p. 52)

As a result, for some social work professionals, statistics related to key issues in this profession (asylum seekers, refugees, lost at sea, blacks in custody, domestic violence, poverty, crime, etc.) remind them of their own lives, the prejudices, injustices, and disrespect to own life and experiences of their families and communities. In some instances, while some have the privilege of “switching off” after work, for a number of social work professionals, especially Indigenous and global south peoples, this is an unattainable option.

In such contexts, individualism or selfhood must connect to collectivism and holism. Green and Bennett (2018) clearly alert social workers about key concepts for Indigenous Australians: “Everything, everyone, is relational; no one individual person, animal, plant or entity is a single being. All are connected and all have a role to play in Wirrimbirra Ngurambanggu” (p. 53), where ‘Wirrimbirra Ngurambanggu translates as “caring for Country.” However, it is more than just land care; caring for Country is about caring for all living things, including people (p. 54). That is, a self-care concept that does not include others makes little or no sense at all.

Yassine (2020), when sharing related experiences in social work practice, talks about how “*self-care* often occurs *with* the people that we work for, because we are ourselves suffering the racialized oppression on some level” (p. 96). For some of these social workers, helping and caring is their way of life, as their self is intertwined with the self of their clients. The myth of rigid boundaries between personal and professional self or separation from clients has been elaborated on by migrant social worker Ann Joselynn Baltra-Ulloa, a Chilean Mapuche woman working with people of refugee background in Australia. “We eat with ‘clients’, visit one another at home, look after one another’s children, nurse one another through illness, and learn from each other ... in essence we are in each other’s lives ... interconnected by our human need to give and receive help” (Baltra-Ulloa, 2013, p. 88). She looked at social work as a way of life, and during her social work training in Australia she continued to question and challenge the advice that an emotional distance from clients ought to be a must, and collective care for collective issues highly discouraged. She has found the job of being a social worker who keeps rigid boundaries contradictory, uncomfortable, burdensome, and colonial.

The hidden and taken-for-granted assumption that a professional social worker exists and thinks as an individual being, within the “I think, therefore I am” worldview is real. While authors like Lee et al. (2019) acknowledge that their findings regarding self-care practices were based on views of predominantly white social workers, there has not been enough exploration of non-Western social workers’ views of what constitutes care for oneself. Information in this area is scanty and does not incorporate the views of collectivist ontologies. Conceptualising self-care from collectivist perspective could also challenge the Western anthropocentric perspective of self-care which itself is not universal. “Social work, in its white manifestations, has been almost exclusively concerned with *human* welfare. The welfare of animals, plants and indeed all of what we call ‘nature’ has been of little interest” (Ife, 2020, p. 37). Social work and self-care from an Indigenous or Afrocentric perspective could bring alternative insights into the interdependence of humans with other species and the earth.

In the next sections, we want to share an Afro-Brazilian conceptualisation of self (and therefore self-care). We have engaged in several informal discussions about who is *self* to us. We have sought to answer how we define self and what cultural and epistemological assumptions and systems inform our definitions. We ask each social worker to engage in that interrogation of how they define self and what knowledge and cultural assumptions inform their conceptualisation. Here we share how our philosophies, knowledge systems guide us in defining the self and self-care as intertwined with the collective.

(ST) Self-care as collective care: Ubuntu/Obuntu philosophies – “I am we, therefore I am because we are, we are because I am”

In most African communities, the Ubuntu/Obuntu worldview comprises the window through which we view and understand self, reality, and our being. This world view “expresses an ontology that addresses relations among people, relations with the living and the nonliving, and a spiritual existence that promotes love and harmony among peoples and communities” (Chilisa, 2012, p. 109). According to Ubuntu/Obuntu, people exist-in-relation to others and the environment.

There is interconnection and interdependence, an individual is because others in the community and the environment are (Mugumbate & Nyanguru, 2013). This means that an individual's wellbeing is interconnected with the wellbeing of others in the community and the environment. This is different from the "I think, therefore I am" world view common in most Euro-western societies which espouses a concept of self that is individually defined. In collective communities, "the I does not overshadow the community and nor does the community overshadow the I" (Chilisa, 2012, p. 109). What the "I am because we are" principle means in the context of self-care is that the care of self is intertwined and interconnected with the care for others. It is therefore impossible to talk about the care of the self without talking about collective care since the self or individual is interrelated with the collective. Therefore, self-care practices for social workers are practices that care for others, the community, and the environment. In Ubuntu/Obuntu, the individual has a dual responsibility, to their wellbeing and that of their community.

There are examples of how such self-care intertwined with collective care is being practiced in communities in Uganda. Older women in Uganda are part of community groups for whom caring for self through caring for others is a way of life (Tusasiirwe, 2019, 2020). Through communal mutual helping groups like *Bataka* (local community) groups, women are collectively caring for self and others. *Bataka* groups are composed of all members in a given community. These members understand that their humanity is intertwined with the humanity of other members of the community. Guided by Ubuntu/Obuntu principles of working in solidarity, reciprocity, and consensus decision making, community members support each other when there is a loss of a significant other in the community (Tusasiirwe, 2020). When a community member loses someone, the other members come together in the home of that community member, they contribute food, money, labour, and psychological support. Every community member refrains from doing individual work for the first three days after loss and this time is dedicated to being there, caring for this community member who has lost a significant other. The women sit with, cry with, and comfort fellow women while also men do the same for a male community member. A loss to the individual is a loss to the whole community. The responsibility to care and be hospitable to the mourners falls on all the community members, a task they do wholeheartedly with love.

For a community member and a social worker working with such a community, self-care means being there for this person who has lost a dear one. Being there for the family and community means physical presence but also psychological presence. It means physically being with the family, mourning with them and even helping with the practical work of cooking food, serving the food. Being psychologically present includes being part of the mourners, this may include shared tears with the community members who have lost a dear one.

These expectations of social workers being emotionally and physically present are not confined to Ugandans in Uganda or even for some Ugandans in Australia, but there are linkages with expectations from some Muslim social workers in Australia. Yassine Lobna boldly shares how she summons her Islamic understanding of grief and loss as opposed to Eurocentric ideas when she is working with Muslim young people and their families in Australia (Yassine, 2020).

She narrates her defiance from the restrictive professional care to humane care that involves shared memories, healing, and shared tears with heartbroken families she works with. Shared tears as care are far from the professional requirements of keeping an emotional distance that Baltra-Ulloa (2013) also found burdensome. As Yassine (2020) argued, working in the so-called rigid boundaries is a white-western cultural way of being and showing care. “Describing white ways of working as ‘professional’ positions maintains white as rational and objective and maintains white privilege and authority over knowledge” (Yassine, 2020, p. 94).

Ubuntu/Obuntu philosophies also help us conceptualise *self-care as care for the environment* because the self is interconnected with the environment. We are unified with the environment, particularly through the totems that each clan has. Each clan has its own totem which can be an animal, bird, plant, among others. Each member of the clan has the responsibility to care for, protect and preserve the animals, plants, birds for the good of the community and the environment, reinforcing the interdependence between the environment and humans. Self-care without care for the totem is insufficient. Caring for self and totems is the way the environment has been protected and cared for and native species preserved. Taking an example of myself as a *Munyankore* woman from *Abasingo* clan, my totem is *ente ngobe* (cow with black stripes from head to tail) and the friendly or symbolic bird I am supposed to care for is *enyawawa* (ibis). The cow and the ibis represent my identity and therefore to self-care means caring for these animals and birds, too. When I see an ibis, I see myself. I cannot eat my totem which by borrowing from First Nations totemism, the person is “of one flesh” with his/her totem (Monroe, 2011). First Nations people in Australia have a culture of clan totemism linked to Dreamtime, which again emphasises our interdependence and caring for Country so that it also cares for you (Morseu-Diop, 2013). Thus, to care for the environment also means caring for humans given their interconnectedness; self-care is incomplete if care for the environment is not incorporated. This Ubuntu/Obuntu worldview is different from the anthropocentric view that positions humans as superior or having dominion over the natural environment. The environment is viewed as existing for exploitation by humans, which has worsened climate change and environmental destruction.

In summary, according to Ubuntu/Obuntu philosophies, the concept and practice of self-care is one of the connectedness of self to others, living and non-living, and the environment, implying that the definitions in social work education and practice need to reflect this complexity. For collective communities, we talk about self-and-collective care where the focus moves beyond the individual social worker as existing in isolation to viewing them as persons within the community and the environment. Self-care means working in solidarity, loving to care for self-intertwined with others.

(IS)Afro-Brazilian perspective in defining self and self-care

Not surprisingly, as a Brazilian with African ancestry, I also share an identity that is more collectivist in nature. My concept of self is intrinsically connected to my extended family and my community. This is not unusual in Brazil. In fact, Dessen and Torres (2019), when writing about family and socialization in Brazil, described the Brazilian society as one “big family” (p. 3).

Having said that, collectivism in Brazil is, by no means, uniform. In some areas, collectivism is more prevalent than in others. This is most likely due to the many cultural influences during the colonial period. This cultural diversity gave rise to sub-cultures that have influenced our socialisation processes. The north, northeast, and north-central had their cultural history closely linked to the Indigenous and African slaves. These two sub-culture systems and norms accentuate group norms and group loyalty. The southeast and southern part of the country were impacted by the Europeans who have a more individualistic cultural identity (Dessen & Torres 2019). In any case, when compared with other cultures such as the American, Brazilian are considerably more collectivist in their approach to problem-solving. In fact, identity in the Brazilian context, “is derived mainly from the immediate and extended family, where individuals have strong social ties with their social groups, especially family, and prefer to make group decisions in general” (Bertsh & Ondracek, 2010; O’Keefe & O’Keefe, 2004 as cited in Dessen & Torres, 2019, p. 7).

In this cultural context, my *self* identity is intrinsically connected to *others*. Such connections go beyond what could be considered a dutiful bond which is often born out of necessity – for example, the duty to financially support family and extended family. These strong family/ community connections are externalised when, for example, one could not enjoy a *self* pleasurable moment with complete disregard for the wellbeing of others. In my own experience, my self-care attempts in isolation from my collective are ineffective. It is not uncommon to find myself wishing I had my family and friends with me when I am trying to take care of the self by doing something for me, alone. The desire to impart life experiences and special moments with others is so strong that any supposed benefit derived from the *time-out* or *self-time* is completely forgone. The separation of the person from the collective/ familial links as well as separation from personal from the professional is conceptual, not factual. It is a cognitive, not an affective separation. I can conceive, but I cannot feel or connect with the expected benefit of the time-out.

This cognitive separation, as previously mentioned follows the binary thinking of the modern era. Ife (2020) criticises this separation and describes his own ongoing process of decolonizing his social work journey. In it, he states that in order to start this decolonising process one must be connected with the many different world views including the view that the personal and the professional is for many closely connected. In fact, for many social workers to whom family connections are essential to their identity and wellbeing, the idea of ‘setting boundaries’ between the personal and the professional may be unattainable. This is a separation that is foreign to other cultural and epistemological traditions (Ife, 2020, p. 28). An artificial boundary that may not find resonance with many social workers.

Bressi and Vaden (2017) also considered this artificial boundary unhelpful in social work practice. The authors quoting Lee and Miller (2013) suggested that “Personal self-care is defined as a process of purposeful engagement in practices that promote holistic health and well-being of the self, whereas professional self-care is understood as the process of purposeful engagement in practices that promote effective and appropriate use of self in the professional role within the context of sustaining holistic health and well-being” (pp. 34–35).

Such definitions, although useful as first attempts to conceptualise the self in the professional context, it does not take into consideration the fact that social work practice requires the development of relationships of trust with service participants and communities. For this to occur, a certain level of involvement with the professional self is inevitable.

In all, the current understanding of self-care as the centre-point for professional self-burnout prevention has the potential to leave behind some professionals whose origins are diverse and heavily influenced by cultures that are communal in nature as is the case for Afro-Brazilian social workers. As a result, to consider professional self-care one needs to pay attention to the socio-cultural, historical and political context in which the worker is located.

The neoliberal undertones of self-care

Another critical aspect of self-care that has not yet been discussed is the care that lies outside the private/ individual sphere. We refer to the responsibility that rests on governments and organisations, as organisational and government policies are often the source of work-related stresses. Social workers are practising in a convoluted, uncertain, and unsafe service context. Even though public policies have been reliant on neoliberal economic principles since 2017, with the release of the Productivity Commission's report on the efficiency and effectiveness of human services (Productivity Commission, 2017), the speed, breadth and depth of the reforms in the sector have surprised organisations and professionals. The emphasis was on competition, contestability, and arguably, consumer choice. Social work scholars have been paying close attention to these changes and alert us to the fact that contemporary social work has not only been operating in a neoliberal economic environment context but runs the danger of being dominated by it (Ife, 2020; Morley et al., 2021; Noble & Ottmann, 2021). Social work organisations are adjusting or are already operating in ways that allow them to fit into this economic policy environment and comply with funding requirements.

Consequently, there has been little time for planning, consultation and involvement of workers in the workplace and work-role design. Managers are deploying managerial techniques and tools to increase productivity without (or with little) consideration for the health and wellbeing of staff. To a certain extent, we are witnessing a gradual transformation of social work into a profession where performance is guided by numbers and compliance with funding rules (output-based) devised by welfare policies that are conservative in essence (Noble & Ottmann, 2021). The issue here is not one of rejecting efficiency and effectiveness. Social workers, as responsible professionals, prime for the delivery of services that are timely, responsive, inclusive and of exceptional quality. The issue is twofold: 1) the conflict between an over-emphasis on outputs and our social work ethical principles (respect for persons; social justice; professional integrity (AASW, 2020); and 2) the reactionary nature of service design, and workload allocation in human services. How social work professionals often deal with their responsibility towards our ethical principles is often done by working overtime. For instance, in a social work educational context (our place of work), workload limits the ratio of teacher/ student contact to contact hours in the classroom. Teaching staff are spending much more than the allocated contact time. The time is unacknowledged, unaccounted for, and goes above and beyond the call of duty as stated in position descriptions.

In a counselling context, workers are, in some instances, required to respond to a particular number of calls in a day to fit in the prescribed funding output. These workers sometimes cannot show respect to the caller by allowing them the time they need to talk. If they allow the person to speak, key performance indicators will be affected and depending on where the social worker is employed, such worker will face severe replications. As time goes by, the compounding effect of ethical conflicts, overwork and often unrecognised work efforts result in staff burnout, stress and unhappiness – not uncommon occurrences in human services. Some questions we pose here for reflection are: If the workplace, welfare and industrial relations policies are, in most instances, the sources of current workplace stress, can self-care alone resolve the problem? Is the focus on the self limiting the discussion to the private sphere? Should we expand the discussion to the public domain and improve the lives of every worker in the sector?

Progressing with a more political analysis of professional self-care, let us consider the underlying ideological principles of self-care. Ideologies are a set of ideas, and value propositions, grouped in one way or another to assist us in understanding where we stand and how to live life in our society (Fenna, 2014). The ideology that permeates our lives in the 21st century is liberalism. Some liberalism principles emphasise the individual, rationalism and progressivism. In our society, the individual rather than the collective reigns supreme; We value logic, processes, justification, and explanation rather than accepting tradition and beliefs. Our society believes in improvement over time (Fenna, 2014, p. 115). While the liberal ideologies have guaranteed precious freedoms and supported the development of human rights, they have also fuelled socio-economic policies that live off inequalities built into a socio-economic system that has left many vulnerable people behind. More alarming is that these principles and assumptions drive us to automatically craft responses to professional challenges that fit the values and beliefs prevalent in society. Self-care suggestions such as taking a break, saying no, connecting with emotions, altruism, acceptance, mindfulness, and so on, do little to address the source of the problem, overemphasise individuals' responsibility, and shift the focus from the public to the private sphere. To redress the political conversations, we need to ask ourselves: Are we unwillingly transforming what ought to be a public policy problem into a private concern? Who benefits from this shift? In what ways does self-care contribute to social change? Is the collective-care approach a more politically astute form of addressing occupational health and safety? Paraphrasing Fenna (2014, p. 131): what do we want to achieve, and what is the most desirable way of achieving those results?

Conclusion: Implications for Social Work Education and Practice

In this article, we have argued for the need to rethink self-care. Moving the concept from a one-sided view, a Western-individualistic, anthropocentric way of being and doing to include a more collective form of addressing occupational health and wellbeing. The Afro-Brazilian perspective of self-care provided in this article conceptualises the self as intertwined with the collective, living and non-living, and the natural environment. The personal, professional, self-and-collective are interdependent, and hence, boundaries assumed can only be artificial and only cognitive or conceptual. Setting rigid boundaries is unattainable, and when it is done, it cannot be felt or connected with as it demonstrates a white Western way of being and doing that is not espoused by everyone (Yassine, 2020).

The authors view the process of writing this article as an act of self-and-collective care. We are disrupting colonisation and marginalisation of worldviews, ways of being and doing in social work which cause us stress and that necessitates the need for self-care in the first place. We see a need for embracing epistemological diversity when teaching and practising social work concepts like self-care. In Australia, social work classrooms are diverse, with students from diverse backgrounds, worldviews, and ways of being and doing. Some students come from backgrounds where an individualistic worldview is dominant, while others come from more collective backgrounds while others are in between. Social work educators teaching social work concepts like self-care must embrace and teach diversity in epistemologies and world views and refrain from privileging only one way of conceptualising the idea, portraying it as universal and applicable to all the students. In social work practice, the people we work with are not a homogenous group – nor are the professional social workers themselves homogeneous. Thus, social work education and practice must reflect community and classroom diversity. In communities where collective thinking is the norm, and among social workers from collective communities, individuals' existence is closely connected with 'the other', living and non-living, and the environment. Therefore, this interconnectedness means that an individual social worker's self-care is interconnected to the collaborative care of others and the environment. Therefore, the self-and-collective care ways of being and viewing reality must be incorporated into social work's codes of ethics, social work education, and practice to disrupt the colonisation project. As it is, self-care is individualistic and disconnected from others and the environment. The article calls social workers worldwide to consider other epistemologies and refrain from perpetuating colonialist thinking. The article calls for social work professionals to begin to teach and practise a self-care that reflects Western and non-Western societies.

The authors highlighted the neoliberal tendencies embedded in the concept, which moves the responsibility for solutions from the public to the private sphere. Social workers should not alone bear the onus for their personal and professional wellbeing. We want to see:

1. More vigorous discussions on how organisations and public policymakers can create preventative and sustainable self-and-collective care and actions that address the causes of workplace stressors
2. Further conversations about colonisation and its impact on self-care practices and education
3. Concerted efforts to influence industrial relations and occupational health policy development and analysis, and
4. Seamless integration of the private, public and environmental arenas in the professional health and wellbeing conversation.

Social work educators and practitioners can start by acknowledging cultural assumptions influencing their definition of the self and self-care, subsequently moving to ask how others who come from a non-Western perspective define them. Another step in this direction is a recognition and validation of activities and methods of self-care that are grounded in Indigenous knowledge and philosophies. As migrant social worker, Baltra-Ulloa (2013) writes, based on her lived experience, reconnection to her traditions, rituals, and cultural values can be more satisfying than any acts of assimilation in Australia. For some social workers and students, particularly those belonging to groups still experiencing colonisation, oppression and discrimination, non-traditional self-care practices may reinforce colonisation and racism. For them, centring self may mean centring others through resistance and collective care activities. Finally, it is worth remembering that the private can be collective and, above all, a *political matter* in this case.

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