

The New Normal That Never Happened: Faculty and Students Navigating Through Collective and Shared Trauma

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Abstract: This article explores our experiences as four social work professionals in higher education during COVID-19. Utilizing the lens of collective, cultural, and shared trauma, we reflect on our experiences as academic educators, field educators, and academic administrators across three institutions. Our perspectives and responses from a large public institution, small private religious institutions, Hispanic Serving Institutions, and a Primarily White Institution are shared. We highlight the role of trauma-informed teaching in supporting students, staff, and faculty to explore approaches to promote professional post-traumatic growth outcomes.

Keywords: collective trauma, cultural trauma, social work education, COVID-19 pandemic, shared trauma, feminist trauma theory framework

The COVID-19 pandemic has undoubtedly impacted the lives of most Americans. Many of us working in social work education have unique insight into this impact on university systems; social work departments, programs and courses; and the lives of leaders, staff, faculty, and, perhaps most acutely, the students we serve. While this public health crisis presents new challenges in higher education across the country, social work leaders and faculty have a singular responsibility to respond as educators and advocates according to our shared code of professional ethics. In this moment of widespread and local suffering, we define ourselves as social workers by our ability to respond, adapt, and manage our struggles while providing support, guidance, and advocacy to diverse students with complex needs. Through continually changing circumstances, we are called to make sense of these unprecedented times for ourselves and for the profession. Drawing from the strength and wisdom of social work literature, we understand this pandemic experience in terms of collective trauma, cultural trauma, and shared trauma. We utilize feminist trauma theory to frame our discussion to empower our students and ourselves at a precarious and vulnerable time. To this end, we discuss the implications of trauma-informed care in the context of education and make recommendations for what we call trauma-informed self-care to support professional post-traumatic growth outcomes in the wake of our shared trauma experiences (Tosone et al., 2016). Moreover, this article explores the perspectives of four social work professionals in higher education across various types of institutions and roles and how we have responded to the needs of our social work programs and students in the early days of this historic global pandemic.

Literature Review

Feminist trauma theory framework (FTTF) distinguishes itself from current trauma models by providing a framework of personal empowerment to women victims (Tseris, 2013). While current trauma models address the impact of life-threatening experiences on the individual, they do not emphasize the implications of social and political contexts (Hildebrandt, 2020). Additionally, mainstream trauma approaches are highly pathologized through the diagnostic

process, treatment approaches, and the historically patriarchal worldview of the medical system (East & Roll, 2015). By contrast, feminist trauma theory and practice acknowledge trauma as an experience commonly situated in dynamics of power and control, systemic and structural racism, prejudice, gender bias, homophobia, ableism, ageism, and religious and ideological dominance in addition to mechanisms of poverty, access to care, resources, and education.

The FTTF is not only fully aligned with social work values and ethics; philosophically, it has been successful in its application to support diversity, transform marginalization, and address trauma, both globally and locally (Brown, 2004). FTTF has made a significant contribution to our understanding and response to interpersonal violence, domestic violence, rape and sexual assault survivors, campus sexual assault policy, mental health and substance use disorders, gender variance, LGBTQ issues, and the oppression of ethnic and racial minority women (Elliot, 2009; Goodman et al., 2009; Richards et al., 2017).

The FTTF guides social workers and social work educators to respond to COVID-19 challenges from an empowerment and advocacy standpoint. Clients, students, and mentees come from diverse communities and circumstances. They are often oppressed, marginalized, underserved, underrepresented, and underprepared (Chin et al., 2018). They may encounter unemployment, limited resources, access to care issues, sole caregiver and childcare responsibilities, and traumatic stress reactions. Compounding the strain on our clients/students/mentees is the likelihood that each of us working in the capacity of clinician/educator/mentor is also experiencing a traumatic response resulting from quarantine and social distancing measures, internet fatigue due to distance education workspaces, caregiver and childcare responsibilities, and the strain of professional leadership in uncertain times with no “end” in sight. As such, it is fair to say we are working through the experience of collective and shared trauma while shouldering the additional burden of cultural trauma. To be successful in our effort to create positive outcomes, for ourselves and our clients/students/mentees, we need the support of empowerment, collaboration, and self-determination offered by the FTTF.

Individual Trauma Consideration

Bio-Psycho-Social-Spiritual Framework

Extending the scientific approach, Engel (2003) introduced the bio-psycho-social model to incorporate unaccounted dimensions of the biomedical model. This paradigm accounts for an individual’s health and wellbeing within a holistic approach (Garland & Howard, 2009). The bio-psycho-social model acknowledges the integration, interconnection, and interdependence of biological, psychological, and social factors (Engel, 2003). Most social work professionals understand the value of a holistic approach, recognizing the impact on an individual’s bio-psycho-social and spiritual wellbeing (Healy, 2016).

Individual Trauma

The American Psychological Association (n.d.) defines trauma as “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings

intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning" (para. 1). Similarly, Figley (2012) described trauma as a sociocultural construct impacting neurobiological processes, narratives, sociocultural events, and emotional experiences. Trauma can distress a person's body, mind, and spirit. The mind is reorganized and therefore impacts perceptions, imagination, sensations, and relationships (van der Kolk, 2014). Likewise, Porges' (2003) Polyvagal Theory connects the evolution of the autonomic nervous system to the impact left on the mind, brain, and body shown through "affective experience, emotional experience, facial gestures, vocal communications, and contingent social behavior" (p. 503).

Group Trauma Consideration

Collective Trauma

Collective trauma describes the impact of a cataclysmic event such as war, genocide, natural disaster, or even a public health crisis on a society (Hirschberger, 2018). Like individual trauma, collective trauma impacts individuals and interpersonal relationships at each level of human functioning and experience: biological, psychological, social, relational, and spiritual (Duane et al., 2020). Additionally, collective trauma impacts beliefs and behaviors at the collective group level and negatively impacts the health of the society (Duane et al., 2020). The impact of collective trauma on society can be seen at the family level, with lack of trust among family members and changes in important relationships (Jansen et al., 2015). Communities are also impacted due to prevalent mistrust and suspicion among the people in addition to the breakdown of systems and structures in place to support daily functioning (Somasundaram, 2007). While collective trauma poses significant threat to individuals, families, and communities within the society, there's room for transformation at the structural level. Importantly, the possibility for change can occur in both practical and esoteric ways, such as the improvement of emergency response systems and the reconstruction of meaning and identity (Brady, 2018; Nytagodien & Neal, 2004).

Cultural Trauma

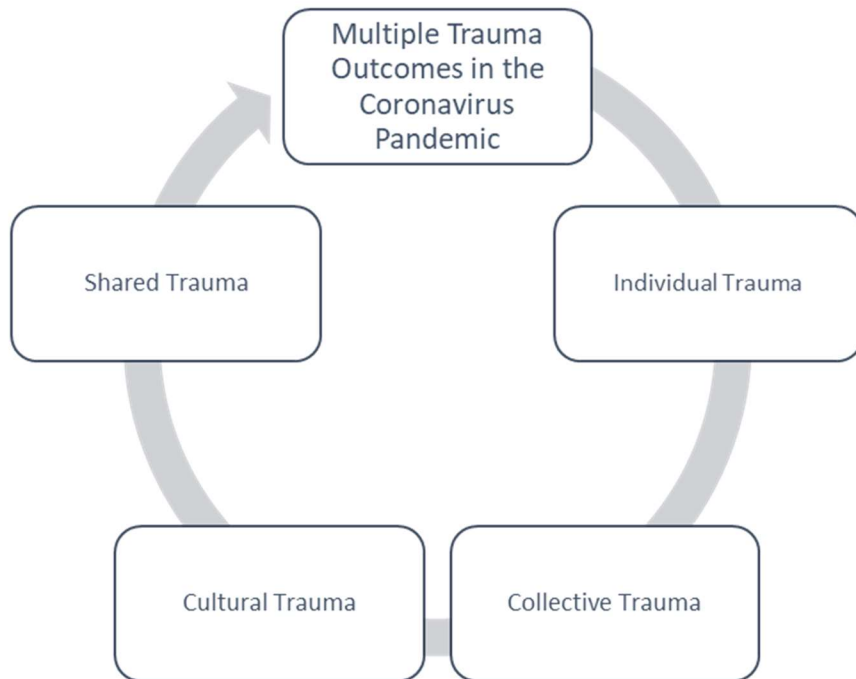
Cultural trauma refers to the unique ways specific culture groups suffer both during and following human rights violations, religious persecution, or other large-scale traumatic events specific to a culture group (David, 2008). Examples of cultural trauma can be seen among Jews suffering from the Holocaust and continued anti-Semitism and related hate crimes; African Americans suffering from slavery, segregation, and continued structural racism and hate crimes; and Native Americans suffering from European colonization, relocation, and continued structural imposition and marginalization. Cultural trauma is defined by its long-lived impact, narrative presence and force across generations, and significant contribution to cultural identity processes (Eyerman, 2020). Cultural trauma is distinctly different from collective trauma because it highlights the in-group and out-group mechanisms that support intercultural tension. As such, reconstruction and resolution remain painfully slow and require advocacy and support from both in-group and out-group leadership to create awareness and transformation (Bryant-Davis, 2019).

Shared Trauma

Shared trauma describes a professional practice circumstance when the clinician/teacher/mentor and client/student/mentee are subject to the same traumatic event during their work together. Shared trauma in social work practice has been identified and explored in the wake of the 9/11 terrorist attacks in New York in 2001, frequent rocket fire exposure throughout Israel in 2014, and destructive earthquakes with 14,000 aftershocks in New Zealand in September 2010 (Freedman & Mashiach, 2018; Sampson, 2016; Tosone et al., 2012). The impact of shared trauma is specific to the working relationship and how the personal experiences of the clinician/teacher/mentor and of the client/student/mentee engage with in the process of therapeutic/educational/professional collaboration.

Figure 1

Multiple Trauma Outcomes in the COVID-19 Pandemic



Professional Post-Traumatic Growth

Following her experiences during the terrorist attack of 9/11 as the director of New York University Silver School of Social Work, located near the disaster site, Dr. Carol Tosone began to collaborate with her students and mentees to identify the unique vulnerabilities and insights that came from living and working in lower Manhattan in the wake of this traumatic event (Tosone et al., 2016). Through several years studying social workers and social work students across the region, Dr. Tosone and her colleagues identified the outcome of shared traumatic and professional post-traumatic growth; they have since developed and validated the Shared Traumatic and Professional Post-Traumatic Growth Inventory (Tosone et al., 2016). Through this research, Tosone's team (2016) found that Manhattan social workers reported the events of

9/11 to be the impetus for enhancing personal self-care, changing clinical modality, and forging new skills in addition to experiencing increased compassion and connectedness in the therapeutic relationship. The researchers also found social workers felt ill-equipped to work in the 9/11 devastation and encountered an increased sense of vulnerability and disappointment with professional organizations (Bauwens & Tosone, 2010). The findings of Dr. Tosone et al. (2016) offer inspiration to social work professionals facing the COVID-19 pandemic when we may feel some resonance with the experiences of working in a social work leadership and social advocacy capacity at a time when our own lives, along with those of our clients and students, are radically altered. We offer our discussion and insights on the experience of teaching and leading in three social work programs across the nation during the pandemic while supporting faculty and students and strengthening social work programs at this critical time.

Context of Represented Universities

Social work programs have a responsibility to academically and professionally prepare students to serve as practitioners. Student preparedness was impacted by COVID-19. Schools of social work across the nation responded by adapting their delivery method and supported their students while simultaneously addressing logistical, instructional, professional, and personal demands. Nationwide, universities were required to transition from an on-campus delivery method to an online format.

This article represents 117 students (BSW, MSW, and PhD level), three instructors, and one administrator from three academic institutions. Two are private religious institutions with enrollment below 7,000 students while the third is a public institution with enrollment of almost 40,000 students; two are Hispanic Serving Institutions (HSIs) located in south Texas and the third is a Primarily White Institution (PWI) on the east coast. HSIs are colleges, universities, or systems/districts where the Hispanic population constitutes a minimum of 25 percent of the total enrollment (Hispanic Association of Colleges and Universities, n.d.). Institutions of higher learning in which Whites account for 50 percent or greater of the student enrollment are identified as PWIs (Brown & Dancy, 2010). PWIs typically have a historical presence and culture dominated by whiteness (Bourke, 2016). Adding to the differences among our institutions, private and public differ in how they are funded, cost of attendance, availability of financial aid, accreditation, religious affiliation, size, program offerings, level of athletics and extracurricular activities, diversity of the student population, and prestige factors (Garnett, 2020).

All three social work programs embody in their missions themes of service and social justice. Because social work is a profession intended to enhance human well-being with a specific intention of attending to the vulnerable and oppressed (National Association of Social Workers, 2017), educators are responsible for demonstrating responsiveness during a time of crisis. Collectively, we experienced a disruption in life, adjusted expectations to allow modifications, adapted to different classroom engagement and environment styles, and were impacted holistically: biologically, psychologically, socially, and spiritually.

We collaborated to examine the pandemic experience and the collective impacts on us and students. Information was captured through various methods: email communication, personal conversations, round table check-ins, daily journal submissions, and a course wall instructional feature. The faculty and student experiences were maintained on a documentation log. These informal processes were valuable in helping us capture a breadth of information reflective of the collective experiences as they unfolded.

Faculty and Student Trauma Impacts

Collective Trauma

The collective impacts on teaching and learning began to emerge as shifts from “normal” to “COVID” living environments became a new evolving reality. There were several common experiences among faculty and students, although the former’s roles carried a responsibility to the latter and to the profession. Examples include personal and familial diagnoses of COVID-19, varying ability to be present for loved ones hospitalized, engagement in traditional medical decision-making and the coordination of care, loss of loved ones and limited ability to attend traditional funeral wakes and burials, and adaptation into working and schooling from home.

Students negotiated deadlines; faculty adjusted curriculum and modified assignments. Faculty offered methods of collective processing through journaling, round table check-ins, attendance flexibility, individual check-ins, and other creative workarounds to support resilience and student success. Collective sentiments included uncertainty; mental stress and anguish; anxiety; depression; mourning of traditional celebrations such as graduation; and missing friends and colleagues after relocations.

Cultural Trauma

Levels of anxiety and suffering were experienced as COVID-19 disproportionately impacted communities of color. For example, some encountered limited access to clear and accurate protective information, some were essential workers needing their employment, and others inherited caregiver roles for children and elders. While a portion of students and faculty experienced early onset illness and death of loved ones, others were unable to successfully complete course work and incurred delays in course completion or graduation resulting in increased financial and time obligations. Examining cultural trauma requires a genuine acknowledgment of social, economic, and political inequalities. Social workers recognize the nature and value of human life. Educators understand that for complete professional development to transpire, students engage in multiple educational relationships with faculty, administrators, field instructors, liaisons, and others (Farber & Reitmeier, 2018). The interactions within these relationships provide a context for the profession within a bio-psycho-social-spiritual context.

The holistic bio-psycho-social-spiritual approach addressing human needs acknowledges “the inter-relationship between physical, psychological, and social functioning” (Harris and White, 2013, p. 16, as cited in Healy, 2016). The bio-psycho-social-spiritual framework is applied to

working with clients in varied settings. During the pandemic, faculty and students experienced physical, psychological, social, and spiritual homeostasis shifts. Social workers recognize that working with individuals requires attentiveness to these paradigms. Assessing and attending to presenting symptoms or behaviors while providing social work instruction was necessary. Just as symptoms are assessed and treated based upon each person's context and situation in direct practice, this approach was needed as faculty and administrators worked and supported students and each other (Marsac et al., 2014).

Reflectively, the spiritual dimension was also salient during this time as faculty, administrators, and students navigated the uncertainties of the pandemic. Paradigms of spirituality and religion are often missing from professional context and conversation (Hodge, 2015). However, two of the universities represented are private religious institutions and acknowledge a spiritual dimension to social work practice. From a social work standpoint, spirituality is a practice dimension. As such, incorporating a spiritual lens allowed faculty, administrators, and students to process and cope during the pandemic by including spiritual and meaning-making perspectives. It is appropriate to address spirituality when there is an expressed preference as this can enhance and promote the healing process (Oxhandler & Pargament, 2014; Koenig et al., 2001).

Collectively we experienced disruption from the everyday normal and experienced distress on multiple levels and with differing intensities. Our bio-psycho-social-spiritual norms were disrupted, acknowledged, attended to, and processed as the experience of a new normal evolved. As the profession navigates social work instruction through the pandemic, implications for teaching and learning are identified through our shared experiences to highlight best practices for positive outcomes.

Faculty Experience

As social work educators we adapted to our roles by designing courses to deliver instructional content for the semester and to provide a presence and space for students encountering significant disruptions. Educator A taught and worked at HSIs while serving as a first responder in a hospital setting. Educators attended to familial needs as their lives were interrupted and required adjustment to working remotely while also being carers. Educator B had the harrowing experience of caring for a spouse ill with COVID-19. For her, it meant carrying additional family responsibility—caring for elder parents and two daughters, one of which required hospitalization—and a shift in established roles. She sought treatment for anxiety and depression to manage teaching requirements and student trauma. Educator B significantly curtailed her extra-curricular scholarly activities, except for this narrative article, to fully prioritize family and students over academic career goals. Educator C's spouse was deployed in response to COVID-19, forcing role shifts; the instructor immediately became primary caregiver to their young child engaged in online education, cared for elderly parents from a distance, and managed teaching responsibilities, while attending to the increased needs of students. Additionally, she gave special attention to mental, emotional, physical, and spiritual needs by engaging in psychotherapeutic services, a 12-step recovery program for overeaters, and increased physical activity, then also prioritized time for prayer, study, and meditation. She fulfilled dual roles of

instructor and PhD student. These added stressors impacted her dissertation year as family and teaching responsibilities became the priority and extended her program completion by an additional year. Educator D, an administrator, also cared for a significant other diagnosed with COVID-19 while attending to the unique demands of the university. The exposure to COVID-19 was a continuous threat necessitating physical, emotional, mental, and spiritual shifts. We served as educators while also helping students grasp the dynamics of the changes occurring in our lives.

The sense of normalcy was changed, and the loss of established routines, lifestyles, and relationships impacted us communally. For this author (Educator A), the pandemic hit during my first semester teaching as a full-time lecturer at a large public HSI. As faculty and students left for spring break, the severity of the COVID-19 pandemic became clear. Students were panicking and concerned that they would not be able to return to their internships and thus would not be able to complete the internship hours required to graduate that semester. My e-mail was flooded day and night by concerned students wanting to know what was going to happen. Spring break was extended an extra week to allow time for the school to develop a plan. I worked through spring break to help determine a path forward for the students enrolled in my four field education courses. The field director and field education team worked behind the scenes tirelessly to develop a plan so that students could successfully complete field internships and graduate on time. When all classes were moved to a remote learning format, I converted my in-person classes to fully online classes using the university online learning management system. In collaboration with field leadership throughout the State of Texas and with guidance from the Council on Social Work Education (CSWE), the field education team created a remote educational learning plan. This policy change allowed for BSW students to complete a total of 400 instead of 420 internship hours remotely. Examples of remote learning activities for each of the nine CSWE social work competencies were developed into a manual and distributed to students and field instructors along with an FAQ based upon the questions the field office was receiving. In spite of the phenomenal, detailed, and timely response by field leadership, students' anxiety levels were higher than ever and required significant extra support and reassurance, which was provided through phone calls and Zoom meetings with students as requested. I developed an immediate response policy in which students' attempts to contact me were responded to immediately during all waking hours. This responsiveness to students, often within five minutes or less, was commonly identified in student evaluations as the most helpful support for semester completion.

Despite the increased responsibilities, I (Educator A) enjoyed working from home, teaching online, and completing work as a PhD student during the week. On the weekend, I worked part-time as a social worker at a large downtown hospital in central Texas, which was a reassuring experience. I witnessed infectious disease doctors plan for addressing COVID-19 and watched firsthand the effective use of personal protective equipment. For me, the hospital setting provided a sense that the community could get through the pandemic safely. Attending to the needs of patients and families impacted by COVID-19 on the front lines offered an opportunity for me to use social work skills as an essential worker. My role included providing crisis intervention and emotional support during the pandemic state of emergency when citizens were on lockdown. As hospital staff, doctors, nurses, and case management came together, a sense of

community was cultivated while facilitating the safe treatment and discharge planning for patients and families during this time.

At a smaller private HSI, I (Educator B) experienced heightened stress teaching asynchronous distance courses. My online students sought more contact despite the same workload and method of instruction required prior to the pandemic. The emotional toll of the experience precipitated increased need for support regardless of distance or face-to-face format. As a social work PhD student enrolled in a fully online program myself at this time, I experienced my own faculty as understanding, communicative, and responsive to the needs of my doctoral cohort. My faculty extended deadlines and sent supportive emails. The social distancing imposed by the pandemic became a refreshing opportunity to spend more time at home with family with a slower lifestyle.

As the COVID-19 raged, I (Educator C), a person of color, lost multiple friends and family members to the virus. A relative of mine experienced two losses within days of each other. The imprint of fear and sadness of losing a loved one to this pandemic is genuine; the grief, loss, and uncertainty of future losses are actualized. Understanding the expression of grief and loss through a bio-psycho-social and spiritual lens expands upon Simpson's (2013) perspective, which understands the lens of grief and loss as fundamental for social work. The constant understanding that another family member or friend will meet their untimely death at any given moment causes pause and reflection about the moral responsibility to recognize and address societal injustices that explicitly contribute to traumatic sufferings endured by underrepresented communities. The racial/ethnic disparities experienced by underrepresented groups through the pandemic illustrates continued sufferings, death, and extensive cultural trauma among communities of color. As social workers, we reflect a commitment and responsibility towards enhancing social justice, equity, and inclusion throughout our careers.

Student Experience

As instructors and in other various roles, we found it necessary to create an environment for students to express their thoughts, concerns, and emotions related to the impact of the pandemic. Students encountered displacement, isolation, and limited access to supports and resources, compounded with the pressures to complete the semester while navigating a virtual platform and shifting time zones, among many other complications.

It is important to acknowledge that the impact of cultural trauma was significantly disruptive to students' lives, particularly at the two HSIs represented here. Students abruptly returned mid-semester to multigenerational homes, economic insecurities, and high-risk work environments. They assumed roles as caretakers aiding family members to understand the risks of COVID-19 linguistically, witnessed inadequate childcare support or provided childcare support for other family members, and struggled with limited internet services impacting school engagement and learning. These circumstances reflect the large-scale macro level societal problems of structural racism beyond the bounds of our academic institutions. Most of the students represented are first-generation college students, navigating the academic world while meeting the needs, responsibilities, and expectations of their familial culture. The pandemic intensifies a dual

responsibility for students who are likely struggling under academic pressures and expectations that do not accommodate their realities. As such, the crises presented throughout the remainder of the pandemic semester required attentiveness to each student's circumstances. The following description elaborates on detailed student impacts and how this faculty responded to vulnerabilities and uncertainties as they arose.

Biological Implications

Impact on students was evident through changes in appetite, sleep patterns, and physical pain. Some students returned home to different time zones and housing arrangements; others found themselves alone as roommates moved out. The adjustment to these changes disrupted sleep and rest patterns; depending upon their circumstances, students experienced insomnia or hypersomnia as they adapted to their changing physical environments. Students also reported symptoms of headache and muscle tension resulting from increased screen time to attend classes, complete assignments, and socialize with family and friends. As stressors are elevated, hormonal changes can occur, and trauma responses (fight, flight, freeze) became evident in students' outward behaviors (Ranabir & Reetu, 2011). In some cases, the anger response was evident through written emails disclosing frustrations related to matters outside and inside the classroom. Issues included disrupted or cancelled graduation ceremonies and plans; closed and cancelled field placement agencies or difficulties transitioning to virtual client services; adapting to recorded versus real-time lectures; and frustration over receiving an increased volume of emails from faculty, administration, and the university. The withdrawn response was also revealed as students ceased attending live lectures and engaging visually with classmates or seemed to vanish and stop norms of communication. Productivity also became a problem evidenced by limited class lecture engagement, diminished participation, and late assignments even as submission due dates were adjusted. Educators identified and understood these biological impacts as students adjusted to new realities personally and academically. Faculty accepted uncharacteristic behaviors and offered space and opportunity for students to express frustrations, or to redirect them, as was necessary.

Psychological Implications

The extraordinary events resulting from COVID-19 impacted students' perceptions. Uncertainty weighed heavily on varied dimensions of life, including health, wellness, and safety. Some students navigated coursework and field education responsibilities while others balanced multiple course loads, attended to familial duties, or maintained employment. As the pandemic surged through communities, students grieved the loss of safety and normality in the engagement of daily activities. One student experienced a natural disaster during the pandemic; many single mothers experienced economic disruptions, creating financial insecurities; others experienced the complexity of working from home while homeschooling their children. Some students experienced the death of family members and loved ones and managed complex funeral arrangements; another fled a volatile domestic relationship while caring for children and managing coursework within the realities of the quarantine. One student expressed deep public shame resulting from poor internet connection during a final class presentation. The student paused mid-presentation to redirect family members from using their devices so she could

continue without further connectivity disruption. The student was highly remorseful and expressed her embarrassment regarding low bandwidth in a remote, rural area. In addition to contending with the daily pandemic health stressors, the students with limited economic resources felt the stress of meeting academic standards and requirements while they struggled to work and produce from within their means. Student comments related to these psychological impacts seemed uncharacteristic compared to their typical functioning before the pandemic. Moreover, students showed greater vulnerability, fear, irritability, confusion, limited concentration, cognitive impediments, emotional numbness, anxiety, and disconnection. The collective experiences described by students helped to normalize the unusual and intense emotional expressions as they surfaced, and as the pandemic conditions unfolded.

Social Implications

Students' social reactions and interactions during the pandemic required adjustment as they adapted to their changing environments. Educators witnessed relaxed boundaries exhibited by students in their physical environments, such as attending online class from bed, wearing non-professional attire, or even inappropriate attire. These behaviors eventually transformed social norms and expectations over time. Faculty also observed excessive personal disclosure of thoughts, feelings, and judgments: students were often unable to self-regulate the depth and duration of their personal commentary, reflecting a noticeable shift in personal boundaries. Educators provided the needed space for students to dialogue, and it was essential to ensure those who wanted to engage were given an opportunity. All students experienced a reduction of traditional on-campus supports resulting from leaving campus and returning home. They navigated learning virtually and engaged in courses while adjusting to familial presence and responsibilities. On occasion, virtual student meetings included the presence of their child or grandchild as they attempted to connect with faculty members. Other students were physically isolated from family and roommates, which was sometimes welcomed and other times left them socially isolated or lonely. Many discovered how to nurture significant relationships virtually. Family and social life were impacted significantly, contributing to feelings of loss and separation from pre-pandemic norms.

Spiritual Implications

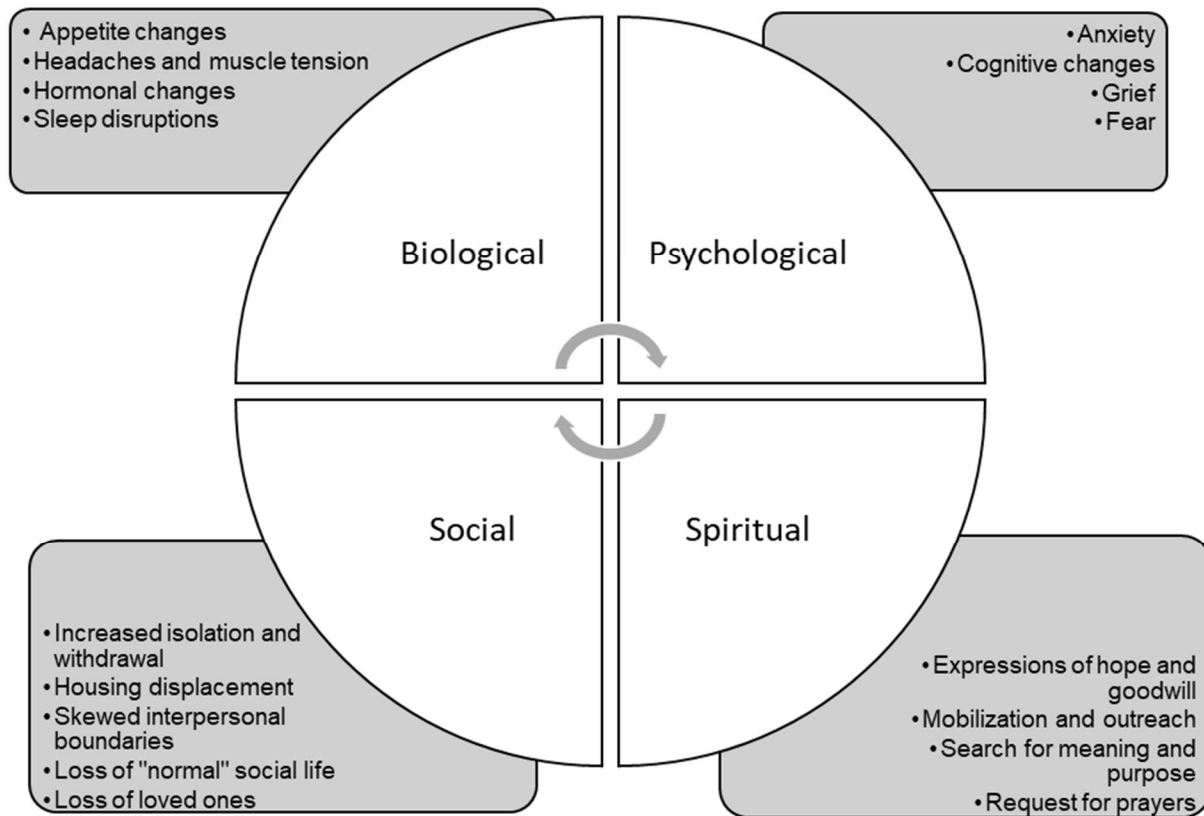
Spirituality and hope are interconnected, and through spirituality individuals attain a profound source of motivation that nurtures hope (Hong et al., 2015; Pargament, 2007). An awareness or relationship with a divine presence seemingly alters one's perceptions and cognitions (Hong et al., 2015). The intersectionality between spirituality, hope, and meaning was reflected through students' engagement with faculty and peers. In some instances, students openly acknowledged the need for prayer and shared concerns about loved ones. For instance, some family members served as first responders while other family members were sick or vulnerable. Many students engaged in prayer and expressed hope for the health and wellness of their family members and all individuals. Some students created meaning and purpose by organizing food and supply drives for homeless groups or for shelters in need of donations; others extended their social work internship to offer support during an unprecedented moment for the agency and clients served. The mobilization and outreach reflected a deep connectedness to others. The profession

of social work, we feel, naturally guides professionals into purposeful action in response to presenting crisis. Attentive and courageous students leaped into action, knowing that their presence and activities were intended for the greater good. They connected with something greater than themselves, greater than their self-concern or fears of inadequacy. As the pandemic surged, students asked how they could help; they identified community needs, mobilized to gather items, and distributed collected resources safely. Their actions demonstrated meaning and purpose during a significantly difficult time. Students' actions reflected profound goodwill for others in the spirit of hope.

The insight learned through managing a collective pandemic experience while educating students and leading programs is offered for future practice considerations. Balancing roles, responsibilities, and the required attentiveness to students is significant. As educators and administrators, we recognized that students' emotional support increased through spiritual and meaning-making pathways, thus impacting the level of attentiveness and intimacy. Student demonstrations expressed both grief and loss and hope through prayer felt by all through the duration of the semester.

Figure 2

Collective Bio-Psycho-Social-Spiritual Experiences During the Pandemic



Discussion

The global pandemic has highlighted inequity across systems, and higher education is no exception to this. Like other institutions, social work educators have been called to re-examine our systems, dismantle barriers, and thoughtfully analyze the how and why of what we do. Understanding the impact and next steps of such an unprecedented event presents difficulty: everything is fluid, from information and delivery systems to human responses. Despite this, the deep disparities impacting our profession require that we rise to this challenge. This article allowed social work educators from diverse institutions across multiple positions and perspectives, and across different parts of the country, to come together and use existing theoretical frameworks to understand COVID-19 in relation to the student experience. This collaboration revealed ways for faculty to focus on resilience and growth, for themselves and for their students.

The perspectives shared are diverse—economically, geographically, racially, and ethnically. The institutions represented are also diverse in terms of religious affiliation, size, and resources. Despite the profound diversity incorporated into this collaboration, much similarity was found. It was evident that elements of both collective and shared trauma were present across student and faculty experiences described through the lens of bio-psycho-social-spiritual impacts. There was a consistent theme of students and faculty “losing time” identified through these narratives. They reported missing appointments and deadlines and even losing track of what day it was. Similarly, there were reports of opposing extremes in separating work and life, with some overworking and not being able to disconnect, while others withdrew and were disconnected. Both experiences were viewed as manifestations of a lack of control and being overwhelmed.

Alternately, stories shared variations in themes of cultural trauma. Faculty and students collectively were subjected to COVID-19 events heightened by concurrent and pre-existing cultural trauma. Black/African American and Latino/Hispanic groups are at an increased risk for illness, death, economic insecurities, and higher rates of exposure to COVID-19 (Laurencin & McClinton, 2020). Latinx and Black students in social work higher education are not immune to these disparities: first-generation and students with limited financial means in our departments appeared to be disproportionately impacted. Non-traditional and underrepresented students appeared to be more acutely impacted by a lack of childcare, limited access to technology, and increased economic hardship. Conversely, many of these students expressed unique strength in the face of these demands. While the authors watched mental health concern soar during the pandemic, many students who experienced depression and anxiety prior reported that they were managing as they always had. All in all, students shared stories of resilience and demonstrated longstanding survival skills to mitigate the impacts of the pandemic.

Despite the variation in institutions, all faculty involved were experienced teaching in a minority-serving institution and implementing trauma-informed teaching practices. Consistent with FTTF, the educators and administrator empowered students to utilize their voice through virtual community forums—collective and individual opportunities to share their experiences, seek support, and attempt meaning-making. Students took these opportunities in high numbers not traditionally seen in the programs pre-pandemic. Although students were likely experiencing trauma and clearly showing the signs of it, they were also responding to the opportunity for change and transformation. Faculty and administrators described a parallel process. They shared

similar effects on individual and interpersonal relationships at each level of functioning and experience: biological, psychological, social, relational, and spiritual. They also utilized the opportunity to process with each other as a group and overcome significant hardship through reconstruction of meaning and identity (Brady, 2018; Nytagodien & Neal, 2004). In response to the complex impacts of the pandemic, faculty and administrators transformed their existing systems to redefine social work in higher education.

As of the time of writing, the COVID-19 pandemic continues along with the disparities, inequity, and injustices across the country. Faculty, staff, and students across institutions face constant unknowns and continue to make profound adjustments. It is impossible to currently know the outcomes of this experience on social work education. The possibility of shared traumatic and professional post-traumatic growth provides the opportunity for re-envisioning social work education at this time (Tosone et al., 2016). There is precedent for such change within our systems and professions (Bauwens & Tosone, 2010), and we are now called to address these inequities, empower our students, and galvanize the present moment for growth.

Future research will allow researchers to examine the impact of the pandemic and, eventually, the end of it. Researchers must utilize both quantitative and qualitative means to examine these important consequences while academic institutions look to traditional measures of retention (e.g., grades, progression, academic appeals) to address disparities. Additionally, these institutions will have measures from their helping services (e.g., counseling, emergency financial aid, advising) that can be used to improve access for all students. In-depth qualitative examination of student, faculty, and administrative perspectives would allow institutions of higher education to take a deep dive into understanding the impacts of the pandemic and how each group found resilience. Longitudinal data collection will be particularly helpful to these future efforts as the long-term aftermath of the pandemic is unclear. Longitudinal studies will allow leaders to separate what might be short-term survival behaviors from long-term adaptations in individuals and institutions. There are also opportunities for policy analysis through continued research programs as the pandemic has required revisions to academic policies. For example, add/drop and withdrawal dates, pass/fail policies, and critical requirements for field hours were modified to support best outcomes for students and for the profession. It is important to understand the risks associated with these sudden policy changes and the opportunities for innovation and transformation of our systems. Social work research must continue to examine the impact of the COVID-19 pandemic to gain new understanding of trauma, resilience, innovation, and change from both individual and institutional perspectives.

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