Use of Self: Merging Our History with Teaching Practice Classes

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This narrative recounts the author's experiences applying a family intervention with new Ethiopian immigrants to Israel at high risk for child maltreatment and domestic violence, and presents narratives of empowering social work practice with two families. Initially, the reader is provided with a brief introduction to the large contribution of immigration to the development of the state of Israel, as well as the nature of Israeli immigrant resettlement. The author presents the historical origins and characteristics of Jews of Ethiopia, as well as an account of their distinct waves of immigration to Israel during the past four decades. The many obstacles faced by the Ethiopian Jewish community within Israeli society, as well as some of their achievements, are noted.

"Live as if you were to die tomorrow. Learn as if you were to live forever."
-Gandhi, M.

Introduction

Let me begin with a story about a client I met in 1993. This young gay white male had come out to his parents one year earlier at the age of eighteen and was asked to leave his family's home. His father uttered one single sentence, "just be safe." Now this was the era when an HIV/AIDS diagnosis came with a lifetime expectancy of eight to ten years. The client had a bout of clinically diagnosed depression which led to some unsafe behaviors. When he went for his semi-annual HIV/AIDS test he believed, was convinced, that this test would be positive.

This was also an age of anonymous HIV/AIDS testing so medical insurances could not deny services. The client asked his roommate to go to the public health clinic with his random number to get the results. Later that day, he called his friend who stated, "I tried to go in but was too scared." At that very moment, the client knew the results. Yet he needed more evidence, he felt he had to experience the event himself. Therefore, he shuffled through his roommate's books until he found a diary. That entry for that day simply read, "I went in to get the results and they were positive...how am I going to tell him?" The client remembered feeling nothing, a numb out of body experience which seemed to last forever. That client was me.

Fast forward almost two decades, one year in Americorps National AIDS Fund and three social work degrees later, and I now find myself a social work educator, often wondering if the next generation of practitioners may be equipped to help clients such as myself who may seek them out after hearing life-altering news such as the above, loss of a loved one, or divorce? HIV/AIDS and all other life-threatening illnesses, including cancer and diabetes, come complete with a lifetime of anxiety, depression, and *what-ifs* (Colodro, Godoy-Izquierdo, & Godoy, 2010; Knowlton, Curry, Hua, & Wissow, 2009; Pantalone, Hessler, Danielle & Simone, 2010). As a social work educator and longtime person with HIV/AIDS, I feel I have learned to use my life experiences to enhance the learning that goes on in the classroom so students will be prepared to work with people who are dealing with chronic and/or life-threatening illnesses.

Some research has focused on *The Lazarus Effect*; the process one goes through when given a second chance at life after they thought death was imminent (Hahn, Cella, Bode, & Hanrahan, 2010; Humble, 2006; Tallman, Altmaier, & Garcia, 2007). This concept entails a person being given a *death sentence*, then miraculously, as in the case of HIV/AIDS and advanced cancer treatments in the 21st century, being told they may live longer than expected (Burnham & Wilcox, 2007). Gushue and Brzaitis (2003) explored this phenomenon with a group of people with HIV/AIDS who attended support groups and

were learning to live in an era when death was not imminent. They found that practicioners who worked with this population "must be able to tolerate extreme uncertainty and constant flux" (p. 335). Could use of self be a good wrench in the tool box which would allow social workers that flexibility and empathy for clients experiencing such events as *The Lazarus Effect*?

We currently have multiple medications to treat HIV/AIDS and the illnesses caused by the virus, with more on the horizon (Balfour, et al, 2007; Daughters, Magidson, Schuster & Safren, 2010). Even more exciting are recent developments in the ongoing battle to develop a vaccine which will work for all strains of HIV/AIDS (Sayles, Macphail, Newman, & Cunningham, 2010; Sullivan, 2010). I have been living with HIV/AIDS for 17 years. My complete adult life has been nothing but a revolving door of doctors, lab results, medications, and more sleepless nights than I would like to remember.

Another question I ask myself is did I go into this field thinking it would somehow help me deal with my own life altering event? Perhaps, but I know I am not alone as most social workers have a reason which propels them into this helping profession. A few reasons I have heard from my fellow social workers are rape, sexual incest, being in *the system*, substance misuse, and sexual orientation or gender identity issues. How do we nurture the initial catalyst which made many of us choose the field of social work and more importantly, can we use this event to help our students? I believe we can and should use these experiences to enhance our practice, be it in the classroom or out in the trenches.

Before this can be done, however, we must be cognizant of whether we have fully processed our own life events. For example, have I really processed my HIV diagnosis to the extent I can feel I am using it as a teaching, not coping skill? Well I have processed it so I feel almost as if I allow my body to coexist with the virus. I am reminded twice a day when I take my medication that I have this virus. Not only reminded of the bad part, but the good parts as well. Would I have ever found out about social work if I had not been infected? Would I have been less motivated to pursue higher education if I did not feel that *time bomb* ticking in my body? All of these questions were processed with a therapist before I decided to join the field of social work.

The importance of personal therapy for helping professionals is not a new concept (Macran, Stiles, & Smith, 1999). In my career, I have come across multiple licensed social workers I would be nervous about if they cared for my dog, much less entrusting them with my inner self. I have wondered many times if licensing exams purposefully leave out questions which would self-diagnose those taking them.

Of course I am kidding by this statement, but social workers (a profession rooted in social justice and community organizing), typically have minimal training in psychotherapy or self-awareness compared to students in psychology programs. I question if many social workers have enough insight to be clinically licensed therapists. Although many MSW programs incooperate DSM material into the classroom in various classes, the reality is most CSWE accredited programs usually only offer a single DSM focused class. This one class most times is an elective and not available every semester. Therefore, I feel it is important to explore self-disclosure issues with students in practice classes.

I realize that the internship experience is the foundation on which many social workers begin to merge what is learned in school with the reality of day to day social work practice. This adventure should be paramount in that students begin to acquire their beginning *clinical skills*. Therefore, social work educators must take on the task of modeling to students the advanced ability to properly use self-disclosure.

Use of Self

Use of disclosure has been studied within the therapeutic setting with almost unanimously positive results (Burkard, Know, Groen, Perez, & Hess, 2006; Farber, Berano, & Capobianco, 2004; Knight, 1997; Knox, Hess, Petersen, & Hill, 1997). Students can be taught to embrace their life experiences and

incorporate them into their work with clients. Of course while doing this, they must also be aware of boundaries and the paramount principle: "Is this disclosure helping the client or is it helping me?" After realizing the power of self-disclosure, social workers have the opportunity to create a sphere where social worker and client are aligned and working together. Teaching students how to merge the worlds of client and social worker creates a just, safe, and non-judgmental framework where healing the client is the top priority. It is time to move away from Freud's notion that therapists are merely a *blank screen* for clients and realize our history can and should be an asset.

This can be a difficult task but certainly not insurmountable. I have used my practice classes in BSW and MSW programs as venues in which to start this journey of learning the craft of using disclosure while counseling. By allowing students to piece together vital parts of their lives, we are giving them skills to pass on to future clients. Practice class is the perfect diving board for students to jump off and explore the give and take that occurs in therapy, as well as the tightrope one walks when using self-disclosure.

Practice Class

I am always amazed during the first day of teaching a practice class when I ask students how many of them have been to therapy or counseling. Usually it is less than 30%, sometimes as low as 10%. I am constantly amazed at this low number and wonder how effective someone can be as a licensed therapist performing therapy if they have never been through the process themselves.

This brings me to my personal exposure to therapy. I began to see a psychologist when I was eighteen in order to help me cope with being gay as well as processing what I perceived as the loss of my family. This therapeutic relationship lasted two years and has helped me immensely throughout the rest of my life. I also went back to see the same psychologist for a *tune-up* when I first discovered I was HIV positive. I believe being on the other end of therapy prepared me to be a better licensed clinical social worker because in essence, I learned how to be a client. By contrast, my social work training taught me how to begin to be a therapist.

I called the psychologist I worked with six years later when I was entering my MSW program and feeling a little unsure of my career path. After speaking for a few minutes she uttered that she had been diagnosed with breast cancer. Forever etched in my mind are the words she spoke, "I never really knew what you were going through until this experience." Now this is not so say that we can jumble human experiences into one pot and generalize that each person has processed a similar life event the same way, since there is uniqueness to a human who has lost a child, been sexually violated, or diagnosed with illness. Yet there is something about the old saying, "like speaks to like."

On the first day of teaching practice I often recount this story to my students, replacing HIV/AIDS with a more generic chronic illness. In my practice classes, I have had many students openly divulge experiences around death, violence, poverty, and illness. I have discovered social work students are eager to share what brought them into this profession, and I encourage this type of dialogue. I see these as strengths which can help them empathize with future clients. This is also the point where I can make an assessment as to whether a student still needs to do some more work on personal issues before beginning to work with clients.

For more on the difficult task of dealing with student's self-disclosure, see Haney's (2004) work which brings up some wonderful points around ethical dilemmas regarding students' self-disclosure in psychology papers. Still, I am a social work educator and should be well informed of what do to if a student needs help (in terms of appropriate referrals, etc.). Yet, we live in a world fraught with legalities. Due to this, I believe many times educators seem to steer away from this type of dialogue.

I use my practice class to come out to students due to the fact that I am teaching in the *Bible Belt* where rainbow stickers on cars are few and far between. This allows students the opportunity to ask me questions and humanizes me, therefore displaying the

philosophy that learning is a two-way street. It also prepares them for working with the GLBTQ population. Coolhart (2005) stated, "My ability to be out is related to my privilege as a white, middleclass, professionally respected, not religiously affiliated woman. While it is not always easy for me to be out, I definitely have an easier experience than most other queer people. For example, people of color, those with lower-income, and less academically trained professionals face more layers or oppression, making coming out more difficult" (p. 4). The simple act of coming out to students in a conservative or rural area is a luxury for me, and I do it because this may be the only venue in which to expose students to alternative lifestyles before they begin practicing social work. It also allows me the opportunity to ignite discussions regarding self-disclosure.

Discussion

During my limited years of teaching social work practice classes, I have discovered students respond to discussing use of self as well as students' experience with personal therapy. Most universities, including my own, have counseling programs and offer free sessions at student health centers. This would seem to be a perfect assignment in order for students to have some exposure to the therapy process. Although I understand there may be some legal issues, i.e., a student may be diagnosed with a mental health disorder or present with symptoms which would require more help. But what better place to be treated than in school, instead of sending students out into the field psychologically unprepared to help others because they have not helped themselves.

Although I may be in the minority when it comes to the belief that self-disclosure can be a wonderful and awesome tool, I hope that this piece will begin conversation among educators in social work. We are in a position to train the next generation of practitioners, to guide them using such skills as use of self during practice. Although clinical practice can be much like running a marathon, perhaps we can give students some more balance along the way. Allowing social workers to be themselves will, in turn, permit clients to do the same, creating a symbiotic therapeutic relationship.

I have some praise from my practice students which I attribute to my candor. Just a few of the amazing things students have written about the class include, "Dr. Humble was very helpful and understanding...I liked the open class discussion", "In the short amount of time I have known him he has made a world of difference to me and my outlook on life", "He was very understanding with issues brought up and I enjoyed the open class discussion", "Dr. Humble is a wonderful teacher, he is very laid back...and a very great person", "He is so comfortable answering all questions." As I read these I am both proud and humbled. Those who go into this profession must never forget to toot our own horns every now and then!

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