REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

"An Empty Chair" Acrylic painting 18"x12" F. Ellen Netting 2022

Artist Statement: Empty chairs are often seen as symbols of loss, but in this painting I was inspired by a single chair photographed while journeying through Tuscany. I envisioned this chair inviting someone to sit and rest amid the colorful branches of hope. For even amid the sadness of loss, we must create safe, healing spaces.

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General Issue Submissions (continued)

Reflections from the Editorial Leadership Team:
Creating a Brave Space for Narrative Writing

Darlyne Bailey, Monica Leisey, F. Ellen Netting, and Kelly McNally Koney

Abstract: *Reflections* V28(3) includes an update from the Editorial Leadership Team and Editorial Board. In this General Issue of *Reflections* authors reveal what can happen when practitioners, clients, educators, or students feel unsupported or marginalized. Most importantly these authors offer valuable insights and strategies used to create safe, authentic, and brave physical and virtual spaces in which to cope with sadness, loss, trauma, and change. We reinforce this theme by sharing our thoughts about the brave space *Reflections* provides for narrative writing, how powerful it is to own one's positionality, how it impacts one's interactions across professional roles and relationships. We hope readers will be as delighted as we are with the creativity emerging within the pages of this issue!!

Keywords: brave space, safe space, sadness, loss, positionality

Our Editorial Letter for this issue begins by thanking the many people who continue to make the publication of *Reflections* possible. We begin with those whose commitment provides an exemplar for the wise words of Kahlil Gibran (1923), "work is love made visible" (p. 23). Our letter then focuses on *Reflections* as a brave space for narrative writing as a prelude to highlighting the articles in this issue and their interconnected themes. Lastly, while a double-blind, peer-reviewed journal, *Reflections* would not be possible without authors investing their time to share their experiences and feelings and our reviewers making the time to provide thoughtful, formative feedback.

Appreciation to the Dedicated People Who Make *Reflections* Possible

Deepest appreciation goes to Jack Pincelli (Lead Copyeditor) who works diligently reading final copy and issuing galley proofs in the production process. Much gratitude goes to our 2021–2022 Copyediting and Production team members—Sarah A. Valek (Copyeditor) and Assistant Copyeditors Madeline Buhrow, Marty Dodig-Lamar, Karla Seese—and our 2022–2023 Production team, Heather Anderson and Lindsay Young.

There have been a number of personnel changes since our last Editorial Letter. We are especially grateful to Reinhild F. Boehme who served as Publisher for *Reflections* during the 2021–2022 academic year and has returned to her full-time position as Assistant College Lecturer in Social Work at Cleveland State University (CSU). Reinhild's organizational skills and her attention to detail were incredibly helpful as she shepherded the journal through the last year. Many thanks go to Cathleen A. Lewandowski who, until June 2022, chaired the Publisher's Executive Committee in her role as Director of CSU School of Social Work. It is with deep appreciation that we thank both Cathleen and Reinhild for their dedication to *Reflections* and to CSU, our publishing home since 2012.

We are very pleased to recognize our new Publisher, Christopher A. Mallett, who is the new Director of CSU School of Social Work. A long-time professor at the School, Chris has taught

graduate and undergraduate courses as a licensed social worker and attorney in Ohio. We are working closely with Chris planning for the future of our beloved journal.

Endless thanks go to our Section Editors who continue to volunteer their skills and time to facilitating the submission and review process. We are indebted to Crystal Coles (Research), Jon Christopher Hall (Practice), Beth Lewis (Field Instruction), and Arlene Reilly-Sandoval (Teaching and Learning).

Guest Editors & Special Issues

This spring "The Impact of COVID 19 on Preparing Future Helping Professionals and on Practicing with Individuals, Groups, and Communities" was guest edited by Katherine Selber and Lynn Levy. Katherine and Lynn were so pleased to receive multiple manuscripts in response to their call that they are editing a second COVID issue that will be published in 2023. We are so grateful to Katherine and Lynn for all that they have done to make these two issues a huge success.

A timely trilogy of issues on racial injustice and systemic racism is in process. The first issue "Black Racial Injustice: Personal Reflections to Change Strategies" was guest edited by Priscilla Gibson, Patricia Gray, and Rebecca Chaisson and published in October 2022. The next two issues will be published in 2023 and 2024. Patricia Gray is lead Guest Editor on "Practicing While Black," and Tiffany Baffour and Shonda Lawrence are editing a "A Call for Social Work Educators to Confront and Dismantle Systemic Racism *Within* Social Work Programs." We are especially excited that a teaching institute including editors and authors from this trilogy is being proposed for the Council on Social Work Education's 2023 Annual Program Meeting.

We look forward to the future Special Issue entitled "Care & Control: The Intersections of Professional Helping and Nation-State and/or Citizenship-based Belonging" guest edited by Ahn Ngo and Maryam Khan, faculty members at Wilfried Laurier University in Waterloo, Ontario. This Special Issue will contribute to the critical and intersectional social science scholarship by addressing contradictions, negotiations, possibilities, and the im/possibilities of providing professional care within the broad nexus of "citizenship."

A Brave Space for Narrative Writing

As helping professionals, it is important to continually reassess one's positionality and how it impacts the creation of spaces in which we can learn, develop, and grow. Positionality is composed of all those things that contribute to our multi-faceted identities. Murphy et al. (2020) underscore how writing narratives can provide a means to learn how positionalities shape perception and can aid writers in understanding and analyzing power dynamics, privilege, and oppression. We are honored to edit a journal in which our contributors reveal their positionalities, show courage in sharing their emotions, and tell their stories of lived experiences and evocative understandings. Our authors continue to inspire us to make and sustain *Reflections* as a brave space for narrative writing.

Why are we calling this a brave space? A decade ago, Arao and Clemens (2013) reframed dialogue around diversity and social justice by moving beyond the concept of safe spaces to that of brave spaces. Student feedback led them to consider how the word *safe* was often viewed as a place in which participants could remain comfortable in sharing their thoughts and feelings about controversial and sensitive issues. In brave spaces discomfort inevitably arises when diverse voices challenge participants' perspectives and worldviews. Arao and Clemens further say that brave spaces are replete with challenging interactions among marginalized and privileged populations, emphasize support and personal growth, and recognize that it takes courage and is hard to grapple with injustice.

Crediting Arao and Clemens's (2013) work on brave dialogic spaces, a plethora of educational and communications scholarship has been building around the idea of creating brave spaces through reflexive writing that encourages deep exploration of lived experiences. And it is important to point out that the concept of reflexive writing transcends educational level. For example, Spence et al. (2021) expound on how middle and high school education can suppress students' imaginations by ignoring "opportunities for self-reflection . . . especially in historically marginalized communities" (p. 847). They go on to say that "reflection supports the ongoing development and growth of the self . . . forcing a person to grapple with new ideas and to express their experiences. Impressions of life, social interactions, and political events are clarified through dialogue and writing" (p. 849). These authors assert that opportunities for students to fully express themselves in this type of writing can promote positive learning, growth, and development (Spence et al, 2021). *Reflections* refers to this as narrative writing. And we are encouraged to see more and more educators and practitioners elaborating on how narrative writing can be a form of self-care in a format that contains "emotions that can invoke insights and empathy unlike the impersonal descriptions of conventionally structured and written journal articles" (Hurd & Singh, 2021, p. 354).

We are honored to carry on the vision of our founders, Sonia and Paul Abels, to ensure *Reflections* remains a brave and inclusive space in which diverse voices are welcomed, multiple and divergent views can be expressed, emotions can be provoked, and in which we are challenged to consider alternative ways of thinking—and being. With all of that in mind, we recently expanded our calls for creative expression to include a Permanent Call for Art, Poetry, and Photography as well. Our intention is to reach out to helping professionals from multiple traditions so that we can all learn from a broad range of practitioners, educators, and students who have meaningful stories to tell and who are willing to step into the brave space that *Reflections* provides.

Highlights of This Issue

The authors in this issue emphasize the importance of owning one's positionality as well as recognizing how it impacts one's interactions across professional roles and relationships. They reveal what can happen in those spaces in which practitioners, clients, educators, or students feel unsupported or marginalized, but most importantly these authors offer valuable insights and strategies used to create safe, authentic, and brave physical and virtual spaces.

Raising our consciousness about the importance of time and space for dealing with the profound sadness that accompanies loss, trauma, and grief is a theme that permeates our first three contributions. Babando's narrative poem mourns the loss of sadness in a world that seeks happiness at all costs, challenges us to consider how emotionally bland our world would be if we never experienced the contrast between the depths of sadness and the heights of love, and encourages us to honor the teachings that sadness brings. Articles by Allen and by Dixon and Tam focus on the impact of client suicide as one of the most stressful events in the careers of helping professionals in clinical practice. Stunned and profoundly sad when their clients committed suicide, these professionals immediately began questioning themselves. They each ask, What should I have done differently? Allen recalls the isolating, emotional emptiness of a space in which colleagues did not know what to say and in which trauma-informed practice had not been taught. Dixon and Tam speak to how the suppression of sadness can have negative effects on one's practice and how it takes time and space to regain the hope needed to increase growth, self-awareness, learning, and inner peace. Both articles offer sound advice about developing postvention plans for mental health professionals and how to embed peer support into mental health practice spaces.

Creating safe learning spaces is a theme of the next four articles. In teaching a course on trauma-informed practice Shepard creates a safe physical classroom space for engaging with others, listening to their stories as a form of poetic embodiment, and building a healing co-learning community. Shepard encourages students to be attuned to their emotions and physical reactions. Wong writes from the perspective of a former English as a Second Language (ESL) student whose professors viewed social justice in education as a matter of equity and who provided inclusive spaces for diverse student learners. Experiencing their accommodations in the classroom provided Wong with a valuable example of how social justice positively influenced the author's professional career development. O'Meara writes about how the pandemic made the author sensitive to the physicality of space as a learning environment. Being forced to teach from home meant adjusting to shared spaces not specifically designed for teaching as well as recognizing that not everyone has access to their own space, much less the flexibility required to design and support student engagement in learning spaces that enhance socio-emotional well-being. Franco, Harmon, and McCafferty use counter-storytelling and personal narrative-making to contextualize their lived experiences as Black and Latinx faculty members teaching within White spaces. By creating brave spaces, the authors offer opportunities to explore their own relational positionality and contribute to a more inclusive and safe work environment.

Brave spaces that reach wider and wider audiences are elaborated in the next two articles in which their authors take us into online learning platforms and reveal strategies they use to create virtual spaces in which students feel supported and safe to be vulnerable and authentic. Housed in a Primarily White Institution (PWI), Vazquez strives to change virtual check-ins from being an elite White space into an authentic space free of fear in which plausible solutions to combat racial injustice can emerge. Kattari and hess frame their engaging narrative as a conversation between an educator and student focusing on creating a space of possibility by using TikTok for developing and sharing knowledge across professions, nations, and generations. Vazquez and Kattari and hess demonstrate how to use social media for social justice education. In both narratives, the authors stress how important it is for purposes of transparency and accountability

to name the positionality from which faculty members and students alike enter into their virtual classrooms.

English and Charron and Singh examine the importance of positionality for researchers. English writes a very personal narrative about how the author's role as a researcher has been influenced by "kithship" in which trusting relationships are built among friends who become one's family of choice. When a kithship family member dies, English describes the disrespect and control that occurred when blood relatives forced others into spaces where they could not thrive as they faced the emotional challenges of misgendering and deadnaming a beloved transgender friend. Charron and Singh emphasize the importance of reflexivity in every phase of their research as an ongoing process and point out the dangers of attempting to bracket qualitative data without first recognizing the impact of our own positionalities and experiences. Lessons learned include understanding that one's viewpoint is ultimately subjective, that all perspectives may hold truth, and there is great value in exploring the impacts of the intersectionality of one's different identities with respect to the privilege or oppression they hold.

The theme of acknowledging and owning one's positionality within professional workspaces continues in our last two narratives. Shaw, Carter, and Tolbert-Banks compare the unpredictability of driving a "struggle bus" that lurches in multiple directions to navigating the changing spaces in which helping professionals journey on a daily basis. The authors share personal experiences and offer critical reflection tools designed to promote psychological introspection. Fleischer focuses on the critical importance of quality Clinical Supervision, sharing what happens when supervisors do not reflect on their own positionality and fail to provide safe spaces for listening and learning. Fleischer identifies characteristics that enhance the supervisory relationship. Both narratives remind us that helping professionals continually encounter emotionally laden situations that take time and space to process.

The authors in this issue reflect on their positionalities, share their lived experiences, and offer sage advice on how to create spaces that engender hope and possibility. We trust you will find this issue as you find all of *Reflections*—full of compelling narratives offering insights that will be useful to educators, practitioners, students, and others who venture into this brave space. Once again, we look forward to hearing from you!!

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An Apology for the Future Loss of Sadness

Jordan Babando

Abstract: This writing stems from my dissertation research into the emotions that exist in medical interaction. In my research and literary undertakings, I have come to notice a cultural, political, and pathological shift concerning sadness. What I have aimed to provide is a creative and reflective interpretation of my readings and personal research experiences of a possible future without the emotion of sadness.

Keywords: sadness, sociology of medicine, emotions, reflexivity, qualitative

This writing stems from my dissertation research into the emotions that exist in medical interaction. In my research and literary undertakings, I have come to notice a cultural, political, and pathological shift concerning sadness.

I agree with sociologists Horowitz and Wakefield (2007) in their indication that sadness is an emotion that is essential and useful, and yet many are suppressing it, avoiding it, and medicinally treating even its mildest or non-pathological forms. When we fail to see the usefulness of sadness, we further fail to see the beauty in its presence, the teachings that it brings, and the impact of feeling for the losses of others. In North America, sadness is currently being posed as a barrier to our happiness—an emotion tied to capitalism and commodity marketing (Wilson, 2008). Pharmaceuticals also play a role in this, since anti-depression medications have become the highest-selling drugs globally (Horowitz & Wakefield, 2007), and countries that have never known the term "depression" are being lobbied by pharmaceutical companies to recognize it (Watters, 2010). This is not to say that there are not people suffering from depression, but instead that I agree with Horowitz and Wakefield: There needs to be greater scrutiny around how clinicians diagnose depression and how the world views sadness.

My previous research on emotions in healthcare interactions between social workers, nurses, physicians, and patients illustrated some of the unfortunate outcomes of discriminating against sadness at a clinical level, such as increased levels of compassion fatigue, burnout, and negative emotional workplace experiences that carry over into the personal lives of healthcare workers (Babando, 2020). Furthermore, the suppression of sadness among healthcare workers can have negative effects on their judgment and ability to provide adequate care for their patients (Ofri, 2013). How we understand our own emotions has consequences for how clinicians and healthcare workers engage with service users, and for our future society generally. In my literary reflections, I have developed a concern for society's trajectory towards the elimination of sadness. What I wish to provide here is not an argument to support my own personal bias or judgement of a possible bleak future. Instead, I simply wish to give my poetic reflection that might provide some perspective on a possible future without sadness.

I apologize. Although, how does one apologize to those who no longer experience sadness? If there is only happiness in this world, then does it not limit what emotional response we can expect to receive? Furthermore, would it not further limit what we would feel necessary to apologize for? What is the point of an apology without remorse or sympathy? Why would

anyone unmoved by the death of a recent loved one say sorry or offer any condolences? Why apologize for breaking someone's heart if it is cast in an unbreakable shell? Our hearts were the metaphorical core of our happiness and sadness. We used to follow our hearts to find happiness, and when we experienced loss or failure, our hearts were said to be broken. Although, it is this misunderstood brokenness that foreshadowed the eventual loss of sadness. Our hearts may hurt, although they do not break. Our hearts beat, and they have a rhythm. Observing a cardiogram, we see the line repeatedly going up and down.

Happiness is at the top end of this rhythm and sadness is at the lower end, and together they form the rhythm of life and energy flowing through our bodies. Unfortunately, somewhere along the way sadness was lost and only a solid straight line of happiness remained. While we were convinced that this was the ideal way to live, we hopeful happy types were deceived. A straight line on a cardiogram is a flatline—clinical death. If we are moving, drinking, eating, and breathing in death, then how are we anything more than zombies? The apocalypse in this case did not come at the hands of some biological disease. Indeed, it did largely derive from the hands of the pharmaceutical industry in the name of profit. The world was fed a hefty plate of lies where marketers, politicians, industry, and capitalism were shoveling their version of a happy life down our throats. Our gluttony and greed provided enough appetite for dessert—a tiny pill that would rid us of sadness indefinitely. Politicians wanted us to smile as they taxed away our future and allowed the majority to suffer for the sake of the wealthy few. Capitalism wanted us to believe that happiness existed in wealth and through the purchase of "things." Marketing moguls worked tirelessly to convince us that televisions, cars, iPads, or the next "as seen on TV" item could solve all our woes. Perhaps such commodities could make us happy if only sadness would just get out of the way.

With the loss of sadness, we experienced the loss of caring. This compounded loss meant that we no longer wanted anything more for ourselves beyond "things." No longer sad for your terrible job or the lack of recognition you receive. No longer sad for the time with family and friends that your work steals away from you. No longer sad for your failing health from the mass consumption of cigarettes, drugs, alcohol, or "safe" FDA-approved consumer products that may one day kill you. Unable to process emotions related to those we have loved and lost, where we give up our children without shedding a tear or remembering them in the years that follow. Sadness informs us of what we have lost and what we are truly missing. Sadness informs the happy ignorance of our daily lives. Can ignorance be bliss? This is especially true if we no longer know sadness, but at what cost? If you have never known love then you may not miss it, want it, or care much for it. Although, having experienced love, I could never imagine regretting its experience. I would rather experience a single day of love's joy, bliss, embrace, conversation, passion, and happiness, and lose it, rather than never experience that single day of love at all. Sadness was once the risk we were all willing to take on—the gamble of one day feeling love.

All you can do now is read about it in the history books and use your diluted imagination to attempt envisioning what such an emotion would be like—yearning to know how it feels to touch with the hands we have never had or the desire to see from the person who was born blind. Such tasks seem incredibly daunting, and for this I am sorry. I am sorry that you emotionlessly bear witness to the artistic relics of a not-so-distant past. I am sorry that you now stand in front

of paintings, witnessing them as if they were merely windows into an otherwise obscene alternate reality. I am sorry that you meet Beethoven's Ninth Symphony with unshakable indifference. I am sorry that the dwellings in which you live are designed solely for functionality and offer nothing to enhance the beautiful surrounding landscapes. I am sorry that you will no longer have a future Mozart or Rembrandt. I am sorry that you will never miss the dying light of the evening sun. But most of all, I am sorry that the world will only be able to experience a fraction of what we once defined as love. Without knowing what this will ever mean I still say, for this, and you, that I am truly sad.

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A Social Worker's Experience with Client Suicide

Ashley Allen

Abstract: Mental health social workers often work with clients experiencing suicidal ideation. It is not uncommon for social workers to experience the suicide of a client. Social workers may experience guilt, shame, anxiety, and depression following a client suicide. Agencies play a prominent role in influencing how social workers will cope with a client suicide. This paper reflects on my experience when my client died by suicide. Agencies can ensure a supportive environment by having a clearly developed plan in place before a client suicide occurs. Agency policies and procedures should outline what steps to take and how to provide support to staff during a client suicide crisis. Social work leaders can decrease adverse reactions of social workers who have experienced a client suicide by implementing recommended procedures. Agency policies that focus on supporting the social worker after a client suicide influence how staff cope and promote a positive workplace culture.

Keywords: suicide, postvention, policy, organizational health

"My mother is dead, and it is your fault." That was the voicemail left for me by my client's son. Every social worker's worst nightmare was right there on my voicemail. My client had died by suicide the day before. Her son's anger and hurt came through his voice, and he was blaming me. I froze, and I did not know what to do.

I had been practicing social work as an MSW for four years. I was young and a new mental health practitioner. My education and training had not prepared me for this situation. I felt my heart start racing. Time seemed to stand still for a minute. My vision and hearing clouded, and I was unaware of everything going on around me in our busy office. My panic set in. I did not know the next step to take, but calling my supervisor seemed like the logical thing to do.

I alerted my supervisor immediately and had him listen to the message. He tried to hide his panic from me, but I could tell that he did not know what to do, either. I felt the tears start to fall as soon as I could comprehend what was happening after the initial shock. My supervisor told me to get myself together because I had clients to see, and they would be arriving any minute. He also told me not to mention this to anyone or tell my coworkers. Looking back, I realize that he needed a moment to figure out the next steps. He needed to notify agency leadership to receive guidance on how to handle the situation.

At that time, I needed support and compassion from my supervisor and coworkers, but I did not know how to ask for it. I needed someone to talk to about the grief and fear I was experiencing. I remember thinking that I had no clue how I would make it through the day, much less start a session in the next 15 minutes. I somehow managed to get myself together enough to see my clients that day, though I am sure it was not my best work. A part of me felt that my client's death was my fault, so my distress was warranted. Talking to a colleague about my grief and what I was experiencing at that moment would have been immensely helpful, not just in the short term but for my long-term professional development as well.

As the day progressed, many thoughts distracted me from my responsibilities. I considered that I could be sued and how that would impact my professional and personal life. I worried that I may not be able to practice as a social worker any longer. This thought was devastating to me as I loved my career and the work I did daily. These thoughts made me nauseous and anxious throughout the day. I also grieved for my client. I was heartbroken that this lovely person was gone, and the guilt I felt increased my grief substantially.

My client's suicide was perhaps the most stressful moment of my career. Confusion about what to do or what to expect next made the situation more stressful. My supervisor was also unable to direct me or provide support, which increased the stress of the situation. I had never had a conversation in my education or at my agency about the possibility of client suicide. Among the professionals I worked with, the topic was taboo. We did not openly admit that this had ever happened or that it was even a possibility.

The following week, I participated in the agency's event review process. The agency's leadership team read the client's chart, including all my notes. The team discussed the client's behavior and treatment as well as if the agency could have done anything differently. The only encouragement or support after the review was the CEO telling me, "Your notes are good. It looks like you did all you could do." I still felt like I had failed and that if I were a better social worker, my client would not have died. I did not have an appropriate avenue to discuss these feelings, and I did not know how to advocate for myself to get my own emotional needs met.

My agency was unprepared for this event as well. The agency did not offer counseling or any other services. I was not aware of any employee assistance programs, and I did not know that I could ask for help locating services. Neither agency leadership nor my supervisor offered me time off to process the event or to locate any services I may need. Management seemed unaware that I would have emotional needs that should be addressed. No plan was in place to monitor my professional performance or provide clinical supervision to ensure the suicide did not negatively impact my practice with other clients.

The one supportive relationship that emerged was with a coworker who was a psychiatrist on staff with me. She came to my office to see me of her own volition and offered support. She shared that she had been in a similar situation and understood how difficult it was to cope after a client died by suicide. She offered me time and space to talk with her if I needed any further support.

The kindness of my coworker helped me process my grief. She took the time to listen to me and validate my feelings. She offered insight from her perspective and shared things she had done to facilitate her own coping process when her client died. Her support was valuable through this experience and my professional development.

Lessons Learned

My client's suicide changed me as a social worker, and in many ways was a learning experience. I sought supervision more frequently when working with clients who had a history of suicidal

ideation. I learned more about suicide risk assessments and best practices for utilizing them so that I could complete more thorough assessments. Today, though I work in a different agency, I am the designated trainer for all clinical staff on completing suicide risk assessments and safety plans. This experience also shaped my leadership style. I understand how difficult this type of experience is for the social worker. I strive to be supportive towards my team whenever a client dies, especially by suicide. I always acknowledge the social worker's grief and help them obtain what they need to cope, including clinical supervision or information on the employee assistance program, if needed. I continually work to be a better leader. I strive to help social workers cope during any difficult experience with a client. Once the team member is ready to take the next step, I help them objectively evaluate the situation and learn from it.

Though my experience with client suicide was challenging and painful, it has had positive outcomes. I became a more resilient professional dedicated to educating other social workers on suicide risk factors and best practices for prevention. I have also learned to be a more supportive and compassionate leader. Dissecting an experience to absorb the pieces that worked well and learn from the pieces that did not can be a valuable learning tool, especially in dealing with similar situations.

Impact on the Social Worker

Sanders et al. (2008) found that experiencing client suicide was not uncommon for social workers. Their study determined that 31 percent of social workers surveyed had experienced a client death by suicide. Mental health professionals report feelings of guilt, shame, anger, anxiety, and depression after a client suicide (Ellis & Patel, 2012). Client suicide can be a traumatic experience for social workers (Ting et al., 2006). Though much progress has been made in the mental health field to destigmatize death by suicide, the stigma can still affect mental health professionals and exacerbate feelings of blame for the death (Ellis & Patel, 2012). Some mental health professionals have reported feeling deserted by their colleagues after a client suicide, and some even reported that they were terminated from employment (Juhnke & Granello, 2005). Many social workers have experienced client suicide and report difficulty coping even to the point of trauma responses. Agency reaction and support can impact the response of the social worker and their ability to cope.

The Role of the Agency in Supporting the Social Worker

Though client suicide is a prevalent experience in the profession, agencies often do not have procedures in place stating what to do in the event of a client suicide (Ellis & Patel, 2012). Prior to entering the workforce, social work education does not provide social workers with the skills to address client suicide. Ruth et al. (2012) found that most social work education curriculums provide only 4 hours or less of education on suicide, mainly focused on prevention and intervention. The article did not discuss education on coping with the impact of client suicide. Veilleux and Bilsky (2016) address that postvention strategies are procedures that are intended to provide support after a suicide. Existing postvention strategies are not often able to be revised for use with social workers or other mental health professionals (Veilleux & Bilsky, 2016). However, best practice is that agencies have a written policy or procedure that is easily

accessible to all staff in the agency (Ellis & Patel, 2012). A thorough postvention plan for mental health professionals can promote coping after a client suicide and prevent compassion fatigue (Strom-Gotfriend & Mowbray, 2006). Agencies can promote organizational health and the health of individual workers by investing in the development of a plan that meets their unique needs.

Without training and procedures to follow, mental health professionals are unprepared to handle the challenges associated with client suicide. In turn, agency leadership also may be unsure of the next steps or what actions to take. Without established policies and procedures, fear of litigation may dictate the agency's response (Strom-Gotfriend & Mowbray, 2006). Juhnke and Granello (2005) even recommend that the first step of a mental health professional's preparation plan be to keep a copy of the insurance policy easily accessible. Legal counsel may advise agencies to forbid staff from discussing the client or the suicide among each other (Strom-Gotfriend & Mowbray, 2006). Litigation fear can negatively impact open communication within the agency, which can be detrimental to mental health professionals seeking peer support (Finlayson & Simmonds, 2019). Causer et al. (2019) reported that a lack of open communication within the agency led to mental health professionals feeling isolated or abandoned by their agency and peers. Having a plan in place before an incident occurs will allow agencies to provide for the emotional needs of all staff while also following legal advice.

Implications for Social Work Practice

The recommended priority of the agency plan is to first address the needs of the professional who worked with the client (Veilleux & Bilsky, 2016). Agency culture significantly influences how mental health professionals cope after a client suicide (Causer et al., 2019; Finlayson & Simmonds, 2019). The most identified indicator for staff to view the agency's response as supportive is open communication (Finlayson & Simmonds, 2019). Peer support was also identified as an indicator of a supportive agency (Veilleux & Bilsky, 2016). To promote a supportive environment, agencies should focus their plans on meeting the emotional needs of any staff affected, promoting transparent communication, and fostering a culture where peers provide support to one another.

Ellis and Patel (2012) acknowledge that an event review is a critical component of evaluating possible change to agency procedures but should not occur until the mental health professional has had time to process the client's death. The review should consider any precipitating factors as well as all assessments and treatment provided (Veilleux & Bilsky, 2016). The review should also focus on improving agency procedures and identifying staff training needs instead of finding fault or blame (Veilleux & Bilsky, 2016).

Veilleux and Bilsky (2016) recommend that agencies develop a proactive postvention policy and provide training on the policy at regular intervals. Causer et al. (2019) suggest that agencies train staff on what to expect in the event of a client suicide prior to an incident occurring. Agencies may want to consider including employee assistance programs and internal teams to assist staff with their needs during the crisis when developing policies (Ting et al., 2006). Organizations should also contemplate arranging for staff to take time off if needed or to adjust

caseload numbers or intensity. Agencies may include guidelines for these practices in their plan (Finlayson & Simmonds, 2019).

Though Sanders et al. (2008) found that client suicide was a not an uncommon experience in the profession, current literature contains few articles addressing the issue of client suicide and the impact on social workers and other mental health professionals who treat those individuals. More research is needed on best practices for support and postvention for social workers who have experienced this type of loss. The articles referenced in this paper make recommendations for agencies to address the issue of dealing with a client suicide. However, the articles describe little research conducted in regard to the efficacy of these recommendations. Further research should focus on techniques and practices that would be most helpful for social workers.

Conclusion

Research about postvention for mental health professionals is not prevalent in the literature (Causer et al., 2019). However, client suicide is an issue that is common, and it makes a significant impact in the social work profession. My experience with client suicide demonstrates the ways peer support and agency response affected my ability to cope and my eventual professional development. By being prepared for client suicide, agencies can support their staff and develop clear plans in the event of a crisis. Ting et al. (2006) state that social work education institutions and agencies should work together to provide training that prepares social workers for the realities of client suicide. Agencies should not only focus on training professionals in suicide prevention and crisis intervention but also in postvention procedures for staff in the agency in the event of client suicide. Being prepared for client suicide should not be viewed as an expectation of professional failure or an admission of defeat for the social worker but as preparation for a crisis, just as the agency prepares for any other potential catastrophic event.

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Surviving Client Suicide: The Invisible Burden of Two Clinicians

Mark A. Dixon and Benjamin S. Tam

Abstract: This narrative recounts the experience of two social workers who lost a client to suicide. Our similar experiences with grief and loss, shifts in professional identity, and tipping points towards healing are discussed. Through sharing two independent stories, we the authors hope to impart insights gained from these experiences and prepare both new and seasoned social workers as we treat high risk clients. The healing process is one which includes reflection, acceptance, and finding intrapersonal resolution. Recommendations for the surviving clinician and the broader field are shared to continue the conversation within the profession about surviving client suicide.

Keywords: coping skills, grief, reflection, client suicide, postvention

Introduction

Managing client suicidal behaviors (CSB) is a challenging aspect of social work service provision. CSB can be defined as a significant suicide attempt or completion by a client (Ting et al., 2011). According to the National Center of Health Statistics, over 47,000 individuals died by suicide in 2017, making it the tenth leading cause of death in the United States (Kochanek et al., 2019). Additionally, the suicide death rate has increased 33 percent from 1999 to 2019 (Stone et al., 2021). Estimates also suggest 19 percent to 29 percent of those who died by suicide were seen by a mental health professional within one month of their death (Luoma et al., 2002; Niederkrotenthaler et al., 2014). Some research uncovered approximately one third of social workers will experience the death of a client by suicide (Jacobson et al., 2004). There is mounting evidence indicating clients may conceal thoughts of suicide from treatment teams and clinicians for fear of hospitalization or letting others down (Blanchard & Farber, 2020). Over the course of their careers, thousands of social workers will experience the loss of a client to suicide, and some may not be aware of the risk until it is too late.

Feldman and Freedenthal (2006) found 92.8 percent of social workers across all areas of practice have worked with clients who experience suicidal ideations, and 78.1 percent were within the past year. Yet, working with clients experiencing thoughts of suicide can generate anxiety within providers due to the urgency of the situation (Neimeyer, 2000). Social work students and new social workers have expressed discomfort with managing clients' disclosures of suicidal or homicidal thoughts or intent (Ruth et al., 2012). However, these authors found nearly 60 percent of social work programs only offer four hours or less of suicide assessment and prevention education.

The research on surviving a client suicide suggests it can be an emotionally charged experience for the clinician and often generates reactions similar to losing a family member (Ellis & Patel, 2012). Many of the emotions a mental health professional may initially experience, such as grief, guilt, inadequacy, shock, anger, shame, anxiety, and betrayal, are shared by others who survive a suicide (Farberow, 2005; Hendin et al., 2004). Losing a client to suicide may result in practice changes such as increasing recommendations for hospitalization, more consultations

with colleagues, and a heightened focus on the phenomenon of suicide; however, few social workers or other mental health caregivers refuse to work with CSB or leave the career field as a result (Gulfi et al., 2010). One qualitative study of 12 psychoanalysts found reactions fell under three broad categories: 1) traumatic loss and grief, 2) interpersonal relationships, and 3) professional identity (Tillman, 2006). This research provides a simple but compelling model to make sense of the litany of reactions to a client death by suicide and helped the authors organize this narrative.

While many publications regarding client suicide provide compelling stories, valuable insight, and a broad understanding of the topic through vignettes and case examples (e.g., DeAngelis, 2001; Grad & Michel, 2004; Gutin, 2019; Tillman, 2006), the authors felt a longer, personalized narrative would be a useful supplement to the current literature and highlight several topics warranting further research.

The inception of this project came during a suicide prevention training. Tam spoke about the loss of his client to suicide and some of the impacts it had on him. For Dixon, hearing this brought sadness for the unfortunate loss of life, shock at hearing another therapist speak so openly about his experience, and relief to finally find a conversation partner for this topic who was truly familiar with it. After the training we took the time to discuss our experiences and realized we had an important story to tell. This narrative covers how these tragic deaths shaped our clinical practice, perspective, and motivation. We both had the sense that this topic remains somewhat taboo, and work remains to be done to reduce the sense of isolation a social worker may feel following the suicide of a client (Ellis & Patel, 2012). Completed suicides have serious impact; we felt compelled to present the perspective of a professional's lived experience. The authors determined to utilize a narrative format to share their stories, since narratives are so effective at capturing the detailed stories and experiences of an individual (Creswell, 2013).

This process was an organic, iterative, and personal exercise, rather than a fully academic or even well-organized project. The narrative served as a method to reflect upon our lived experience, a tool to develop new interpretations of these experiences over time, and a product to share our gained insight (Connelly & Clandinin, 1990). Through additional discussion, mutual editing, and repeated feedback, we pushed each other to identify experiences and emotions associated with our clients' deaths. Despite differing circumstances and personal backgrounds, we discovered our shared experience—loss. There were breaks in writing as we each had full-time work to contend with, but the drive to complete the project never waned and the paper finally took shape after 14 months. It must also be mentioned that helpful feedback was provided by friends, co-workers, and reviewers, who each provided valuable insight to sharpen the message of this paper. The aim of this work is to validate the experiences of and offer hope to those who survive the suicide of a client.

Narrative 1: Dixon

Background

Following graduate school, I began my career at a community mental health center in the Midwest. My supervision was excellent, and there was a general sense of camaraderie among the staff. There was great satisfaction doing the work I had trained to do and feeling like I was making a difference in the lives of people I worked with. My caseload was intense, as I treated mostly those with addictions and a dual-diagnosis. Many of my clients experienced suicidal ideations and many times I had to work closely with people with acute CSB. To my knowledge, during the 2.5 years I worked in the organization none of my clients died by suicide. It was a good feeling to know some people were alive because of my interventions with them.

I later became an Officer in the US Air Force and began working in a mental health clinic on a military installation. In some ways, the work initially seemed less intense compared to community mental health, but I enjoyed working with service members and my wonderful group of co-workers. Again, I was making a positive impact and felt integrated into the local and military community. I was still a young social worker with lots to learn but remained confident in my training and skills and enjoyed learning from those far more experienced than myself. In short, it was exciting to be a social worker, and I was optimistic about my career prospects. Nothing could have fully prepared me for what I was about to experience.

Loss and Grief

It was one of those autumn mornings which made me wish I had an outdoor job. The clear and crisp air refreshed me with every breath, birds literally sang and chirped all around, and the sunrise cast spectacular shades of orange and purple over the mountains. Coming into work was exciting as I looked forward to seeing my clients and teaching a class later in the day.

The hustle and bustle of a few people, who did not regularly arrive early for work, surprised me and prompted me to ask what was going on. The senior psychologist approached me and asked if I'd heard the bad news. After a negative response, he informed me my client Sergeant Jones had died by suicide the evening before. (Name, rank, and other identifying information have been altered. For the remainder of the article, in future references he will be referred to as Tim to avoid an undue focus on the military status of the deceased.)

My affect must have instantly changed; he asked me how I was doing. How was I doing? How do you take it all in? Was I shocked? Yes. In disbelief? Yes. Sad? Yes. Angry? Yes. Afraid? Yes. I immediately noticed the physical sensation of my stomach tightening as if someone had just punched me in the gut. It nearly took my breath away.

Questions began pouring through my mind in a frenzy of mental agitation. How could this happen? I just saw him last week and he was doing great, what changed? Did he reach out to anyone? What did I miss? Am I going to be in trouble? How is his family? Who is with them now? Do his kids know yet? How did he do it? Where did he die? Who found him? What did his

unit think? Why now, when things were actually looking up for him? What signs did I miss? How did I miss them? Is everything in his medical record? What could I have done better? Why didn't I do more? Should I have followed-up with him this week? Could this have been prevented? What now? Who do I need to talk to? Did he leave a note? What did it say?

The rapidity of thought was astonishing. I just couldn't wrap my mind around the situation. How could this happen to him . . . to his family . . . to me? By definition suicide is self-inflicted; yet, I felt something had been done to me. It felt personal. Not losing a client to suicide seemed like a basic expectation of the profession, and now here I was facing that very event. It was humiliating, embarrassing, and troubling. This particular reaction surprised me, which further filled me with a sense of guilt and shame.

We had been working together for months, and the worst of his struggles seemed to be behind him. Tim's divorce was being finalized, he was happy with the child custody arrangements, and he was finally getting a transfer to a base he'd coveted for years. His mood, sleep, activity level, energy, diet, social engagement, and work productivity were all well within normal limits. He didn't drink, smoke, or use caffeine anymore. Everything seemed to be going well. A model client in many ways, he completed most of his homework assignments, asked for additional support when needed, and rapidly gained insight into his condition. I looked forward to our appointments; his sincerity and courage in addressing his insecurities and weaknesses were uplifting. Now it was all gone. It just didn't make any sense.

The psychologist broke through my thoughts as people continued to bustle around me. He informed me the hard copy of Tim's medical and mental health records were being reviewed, and under no circumstances should I access his medical record. This did not come as a surprise. I was certain an investigation would occur to determine if proper care was rendered and to find any underlying lessons learned. Logically, it made sense—I got it. Emotionally, though, it was difficult to reconcile as fear and trepidation surged through me. It seemed like I was about to go through an inquisition. What did this say about me? Surely, I must have messed up somehow! Nobody else's clients were killing themselves! It was a very raw emotion.

He was a good client. He was a good person. This left my mind filled with thoughts and questions of self-doubt. How am I supposed to continue doing therapy today? Maybe I'm just a failure. Maybe . . . maybe, I'm not cut out for this after all. The thought chilled me to the core. What else would I do with my life? I had trained, worked, and hoped to be in this position, and now it seemed like it wasn't for me. All of a sudden I felt different, alone, like an outsider, an impostor among qualified professionals. I'm supposed to be the one to help people and prevent suicide. I felt like a failure and disappointment to everyone around me.

The senior psychologist seemed to be reading my thoughts. He informed me this tragedy wasn't my fault and there was really nothing more I could have done to prevent his death. I couldn't quite grasp this point. It felt like there should have been something more to do to prevent this tragedy. I was still struggling to take it all in, and the sense of letting others down pervaded. I felt defeated. He informed me that sometimes people make poor choices in the moment when

they are in a dark place. I appreciated what he had to say, but I wasn't yet in a space to accept this perspective. These feelings persisted for many weeks.

After wandering back to my office and tucking myself away from others, I just sat there in total mental and emotional shock—miserable to the core. Thoughts continued to race through my mind, but what I remember most about the time was sadness. Somebody I was supposed to be helping had just taken their own life. It felt so final. I felt sad for him. I felt sad for his family. I felt sad for his unit. I felt sad for me. All the potential, goodness, and opportunities he had for the future were now gone. Irretrievably gone.

Grief Reactions

Before returning home that first day, I spoke with Tim's unit leader. We had worked and coordinated together many times to help Tim out. He told me they met together two days previous, and the leader expressed how proud he was of the progress and professionalism Tim had exhibited over the past year. They were both excited about his prospects. The parting words to me from this leader stuck with me, "I'm pissed with him. He could have called me, his supervisor, you, anybody—we would have helped! What a waste."

He gave voice to some of my own thoughts and feelings which I felt uncomfortable acknowledging. I too believed his death was a waste. So many people could have helped him. So many people had helped him. So many people wanted to help him. So many people would have helped him. So many people should have been allowed to help him. Yet, he didn't allow it to happen. He didn't allow any of us to help in the moment he needed it most. I think the anger and disappointment came from feeling cut-off, discounted, and shunned by him. It felt like the ultimate level in betrayal and distrust—he wouldn't trust us when he needed it most.

Much of the next few weeks was a blur as I threw myself into work and did my best to compartmentalize the situation. This became my primary coping skill in the phase immediately following Tim's suicide. I didn't talk about it at home and certainly didn't want to talk about it with co-workers. I was afraid of being judged. I was embarrassed. I was sad. Over the next few days and weeks I exercised more, prayed more, spent more time with my children's activities, and did everything I could to keep busy. Though these are all great coping skills, they were used as an avoidant measure so I didn't have to talk or think about my client. These efforts did not ultimately help in solving my problem of how to find internal peace and regain some degree of confidence in my skills; rather, I was left with a sense of isolation everywhere I went. The invisible burden I was carrying seemed to get in the way of my normal interactions with others.

As time went on I learned more about the circumstances. The details told of a truly shocking event and suggested significant impulsivity in his decision making. A note was not found to suggest why he took this action. It didn't make me feel any better to hear this information. In fact, with a mental image to go along with the scenario my mindset became even more fixated on the event.

For weeks I struggled with intense waves of sadness, anger, disappointment, failure, shame and frustration. Part of the problem was still feeling alone in this whole process. At this point, I didn't know of anybody around me who had survived a client suicide. Maybe others had, but my sense of failure and isolation was too complete to even ask. I didn't want to talk about it, and I don't recall anyone reaching out to share their story. Like many social workers, I don't recall having talked about this situation with anyone during school, training, or my early years in practice (Scott, 2015).

Professional Identity

Try as I might to work through the reactions over the next several weeks and compartmentalize my feelings, it wasn't enough. Doubts inevitably broke in whenever I met with a client. Are you going to take your life? Am I going to fail you too? Am I missing something? Should I transfer you to someone else? Working as normal helped me to manage some of my thoughts and emotions, but it didn't prevent them from coming. Getting to work also reinforced the idea that life continues onward despite the many struggles and setbacks. I worked because I hoped things would get better.

I spoke at length several times with the senior psychologist and a few other colleagues who provided some valuable insight. I also learned my notes and documentation were in order and no concerns were raised about the care Tim received from me. Relief spilled over me to hear this, but I still felt there was more I could have and should have done. I was his therapist. Shouldn't I have been able to prevent this? I felt like I hadn't lived up to expectations within the field and now felt like an outsider. At the time, it was so hard to reconcile being a good social worker and having a client die by suicide. It took months with extensive periods of reflection for the following two thoughts to truly resolve in my mind: 1) potentially he was concealing thoughts of suicide from everyone around him for fear of letting us down or worrying about what might happen and 2) potentially his death was truly an impulsive act in a dark moment of weakness and isolation. Acceptance of my efforts to prevent his suicide quietly began to mute the internal dialogue of guilt. Though it didn't take away the sadness and tragedy, it took away the sting of his death.

Tipping Point

Several days after Tim's suicide, his unit held a memorial ceremony during which they initiated a roll-call. In a ringing voice, the unit's most senior Sergeant called out each member in the unit by their last name. When called, each member stood and snapped to attention, shouting "present." Men and women snapped to attention throughout the audience in an orderly and disciplined cadence. But now it stopped. It came to a screeching halt as he called "Jones." Silence. "Sergeant Jones." Deafening silence. "Sergeant Timothy Jones." Dead silence. For what seemed like an eternity, a deep hush and stillness reigned while internal turmoil rippled through the audience. It was an unavoidably powerful moment.

Finally, the sobs of extended family and friends broke the silence, and the somberness of the entire group brought the finality of his death back in full force. It caused me to reflect upon the

impact we, as individuals, have across groups and systems of people—family, friends, neighbors, church members, co-workers, leaders, healthcare providers, teammates, mentors, and acquaintances. Each person present was impacted in a unique way based on their relationship with Tim.

This experience in the silence of a crowded auditorium became the beginning of the healing process for me. Yes, the finality of his death was present, but this was also a shared experience. I wasn't alone in this. Though my role as his therapist was unique and guilt bore down on me like an unbearable weight, it turned out I was only part of the tragedy which unfolded following this man's death. Experiencing this with others offered me the opportunity to internalize some of the collective emotions and mood, which validated my internal struggles. Without warning a simple question formed in my mind—what's it going to be? This is what I eventually needed to answer; this bothered me. Would I let his unfortunate choice dictate my response, my choices, my mood? Or would I let it influence and broaden my perspective and motivate me to become better? Though he no longer had choices and options, I did and wanted to use them for good. Guilt, sadness, and a sense of isolation continued to plague me for months, but this event represented the first step forward and gave me hope and a light to latch onto when times were tough.

Narrative 2: Tam

Background

"Are you experiencing thoughts of suicide?" I asked in a direct, but cautious, manner. New to the military mental health clinic, it was only my third day in client care, and I felt nervous about the response. I was barely getting into the swing of things in my new job when I was asked to do a risk assessment and evaluation which included numerous risk factors and complex behaviors the client had been exhibiting over the previous days. During the prior five years of my career, I had knowingly dealt with a suicidal individual on three occasions. Each client was so different, but I was able to effectively utilize the available resources to ensure their safety. This limited experience left me thinking about how I had avoided some of the difficult clinical encounters some of my peers had experienced during their careers. After involuntarily placing this service member into an inpatient facility, I realized I was literally embarking on a mission to save lives. I gladly took on the responsibility to counsel and assess people at risk for suicide.

Over time, my risk assessments and individual sessions further confirmed my early observations. I continued to see individuals who acknowledged suicidal ideations and presented with CSB. There were those who had no intention or plans to complete such a dreadful task, and I would complete our sessions with a thorough safety plan in place before scheduling a future appointment. Other times I would have to hospitalize the client, voluntarily or not, based on their risk factors and perceived hopelessness. At times I struggled with the daunting questions: Did I do enough, and did I make the right choice? For the first 18 months I had continual success in helping my clients choose to live. This led me to experience a sense of accomplishment and pride in my work. I seemed to intuitively know the risk of a client suicide

had increased, yet I was successful and wasn't forced to think about it very much. One day, this all changed and shook the very core of my confidence to assess my clients' safety.

Loss and Grief

During our clinic's morning huddle, everyone was informed a client died by suicide the previous night. As more details were disclosed, my heart dropped, and a knot rapidly developed in my stomach when it became clear they were talking about one of my former clients. My mind started spinning, and my heart felt like it was going to burst out of my chest. How could this be? He was early in his marriage, had a wonderful newborn baby, and his future appeared full of boundless opportunities. Why would someone who had never reported suicidal ideations or any self-harming behaviors take his own life?

I left the morning huddle grappling with an almost overwhelming flood of emotions which swirled around inside me like paint leaving the confines of a brush when dipped in water. I knew all of the screeners, questionnaires, and my own verbal inquiries all reflected neither past nor current suicidality. I just couldn't fathom how everyone, including myself as a professional, missed every sign leading up to this tragic loss of life. How could this be? Why did he do this? These two questions became consuming on that fateful day. However, I also wondered what truly was going through his mind at the time. Did he really see no hope? Did he consider the long-term effects this would have on his kids? Did he truly think nobody could help him? What was going on just before he took his life to push him to make the final decision? I didn't know and determined it would probably remain a lifelong mystery.

This is one of the most nagging and disturbing facts about suicide: We rarely know why. Even when a note is written, those left behind are seldom satisfied with the explanation provided. From my experience, comfort is not found in a suicide note. More questions emerge, and I wished more had been done by and for the decedent. I ran many scenarios through my mind where I might have missed important clues. Never once during the entire time he was on my caseload had he reported suicidal ideations or engaged in any purposeful self-harm behaviors. He endured a mild traumatic brain injury (mTBI) at one point, which left him prone to impulsive behaviors and anger, but there are many others with the same problem who don't engage in CSB. Despite his mTBI his level of risk was low, as there was no apparent evidence to support treating him as a significant suicide risk. So, how could this have happened? I wondered if I had maintained a false sense of security by believing our suicide screeners presented concrete evidence. In this sense he was never at risk of suicide, on the other hand the brain trauma and history of impulsive behaviors suggested some risk. I started examining every interaction I'd ever had with him and wondered if I was too laid back and casual.

Grief Reactions

I would often think of his poor widow and baby. As a husband and father myself, it was heartbreaking to think about his wife and child suffering through the pain of his permanent absence. He would never get to watch his child grow up. This thought in particular bothered me. When thoughts like this occurred, I felt sadness knowing he had tools and resources available to

help, yet his suicide completion still happened, leaving his wife a widow and his child fatherless. I asked myself over and over again if there was something more I could have done or done differently to prevent this from happening. Gradually, over many months, these thoughts diminished, but they still pose a bothersome image and memory.

Following my client's suicide, there was no time off, no period to slow down and reflect upon or even acknowledge my own grief. It was back to business as usual as I had so many other clients and responsibilities which required my attention. I continued to see clients who didn't know what had just happened. At the time, it didn't occur to me to take any time to consider how things had changed in my life and in my work. I'm sure it would have been supported, but nobody ever brought it up and it never occurred to me to do so. Externally, I tried to make sure everything appeared normal, like I wasn't really affected; however, internally everything had changed. It affected personal relationships and family interactions for quite some time. I could no longer go about doing things as I'd always done at work or at home, but I also didn't want to accept that or let others see how much I was struggling. It was mostly bottled up.

Professional Identity

Over the following several days, weeks, and months I developed a preoccupation to ensure no one under my care would ever die by suicide again. This became my mission. However, in my quest to achieve this, I inadvertently got lost in the fear of failing. This resulted in over-consultation with leadership and continual worry. Each time I encountered someone who was expressing suicidal ideations, I feared I hadn't done enough. It became a constant burden to me. Though deep down I knew my client's suicide wasn't my fault, I still questioned my ability to render safe, quality care. I felt the need to seek external validation from my supervisor in almost every case when clients experienced suicidal ideations. I needed to know I did everything correct in regards to my assessment with client safety. It felt maddening. Throughout my entire prior career I was confident of my work, but now I frequently needed reassurance.

Little did I know this preoccupation would leave me to carry a heavy burden and rob me of experiencing enjoyment in my life's passion—working with people. I became temporarily numb to all positive aspects of my work. It became critical to resolve my pre-conceived notions and fears about client suicide before overcoming this loss of fulfillment. It took months to rectify these concerns enough to learn to let go of outcomes. In other words, after doing my part to assist clients to work through their individual concerns and ensure we adequately planned for safety, I had to accept the limits and boundaries of my role as a social worker.

Fortunately, my thoughts were tempered by positive client feedback and numerous rewarding clinical experiences. Yet, I couldn't shake the thoughts about this client, which I later coined as "the one I couldn't save." The phrase itself implies his death was somehow my fault. This cognitive dissonance was one of the most challenging aspects of the event to manage.

Little did I know, my continued denial and minimization of how this suicide impacted me was slowly eating away at my confidence, peace, and resilience. I felt internal pressure to "keep my stuff together" as a professional. From my earliest days in training, I've heard many professors

and field advisors emphasize the imperative need to address our own personal problems and vulnerabilities in a healthy, sustaining manner. Despite knowing and believing this, I felt too much shame to admit I needed to face this instance of what I deemed a failure. Once the suicide occurred, I developed a thinking pattern in which my success was dependent upon 100 percent client survival. Anything less was a direct reflection on my inadequacy of preventing something which I perceived to be within my control. The high, yet contradictory, standard which I applied to myself led me to need constant reassurance that I was doing everything correctly without making any mistakes. Of course, this contradicted a philosophy I shared with my clients to focus on embracing our human nature and ability to learn from failures in life rather than developing an unhealthy obsession towards perfection. Reflecting on that time period, I realize now that I inadvertently placed myself in an impossible conflict between my professional aspiration and the reality of doing my due diligence in safety assessments and taking care of my clients.

Making matters worse, I continued to tell myself that client loss is part of being a clinician and can be expected to happen sometimes, therefore I should simply move on. That thought in particular began an emotionally powerful tug-of-war—face my concerns and insecurities or hide behind a professional façade. Besides, as a social worker, shouldn't I already know how to deal with all of this? Ultimately, I needed something to force me to instigate personal changes to address my worries, fears, and preoccupation.

Tipping Point

Ironically, my defining lightbulb moment came during a fairly typical appointment which had nothing to do with suicide. The client and I were discussing cognitive distortions when it dawned on me that some aspects of this individual's thinking mirrored the type of thoughts fueling my continued distress. The use of cognitive distortions in-clinic had been my bread and butter for years leading up to this session. I became well-versed and experienced in these distortions and how to use them therapeutically to help clients manage their emotions and promote healthy behaviors. It suddenly struck me: I had the tools needed to resolve some of my distress regarding my client's death, but I had not been using them. I hadn't challenged my own thoughts and emotions. For example, I recognized the "all-or-nothing thinking" within me, but hadn't done anything about it.

I saved these thoughts for a later time so I could focus on my client in the moment. Once I had some time to reflect, I used the Cognitive Behavioral Therapy model to help develop more balanced thinking patterns towards suicidal clients and my ability to help them. The lessons from that session penetrated deep into my heart and mind. We can do and say as much as we want to influence the choices of others, to prevent or encourage them in their actions. However, when another human being is involved, they ultimately have the power to choose their own path forward, and we cannot stop them from engaging in a behavior based on their choice. It literally is not within my control, no matter how good my intentions or how good I am as a clinician. The voice of my internal critic was so strong I actually ignored this fact when it came to this client's death. It is a concept I continue to instill in my life and try to help others understand.

Reflection

The experience of surviving a client suicide has taught us several lessons. When these suicides occurred, we had to decide whether these tragic incidents would weigh us down and cause us to lose hope in helping others . . . or not. For both of us, the choice to continue our work was every bit as real as the choice our clients made to die by suicide. The simple act of affirming the direction of our lives started a journey of growth and healing from some of the guilt and shame of having a client die by suicide. Their deaths were not a referendum on us as social workers, but rather an unfortunate part of life we had to learn to manage.

We've learned the result of the loss of a client to suicide in many ways resembles the general pattern of grief and loss. A swell and rush of conflicting emotions is expected and normal. We needed to engage in a healing process so we could fully understand and make peace with these experiences. On one hand, there is opportunity for growth as clinicians; however, there are numerous issues, as suicide survivors, we had to negotiate (Gutin, 2019).

Loss of confidence in our talents and abilities, as well as a denial of impact, proved to be a significant part of our experience with client suicide. They are important aspects for mental health professionals to consider. What would have happened had we been able to move on matter-of-factly following a client suicide? How effective could we possibly be in helping others? The desire to impact others for good is deep-rooted; yet, if we weren't willing to be influenced by our clients, an invisible wall of limited empathy and low-level investment is built between us. These experiences forced us to evaluate our own therapeutic stance and level of engagement with clients. We never wanted to be in a situation like this again.

Both of us experienced what we call a tipping point, a moment which refocused our stress and inner turmoil into constructive thoughts and behaviors leading to healing. These tipping points were personal and seemed to be the experiences we each needed to begin the healing process. These weren't moments or events which we could have planned in advance, and they could not have been given to us from someone else. Our sorrow and sadness didn't go away immediately, but our tipping points provided the hope needed to increase growth, self-awareness, learning, and inner peace. Thus, we realized extreme negative emotions in times of great trial can crowd out the growth opportunities. This was the struggle we had to manage—how to find hope in our work when things go wrong and how to continually improve despite fear and worry. The tipping points represented the beginning of our individual journeys to broader understanding and better clinical care.

We continue to assess suicide risk during every session. Our experiences show excessive worry caused undue internal turmoil over circumstances we had little to no control over and which we had already adequately addressed. We came to understand this: When we expend our best efforts, utilize the tools and protocols at our disposal, and follow our training, then we can confidently press forward in our decisions and care delivery knowing our clients received the best care possible. It may not be possible to prevent all suicides, but we can give all clients healthy opportunities to consider other alternatives and develop the necessary strategies to cope

with their struggles. Isn't this what being a successful social worker or helping professional is really all about?

Discussion

Research is growing about the importance of the setting and the presentation of informing someone of a traumatic death, which includes suicide (De Leo et al., 2020). We learned of our client's death during a morning meeting or in a crowded office. These were both public forums and not an appropriate space to effectively manage the type of reactions one experiences following a notification like this. These were not places to ask questions and process information. Though not mal-intended, the experience left each of us feeling temporarily isolated, alone, and worried, despite being surrounded by supportive, good-intentioned, and competent colleagues. Increasing awareness and training in breaking bad news to colleagues would certainly have helped in the process of healing and learning from these types of experiences. Much of the work and research already completed about breaking bad news has occurred in the medical field (Berkey et al., 2018). That being said, the PEWTER (prepare, evaluate, warning, telling, emotional response, regrouping) model was developed as a structured pattern to use with mental health professionals when delivering life altering news to individuals and families (Nardi & Keefe-Cooperman, 2006). One study found this model to be effective in training graduate-level professional counselors in breaking bad news (Keefe-Cooperman et al., 2018). However, the model was not specific to social workers nor to breaking bad news following the suicide of client. This appears to be an area in which further study is warranted.

Both of us felt underprepared to tackle such a significant, and not uncommon, problem among social workers. Neither of us recall ever hearing about the possibility of a client dying by suicide in our training programs. One study found Master of Social Work students who took an elective class on suicide prevention, intervention, and postvention had improved comfort levels with the topic but still recognized the need for deeper learning on the subject (Scott, 2015). This study did not appear to include within the formal curriculum the potential impact of client suicide upon the clinician. Further evaluation of training programs in social work which teach how to personally deal with a client suicide is recommended.

Many institutions and organizations have robust procedures, manuals, training, and supervision to address suicide risk and treatment, but few identify the probability of such an event or the interventions should a suicide occur (Farberow, 2005; Veilleux & Bilsky, 2016). In research on the reactions to client suicide it was determined the most common postvention was to talk with colleagues, family members, and other survivors of fatal CSB (Jacobson et al., 2004). In our experience people helped by listening, giving advice, and providing flexibility. However, they also seemed to move on from these tragic deaths far more rapidly than we did as the surviving clinicians. Some studies have suggested social workers engage in positive coping behaviors such as prayer, exercise, meditation, and help seeking following a client suicide (Ting et al., 2008). Additionally, either few colleagues had a client die by suicide or they were not willing to openly share their stories with us during the early stages of our grief and loss. Providing training and a standardized format within organizations to help supervisors and colleagues learn to better engage the surviving social worker over time may help to decrease the sense of isolation

following a client death by suicide (Gutin, 2019). One of the significant gaps in the research literature is development and evaluation of postventions following a client suicide among social workers (Maple et al., 2016).

In order to provide adequate support through the trauma of losing a client to suicide, there should be additional focus on processing and care for the social worker. Our experience showed getting back to business as usual seemed to be an implicit internal expectation (Ellis & Patel, 2012). In our cases it was very rapid—within hours. Engaging in direct client care during the immediate aftermath of a client suicide can be a real struggle. On the one hand, we wanted to work, and continued interaction with clients proved to be a useful coping skill; on the other hand, we were distracted and had so much to think about. We recommend further study to assess the best practices for determining when to return to work in the aftermath of a client suicide. We do not envision a standardized response for everyone as the optimal solution, but rather an individualized, supportive approach to finding the best fit at the time.

To this day, we both wish there was something more we could have done to prevent our clients' untimely deaths and help them in their moment of crisis. We've had to accept the limits of our ability to intervene to prevent their deaths. Their choice in the moment took away our opportunity to help. Of the many lessons we have learned through these experiences, chief among them is the importance of authentic self-disclosure, thereby allowing us to make meaningful connections with those we trust. We are hopeful that sharing our accounts invites others to do the same.

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"bodies tell stories": On Meaning Making and Trauma in Social Work, Poetry, Pandemics, and Embodied Practice

Benjamin Heim Shepard

Abstract: In my field practicum undergraduate courses, we sit in a circle sharing, listening, and connecting head, hands, and hearts. In so doing, we bring whole selves into our practice. With students struggling with complicated wounds, including police brutality, HIV, hepatitis, and COVID-19, I added a course on trauma-informed practice. The following offers a practice-based reflection. It explores themes of mindfulness, logotherapy, laughter, philosophy, narrative, adventure therapy, and trauma, mixing into a poetics of embodiment. Embodiment brings poetry into practice, connecting trauma theory with humanistic approaches to social work. Embodiment helps practitioners challenge clinical and cultural problems. The question remains: How can educators use embodiment, poetry, and reflection to support practice—and why should they?

Keywords: trauma, narrative, embodiment, poetry

Intro

Trauma—those wounds to the self—is a component of most social work practice, be it micro practice (e.g., clinic practice) or macro practice (e.g., organizing to fight environmental racism). "Psychological trauma is an affiliation of the powerless," writes Herman (1992):

> At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. (p. 33)

Reflecting on his experience in Vietnam, Michael Herr (1977) suggests

> It took the war to teach it…that you were responsible for everything you saw as you were for everything you did. The problem was that you didn't know what you were seeing until later… it just stayed there stored in your eyes. (p. 20)

For Herr, trauma is first a physical experience and then a memory to make sense of, or find meaning in. This double experience can be vexing. In *Beyond the Pleasure Principle,* Freud (1920/2015) wonders if it is even possible to ignore the memory. Communities certainly cannot. Social ecosystems experience trauma, often in ongoing ways due to a variety of policies (Fullilove, 2004).

The reflective practice that Herr (1977) describes is part and parcel of the learning I hope students try to engage during my field and trauma-informed practice classes. The process of teaching students, many of whom have witnessed or experienced trauma firsthand, how to handle these dynamics in other individuals and communities is anything but simple. To bridge this divide, embodied experience—the use of body sensations of the self—can and perhaps

should be taught to field students to develop awareness, self-regulate, and manage secondary trauma inherent in social work practice (Shepard, 2013). This essay is how I attempt to do so.

It begins with the body and, by extension, the self. "Although social work practice typically is concerned with physical conditions and experiences such as poverty, addiction, and violence," write Tangenberg and Kemp (2002), "relatively little attention has been given to the body in professional literature" (p. 9). As a corrective, the authors call for social workers to emphasize "both physical and sociocultural dimensions of the body," engaging "an invigorated, more complex understanding of the body in social work theory, practice, and research" (p. 9).

Embodiment practice is "central to ecosocial theory and epidemiological inquiry," notes Krieger (2005):

> Recognizing that we, as humans, are simultaneously social beings and biological organisms, the notion of ''embodiment'' advances three critical claims: (1) bodies tell stories about—and cannot be studied divorced from—the conditions of our existence; (2) bodies tell stories that often—but not always—match people's stated accounts; and (3) bodies tell stories that people cannot or will not tell. (p. 350)

Recognizing this, in each of my classes we circle up, breathe, check in, and talk it out, sitting, being still with ourselves, listening to the stories our bodies tell. Everyone takes a turn leading us through exercises in guided meditation, helping us become aware and present. Doing so, our class experiences many of the benefits of mindfulness, with breathing and listening to what is going on inside, while minimizing distracting thoughts (Kelly & Okolo, 2016; Pyles, 2018). Sitting in a circle is important because it allows us to see each other, opening space for a parallel process in the teaching. This builds safety and trust, essential elements to explore the trauma of clients and ourselves.

Along the way, the problems of the field find their way into the classroom. Our classroom is thought to mirror the challenges with the client-practitioner and practitioner-supervisor relationships. In our mirroring, we seek to unpack hidden agendas, elements of paternalism, and judgment that often go un-reflected upon in our practice. Writing logs, sharing, reflecting, students are asked to make sense of who they are and how they are listening, recognizing, and reacting to the culture of the city, their clients, and the struggles they encounter, as part of an unfolding dialogue between self, other, and the city. This connects clients and practitioners with an awareness that culture is also in the room, inviting students to step away from detachment toward engagement as participant observers of their own practice (Sullivan, 1954). Viewing the self and client within the culture, students contemplate the bio-psycho-social functioning of each, making sense of who they are, how they feel, what connects and separates lives. This holistic perspective charges students with contemplating their entire lives in relationship to their clients, community, and education. Each class takes shape as an exercise in reflective practice. This is a pedagogy that engages the whole self, connecting bodies, ideas, and awareness of difference, stories about where we come from, in a conversation about our lives (Shepard, 2015).

Student Stories

Most classes usually begin with a check-in about the week: discussing what's bothering everyone; what is happening in the city, internship, the community; how people are coping with the ever-increasing trauma narratives, from climate change to the global pandemic to ongoing police brutality, making their way through the news.

In December 2020, students and I talk about Casey Goodson Jr.'s death at the hands of a Sheriff's Deputy in Harris County, Ohio, and the vigil and march coming up. Others want to know more of what happened. "Casey was walking home with a sandwich in his hand," notes a student. The policeman involved thought it was a gun and shot him. It is like the unarmed Guinean immigrant Amadou Diallo, who police shot multiple times after mistaking his wallet for a gun on February 4, 1999; Diallo's death similarly ushered in waves of civil disobedience. "It's a wallet, not a gun, police misconduct 101," everyone chants after the four officers responsible for Diallo's death were found "not guilty." This feels like a repetition, a feeling that becomes all the more vexing.

Trauma happens everywhere. You see it in the streets, on the subways. People go to hospitals to recover from it or try to talk it through, only to encounter more of it there. Students experience it working with traumatized clients in internships or their jobs, with waves of secondary or vicarious trauma following. We try to understand how to cope with it in our classroom. The experience teaching trauma-informed practice is complicated. And that is before the pandemic, which at the time of this writing has taken over a million lives in the US alone while many deny its impacts. Over and over, it seems to mirror the experience of amnesia that Herman (1992) says is part of the secret history of trauma.

We tell stories about it, connecting the dots between personal lives and public histories—unpacking our reactions to the secret history of trauma, self-inflicted harm, PTSD, racism, news reports of kids in cages separated from parents at the border, differentiating between capital T and lowercase t traumas—for 15 weeks. And then came COVID, teaching it all online. Each week a different set of dynamics, each of us sitting at home, students in intergenerational households with their abuelas on one side of the room, their kids on the other; they do their best to participate, as the pandemic ebbs and flows, each of us losing connections and regaining bandwidth as we all learn online together. Week in, week out, students report details of completing volunteer internships in hospitals as case rates soar. I read their logs trying to make sense of it. Each day a new story: a friend from high school murdered by her boyfriend; a father a student is taking care of who dies; a pregnancy; a Zoom funeral for one of the faculty members in the department who ran an anti-poverty community space; students arriving late or disappearing, unable to keep track; others coping as they take care of their own families, giving presentations as they wait for COVID results in between shifts at work. Coping with grief, many struggle to concentrate. Others drop out. And still others support each other each week, during the class presentations, one after another—students teaching, sharing their understandings, integrating Herman's (1992) recovery model of safety, remembering and reconnecting.

One young woman tells the story of her father's untimely death, committed by a foreman in the construction industry. Chemical dependency follows, as she reels from the loss, and ends up blacked out in bars in Harlem. "Get some therapy," someone tells her. She gets some help to talk it out, relating these experiences as lessons for her practice.

Another shares the story of her mother in the killing fields of Cambodia, illustrating the ways that survivors share stories as coping, creating meaning in their narratives of survival. "During the time of Pol Pot, where did the violence start for you?" she recalls one of the survivors saying to her mother, referring to the ways survivors of the Cambodian Genocide tell stories of the Khmer Rouge, eluding a most random and cruel of times, without truth or reconciliation, just multiple narratives helping them cope, express themselves, and find meaning. She relates little of the intergenerational trauma often witnessed among children of survivors. "See what we went through," her mother tells her, almost comically, as they watch Dith Pran drink cow blood to survive in the 1984 film *The Killing Fields* (Joffé).

Other students tell stories about immigration policies separating their families and mass incarceration or abuse. One tells the narrative of Gwen Araujo, a trans woman, murdered, the student only then becoming aware how common such occurrences are. Another student recalls her young Black son asking her why George Floyd was killed. She didn't know how to tell him. "For healing to happen, we have to acknowledge this," says this student, referring to the lingering wound of institutional racism. We talk about the pattern of deaths that never quite seem to slow. Referring to the story of the Black Panthers, several students compare the painfully similar deaths of Fred Hampton by police bullets in his own bed in December of 1969 to that of Breonna Taylor in March 2020. We spend the rest of the semester connecting the dots between these stories and trauma theory. Questions follow: Why do people self-injure or hurt themselves? What happens when the blues or the blue demon grabs you as they did with William Styron (1989)? What do you do? Do you greet it? How do we find meaning in it? How do we let it move through us?

Each student has a different approach. One student stumbles into class late and sleeps. When awake, he knows the issues, but always seems tired and unfocused. But he keeps coming, year in, year out, class after class. At some point, he finds his way into internship, where he's assigned to work with homeless youth. And he thrives, seeming to understand them. He was one of them. Over time, his internship agency helps place him in housing. I run into him in the hall before school let out.

"Are you close to graduating?" I ask. "One more research exam and I'm done. If I can get through that."

Other students watch their parents deported, fretting over the stress of the crumbling Deferred Action for Childhood Arrivals (DACA) program. Another student works with women at Rikers, the notorious jail where the Department of Corrections does not even provide tampons. She collects money from the tips she earns working 'til midnight at a bar to pay for them. Another student works with a foster care system full of kids whose parents are lost to overdose. One of the students watches his dad deported, back to Haiti. Another sees her dad in

handcuffs after ICE picks him up. Another student's dad is assaulted for speaking Spanish on the phone. Others watch their classmates show up with guns and open fire. They walk out of school across the country. Others commit civil disobedience in front of the White House fighting to preserve the DACA program. Some point their rage outward, others inward. Some pour into the streets in collective rage and passion; others check out. One jumps off a building, leaving a whole class of 9th graders in shock, the pressure just too much. And others keep going, creating spaces, mosh pits where they slam their bodies against each other.

And we talk it out. Students reflect on sexual assaults they endure. Some sit quiet; others share. One says she feels like collateral damage in a war on the poor.

"I pray my 13-year-old son will not find himself in solitary," confesses our final presenter. The students see a lot, responding the best way they know.

Faculty Reflections

Questions about trauma first cross my mind working with people with HIV a quarter century ago. With little to no treatment, our clients bring countless wounds. Routes of transmission quite often have to do with violations of the self, including sexual assault and injection drug use, or in later life, survival sex and/or homelessness (Gibbs et al., 2018).

I work in a syringe exchange program across the street from the Lincoln Hospital in the South Bronx the Youngs Lords took over in 1970. The neighborhood has the highest rates of people experiencing homelessness and coping with HIV and chemical dependency in the city. Death is constant. Members play drums and read poetry during memorials after one of the program members passes. Each seems to know they can make it through the grief when a smile creeps into the somber moment. Doing so, members face the negative, move through it, and emerge, accomplishing the task that Hegel argues as the challenge for modern life. Marshall Berman (2007) explains, "if we can 'look the negative in the face and live with it,' then we can achieve a truly magical power and convert the negative into being" (p. 29). Staffers watch members of the program face incarceration, another is thrown out a window, another succumbs to Hepatitis C. Staff cope as best they could, bearing witness, making memorials of the dead. After leaving the syringe exchange, I stay in touch. Many struggle with problems related to the work. One of the most thoughtful of the group, who'd gone on to work at a university hospital, sitting on the board of a new start up syringe exchange, overdoses. His death brings the case of vicarious trauma and wellness to bear for many of us (Shepard, 2013).

I have my own problems, including a painful bike accident, flying over my handlebar and crushing my collar bone on my crash the day before news surfaces about the death. I am lucky I am not hit by an oncoming car. I stop everything and begin writing about what happened; reflecting on the ways we both cope with and inflict pain on ourselves. Some of us bike; some of us use. There is no one solution. At the syringe exchange, it's a free for all, many self-medicating, feeling pain, letting it make its way through us, finding meaning, grieving for all the losses, which this one opens.

"Not to suppress mourning (suffering) (the stupid notion that time will do away with such a thing) but to change it, transform it, to shift it from a static stage (stasis, obstruction, recurrences of the same thing) to a fluid state," writes Roland Barthes (1977/2012, p. 142) in his *Mourning Diary*. "Does this make sense?" I ask students in trauma class. My friend Prageeta Sharma (2019) highlights this in her poetry collection about losing her husband, our former neighbor. Writing through our pain is an important part of taking it on, moving it through consciousness and getting it out of our bodies. Transforming suffering, embodying and discarding it, this is a lesson repeated anew and anew. Everyone has something sad in them. When we share stories, talking through the challenges, we usher the hurt through us so it no longer debilitates and immobilizes. At least that is the hope.

Throughout the class, we talk about these stories. Why does artist Sophie Calle tell people her story and then ask people to share theirs (Schilling, 2017), I ask the students, inviting them to role play sharing their stories with each other, trying to answer that lingering question, why do people self-injure? Why do people inflict pain on themselves?

On Finding Meaning and Laughing

At some point in coping with trauma or pain, we encounter a moment in which nothing makes sense, assumptions shatter, and we are left to find new ways to cope with a crisis of knowing. The struggle is to find meaning, however we can, integrating the painful memory into our stories, as Herman (1992) suggests; her work *Trauma and Recovery* is the central text of our class, along with Loretta Pyles' *Healing Justice* (2018) and van der Kolk's (2014) *The Body Keeps the Score*. "To study psychological trauma means bearing witness to horrible events," writes Herman (1992, p. 3). Battling amnesia, illuminating secret histories, and naming these horrors, we "re-create the flow," finding meaning in our experiences, integrating them into our lives.

In *Man's Search for Meaning*, Viktor E. Frankl (1962) argues "any attempt to restore a man's inner strength in the camp has first to succeed in showing him some future goal" (p. 67). In the camps, Frankl paraphrases Nietzsche's words, "He who has a why to live for can bear with almost any how," (p. 76). One has to give them a why, something to live for, a reason to stay engaged between the self and the community. "It is this spiritual freedom—which cannot be taken away—that makes life meaningful," says Frankl (p. 76).

Meaning creation becomes an active process connecting head, hand, and hearts, looking at the world, making meaning of an often-tragicomic continuum of experience. Tragic implies coming to grips "with inherently flawed and painful realities; 'comic' captures the pragmatic, problem solving view that changes can be made to bring about a happy ending," psychoanalyst Nancy McWilliams (2004, p. 28) writes. An awareness of this quality of experience opens room for agency and a capacity to act, even amidst the ruins. The capacity to see tragedy and comedy allows us to take ourselves a little less seriously, and to see ourselves in our full experience, good and bad.

"The problem is that, when we begin to realize the potential goodness in ourselves, we often take our discovery much too seriously," writes Chögyam Trungpa (1984/2009): "We might kill for goodness . . . What is lacking is a sense of humor . . . a light touch . . ." (p. 32). With each class, we try to embody some of this—embracing the lightness and heaviness, the absurdity and the beauty, inviting levity and humor. Such a perspective allows us to laugh and cope.

Looking, Seeing, Thinking, and Writing

In listening, we consider the stories behind the stories, inquiring into the complicated realities of people's lives. The second week of class, *The New York Times* runs a provocative editorial written by one of my former students, Arlene Adams (2019). "While she and her children slept, Arlene Adams was attacked by their abusive father. Defending herself, she killed him. She served her time, and is now rebuilding her life," reads the paper's introduction to the piece. We unpack the interwoven dynamics of her life, including domestic violence, time she spent in jail, working through her guilt with a counselor. Adams writes:

> I began working with a therapist on the tremendous shame and guilt I felt for leaving my daughters at such a critical time in their lives. During the therapy I began to understand and recover from the post-traumatic stress I realized that I was suffering. (para. 9)

Over time, Adams (2019) is accepted into our college's human services program, serving in a work study job, "sav[ing] enough money to rent an apartment for [herself] and [her] children" (para. 10). In class, she's tough; over time, her leadership skills began to show. She leads discussions of shame, stigma, and the perils of working with families coping with separation and incarceration. Says Adams: "I tried to make them understand that they weren't alone and that things would get better" (para. 11). Hers is one of many secret histories of trauma and violence against women we encountered. Unpacking her story, themes of disconnection, vulnerability, and resilience emerge as themes, helping us consider the ways stress impacts the brain, as well as the body. Understanding it, we come closer to coping with it.

We listen for the words behind the words, in the silences. We observe the affect, ways of speaking, cadence. We look for the circumstances of the anguish, the way different bodies are viewed in public space, ways to reduce harms of living, without blaming clients for the poverty they endure. After all, stories are formed in social contexts, by social forces; we make sense of them, learning to see, think, speak and write about it, as Nietzsche (2006) counsels. Our work involves hearing the stories of clients on their own terms, without preordained judgment or countertransference, without reacting. There are countless ways of looking at lives. These stories hold the anguish; they give us clues. Holding them, we mirror, try to understand, and reflect.

Checking in with the Body, Yoga in Brooklyn, Hiking the Camino in Spain

Growing up, I suffer the usual challenges—alienation, divorce, romance—of living, taking the awkward feelings and learning to run through them, so they didn't get stuck inside.

Much of the clash and coping takes shape playing.

"You develop GRIT that way," says my Uncle Bruce, a Vietnam vet and Army football player. Working out together, a twinkle shows up in his eye when the burn starts. "Hurts so much," he smiles, "so good."

It's easier to cope with life's problems when you are on the move, checking in with the body. Cycle through as pain enters, look at it, feel it, and move through it. Quite often we're ok afterward. There are forms of pain we are better off addressing with medication. People have their opinions. Others are better experienced through breathing, bluesology, poetry, and movement work. Everyone has their approach.

"Give yourself permission to be here now," say my yoga instructors over and over again, "don't worry about the past or the future. Be here now." Go back to the scene of the crime. Face up to it. Look at it. Let it transform us (Pyles, 2018). It's a point my therapist and I used to talk about a lot. His strategy for coping with depression without medication involves an active mix of therapy, exercise, spiritual practice, group work, and community engagement (O'Leary, 2008). It's a point echoed throughout the literature. Get out of your head, allow yourself to be moved by art, look around (Styron, 1989). Connecting with others, with the wider community is a primary task of healing, says Herman (1992).

Shortly after my father dies in 2014, my family and I embark on a medieval pilgrimage hike, known as the Camino de Santiago, that brings a cavalcade of hikers across Europe. The destination: Santiago de Compostela, where the bones of St James are fabled to reside (Frey, 1998). Watching people from across the world hiking, the trip gets me thinking about embodiment as a tool for recovery. A digression about the hike informs the point.

"Hiking the Camino in Spain and France offers something far more precious than an exciting vacation," says my younger brother, William, who had walked with his entire family the previous year.

> You only take what you can carry. Your goal of each day is to walk from your starting village to another village. Just keep walking West… Everything slows down just enough so you can find yourself. Don't expect it to happen immediately. It will take time to let go of your life back home. Hopefully you will be able to sit back at the end of a long day, sore in your body but content with where you are, how you got there, and where you are going. (personal communication, 2014)

Our first summer on the trail, my wife and two grade school daughters hike for a little more than a week, from Pamplona to Logrono in Northern Spain. A few notes from my journal speak to a few of the feelings of this embodied practice:

> After a night in Pamplona, we made our way, stopping in the Iglesia de San Surtino, the 13th century gothic church, on the way out of town. Sitting in this quiet place, the silence reminds me of otherworldly beauty, of mystery, of trips past, sitting in Florence years earlier. Light moves from the stained-glass windows of colors through my eyes, sound through my ears, incense through my nose, my heart, moving the senses, reminding me of

a panorama of people hiking through here for thousands of years. Instead of the head, this space appeals to an interior space. In some ways, my Camino begins as a reminder of sitting and just being in the silence, as a balance to the movement. In the stillness, so much can move through us. And then we connect it with our movement. Walking out of town, we are immediately lost. Some elders help us find our way, something that occurs a lot along the trail.

Each day, we make it out of our accommodations by half past seven in order to get most of our hiking in by lunchtime and before the heat of the day. A week into the trail, we are running late, and our eight-year-old declares, "I've lived eight long years and now I'm ready to die." None of us are feeling anything but tired and despairing. Just then, an elderly man approaches us on the road with a greeting of "Buen Camino." He offers us peaches and directions up the winding road to the city awaiting us beyond the hills ahead. The peaches are delicious, lifting our spirits, reminding us the Camino can open things up for us if we are open to them.

As I walk and think about oblivion, Caroline, my wife, interrupts me.

"Sheep!!!!" she screams with a laugh.

"There are puff balls," notes our eight-year-old, gesturing at a herd of sheep. I thought I was having a Dali moment, with the trail transforming into a furry, moving amoeba.

"New experience," a cyclist chimes in as he rides, parting the sea of sheep.

"If we'd walked along the path more traveled, we would have missed that," gushes Caroline. Though it's a cliché to say things are darkest before the dawn, the girls are now smiling and laughing.

"It takes sometimes eight kilometers to get my walking legs. Then I can walk and walk," says Caroline. The road reminds us not to let one bit of hurt dominate our whole selves. It's just one part of ourselves. Walking through pain is one of the great pleasures of the Camino. Along the way, we meet people with cancer; coping with obesity; or family separation, loss, depression; and taking the next step forward. People cope with a lot along the way. The Camino seems to grab us, offering direction. A retired actor from Korea gives everyone massages. We share food and stories every night, meeting strangers, everyone coping and walking.

The trail reveals wounds, notes Frey (1998)—grief, loss, anxiety, stigma, chemical dependency, alienation—among the residue of everyday life in late capitalism, leaving them exposed. An accommodation falls apart, a bed bug grabs you, the best days become the worst in a matter of seconds, before the mood shifts yet again. Old thoughts and memories open, revealing themselves in daydreams. Walking with nothing but feelings and exposure to the elements; pilgrims describe these feelings as "la ruta de la terapia, the therapy route" (Frey, 1998, p. 45). It opens countless emotional experiences. Walking in the forest, I find myself talking to the trees and sometimes receiving answers, my dream life opening up into a dialogue between myself and the characters from old novels from Tolkien and Cervantes.

"Walking and crying, this is what the Camino is about," says a friend, who'd been agonizing crossing the Pyrenees. We all suffer.

I find myself talking with Dad on most days, telling him about the trail, carrying his memory, imagining him in dialogue, and certainly he's here. But it is not the same. It is never quite as simple as a John Donne poem. Over time, it becomes ok, letting go of seeing him, instead telling him about the road, expanding a dialogue, reveling in the wonderment of it all.

Hartmann (2006) suggests the trail presents a space to work through unresolved issues, supporting creativity and health, including five distinct steps for processing problems:

1. Define the issue.
2. Bring up the story.
3. Walk with the issue.
4. Notice how the issue changes.
5. Anchor the new state. Process the shift. Learn from it. (p. 65)

Social workers around the world borrow from this embodied approach. Over dinner one night, we meet a social worker accompanying delinquent youth along the trail. She says lots of social workers use the walk as a way to help their clients grow and heal.

A similar method called Adventure Therapy is described as "adventure experiences . . . in natural settings that kinesthetically engage clients on cognitive, affective, and behavioral levels" (Gass et al., 2012, p. 1). Most everyone has time for a hike, even if they don't live in Spain. The road to Santiago starts wherever we are.

Journaling and Poetry

From hiking to poetry, a core element of embodied practice requires activities of reflection, journaling, and sharing. Like Sophie Calle, US poet Maya Angelou (1969) tells the story of her pain. Abandoned, her parents put her on a train across the country, to a precarious home in the US South. Coping with rape and neglect, she stops speaking. An elder in her world reads her poetry, giving her cookies and tea. After a few years of this, the elder tells her that if she really loved poetry, to let it come out of hermouth. In other words, embody it. And she did.

"There is no greater agony than bearing an untold story inside you," said Angelou (1969). Her life demonstrated to us how to cope with trauma and still live a joyous life (Jones, 2014). No one can control everything that happens to them, but we can decide not to be controlled by them (Angelou, 1969).

Poets write their way through trauma, taking the concrete grief and transforming it through words and stories. In each of my classes, I ask students to reflect on their own lives and stories, drafting weekly reflection logs. Some embrace it; others recoil. Many end up with a greater awareness of themselves in relationship to others as observing participants of themselves

(Sullivan, 1954). I ask for answers to prompts or to read poetry, reflecting on the first lines of Dante's *Inferno* (1935) or John Donne:

> No man is an island entire of itself; every man
> is a piece of the continent, a part of the main (Donne, 1623, p. 1)

What is the resonance for our work? We talk about islands and isolation, and a view of our lives as interconnected. We are all impacted by others, observing, hearing and seeing the stories of people living far different lives than we have. The question is how we make meaning of it.

Our school is located within a stone's throw of the Brooklyn Bridge, where many American poets have found inspiration. We frequently read Walt Whitman (1881–1882), who wrote a metaphysical poetry of Brooklyn, reminding us we are all interconnected:

> I celebrate myself, and sing myself,
> And what I assume you shall assume,
> For every atom belonging to me as good belongs to you. (stanza 1)

We unpack it, looking at the city and our lives, aware we are connected, separated, together apart. At some point in the semester, a student or two confess to writing poems themselves. I ask if they would like to turn them in as logs. And many do. Fall of 2018, Felicia Rumble turns in the following poem as a log entry about her life in the concrete jungle, which she granted me permission to present here:

> Trapped
> Boxed in
> Days on days
> Scattered thoughts
> Searching for a way out
> Not alone, rooms filled
> Noise and noise
> Can't think
> Need a break
> Need SILENCE
> No one is stopping
> I've had enough
> Scream, in my head
> "Quiet", I said
> I need silence
> Noise doesn't stop
> Louder and louder it gets
> "Quiet!" I yelled
> Why won't they stop
> Can't they hear me?
> I can't believe this

"QUIET!!!"
Everyone stared, stunned
Finally silence
"Why are you screaming?" One said
Unaware
No 1 ignored me?
Trapped, trapped, trapped
It was all in my head

A deeply human feeling, being trapped—Rumble connects her life with a larger struggle to find autonomy and the connection with others that Angelou, Whitman, and Donne describe, between solace and solitude. "Bodies tell stories," notes Krieger (2005, p. 350). Rumble connects her experience of the city in her mind and body, her words embodying a deeply conflicted self. Journaling is a way to get that feeling out, rather than leaving it lingering inside.

Broader Perspectives and Connections

Throughout the class, we consider micro, mezzo, and macro traumas. We explore the experiences of students involved in the Tiananmen Square massacre of 1989 or my friend, social worker Amy Cohen, who started Families for Safe Streets (FSS) after her son was hit by a car speeding on Prospect Park. In the years to follow, her efforts changed laws, transforming pain. Yet, when I see her in the subway, she still had tears in her eyes. What do these stories have to do with trauma, we ask over and over, reflecting on the various experiences of trauma, of racism, of structural violence, in countless lingering memories. How do we fight it and cope with it, without succumbing to despair? For many, acknowledging the problem publicly is a useful step in addressing it. We read James Baldwin together, sharing words and reflections on the enduring love seen in Baldwin's narratives. We each find meaning in our own ways of thinking about trauma. "How has your personal philosophy of coping evolved since you started this class?" I ask over and over, reminding students to see their lives in a broader perspective. We share with each other, connecting and uncovering.

Remembering, Repeating and Forgiving

Of course, the cliché about teaching is that we learn more from our students then they do from us. But it's never simple. Some bury themselves, pulling their hats over their heads, leaning back in their chairs, almost shielding themselves from the difficult accounts other students relate. Some take long bathroom breaks or nap or turn cameras off. Others embrace the stories, offering feedback, finding voices, speaking out, sharing insights, processing complicated narratives, as we try to create a safe space to talk, learn, breathing it out as class begins, and ends.

One of the students is a young man, possibly twenty, who had nearly flunked my community organizing class the year before, pulling it together only at the end. Sometimes he slept in class. When he was awake, he had amazing things to say, comments about the texts: "Herman is about how bad life gets; Pyles is how to cope." Toward the end of the class, we read "Remembering,

Repeating, and Working-Through," the seminal essay by Freud from 1914, about our tendencies to repeat our traumas. "After severe shock… the dream life continually takes the patient back to the situation of his disaster from which he awakens with renewed terror… the patient has undergone a physical fixation to the trauma," writes Freud (1919/1954, p. 207–210). This student led the discussion, reminding everyone we are not cured because of *what* we remember, we heal *when* we remember, connecting Freud and Herman's conclusions. Each student processes material in their own way. Dialogue engenders a process of ideas moving from the head to the heart, through the body into a community of embodied learners, actively listening and working together.

When we say "processing" and "coping," what we are really referring to is resilience. We name elements—such as emotional, spiritual, physical, and cognitive coping. Learning to identify and enhance these, we look at life's obstacles as openings. We can't control the things that happen to us, says Maya Angelou (1969). But we are in charge of how we respond. In this way, we can let go. Forgive others, even those who hurt you, says Angelou (1969). It takes time (and most certainly there are crimes that students are not ready to forgive). In our class, we all struggle, stumble, and forgive. Together we laugh at our foibles, with a little levity.

Late in the semester we watch the end of the film *Ordinary People* together (Redford, 1980). Conrad, whose brother perished in a boating accident, is wracked with survivor guilt. In a seminal conversation with his therapist Dr. Berger, Conrod is asked to remember what happened. "What did you do?" Dr. Berger asks over and over again. "I held on," says Conrad, trembling and weeping. "Yes, you held on," says his therapist, imploring Conrad to forgive himself (Redford, 1980). Conrad's whole life changes when he remembers with an essential other. We all need our essential others, our supporters, our community, even in the classroom.

Conclusions

After her father passes away, French artist Sophie Calle becomes sick (Schilling, 2017). Gradually Calle starts telling anyone who would listen to her story, asking to hear their stories in return. Embodied practice takes shape as we talk, listen, share, create safe spaces, and breathe.

A subtext of the class involves questions about why people self-injure or hurt themselves. According to *The New York Times*, suicide rates are up 56 percent (Brody, 2019). On the second to last day of class, a young student wearing a hijab, who has been quiet all term long, stands up, telling the class about her struggles with cutting and self-injury, confessing she's come close to killing herself. The whole class gives her support and feedback, holding a space for her. Over time, students learn to see, hear, observe, and support each other, even in difficult moments.

All semester long, students become more aware of themselves as living, breathing, embodied observers and participants, community builders, and providers. Their journal entries become richer, their presentations more compelling, their affect more aware, more supportive even in the online setting, clicking hearts and applauding each other in the chat during check-ins and presentations. There is no neutral participation, argues Harry Stack Sullivan (1954). Over time, students come to observe themselves and then to see their relationships with others.

"Failure is instructive," one student says, paraphrasing from pragmatist John Dewey, recognizing we all have something to contribute, in our own ways. "The person who really thinks, learns quite as much from failure as from successes."

Throughout this essay, I explore ways of understanding and teaching trauma-informed practice as taught to field students to manage secondary trauma and to develop awareness and self-regulation, with the use of embodied experience and storytelling. I try to answer the question of how to use embodiment, poetry, and reflection to support practice, reflecting on experiences in the classroom, hiking, biking, journaling, and remembering, tracing student narratives and poems, as well as responses to pedagogical challenges and trauma theory.

Yet, questions remain. If the cases explored here highlight anything, they speak to a vast gap in our understanding of the double experience of trauma—as memory and embodied experience. This gap highlights a need for more qualitative research on the lived experiences and meanings of various forms of trauma as well as the ways those experiencing it move through it, sometimes regressing, sometimes beyond it, finding new ways to tell their stories, integrating and transforming the pain.

"You taught me patience and resilience in the COVID-19 era," says one student who gave me permission to quote from her after the class ended. "Two things that resonated with me are safety and self-care." Recovery takes place in relation to others, she explains. "Treatment works better as a collaboration and safety. To get back to the center one must do some self-healing such as meditation and breathing exercises."

"Embodiment begins with getting into the self and getting comfortable with the discomfort felt in the body," says trauma scholar Deb Courtney (personal communication, 2020). Over time, embodiment in the classroom opens space for a holistic experience in collective processing, meaning making and healing. The parallel process of holding in the classroom and reflecting on the field opens a space for growth. Students feel safe enough to be seen, share their stories, reflect on their narratives, make meaning, and begin to integrate the trauma into a healthier more empowered way of being and breathing. To get there, we start with the body, sitting, being still, breathing, becoming aware of ourselves and those around us, and the stories our bodies are telling us.

Through our stories we narrate a community together. And over time, we all become a little more patient with each other, with the process, with those struggling to heal, and find meaning in it. "Have patience with everything unresolved in your heart and try to love *the questions themselves*…" says poet Rainer Maria Rilke (1904/2021). "*Live* the questions now." Why laughter and humor, we ask. It helps us heal us cope with that uncertainty we feel. Sharing that space together, we build a healing community. This takes shape as we work through the challenges of living, listening, reducing alienation, creating poems and art, remembering, breathing, practicing mindfulness, recovering lost stories and histories. Bodies tell stories. Our job is to listen to them.

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Reflection of My Experience on English as a Second Language User from a Social Work Perspective: Inclusiveness

Karen Lok Yi Wong

Abstract: As the author, I reflect on my education and social work practice experience as an English as a Second Language (ESL) user and how inclusiveness has influenced my practice experience.

*Keywords***:** social work education, social work practice, critical reflection, inclusiveness

I was born and raised in Hong Kong. The majority of the population in Hong Kong are not English as first language users, which is the case of my family, who are Cantonese-speaking Chinese. After I grew up as an adult, I studied in the UK and later studied and worked in Canada.

I was and am an English as a Second Language (ESL) user in the UK and Canada. One challenge for me when I use English is to balance between substantivity and word limit. As an ESL user, I usually need to use more words to explain the same concepts than English as a First Language (EFL) users do. If I write within the limit, I sometimes may not write substantively to explain my concepts. Another challenge for me is style. One example is when to use active and passive voice. Although I understand that an active voice is preferable, in many circumstances, I feel that it is more respectful not to tell who the actor is because of the influence of my upbringing. Passive voice may be the only option in this case.

I went to study social policy in the United Kingdom and social work in Canada. I was one of the few ESL students. I felt that I was inferior. I was inferior to EFL users in English. I was also inferior to my cohorts in knowledge because I could not explain things substantially within the word limit.

Most students were EFL users. Some students were not EFL users but could pick up the language like how the EFL users used the language. I was a student who belonged to neither of the above groups.

I explained my problem of balancing substantivity and word limit and the use of styles to my professors. My professors did not only understand but gave support other than taking an English course. They were accommodating. They did not only provide me with flexibility in case I needed to write over the limit, but some even explained the justification behind their accommodation—it was social justice to accommodate me as an ESL user. Their explanation led me to think about social justice in education as a matter of equity. Students come from diverse backgrounds. Some are in more advantaged positions while some are in less advantaged positions because of their backgrounds in the current education settings. They are in an unlevel playing field for education opportunities due to their positions. Unless students who come from less advantaged positions are given accommodation, they will not be able to enjoy equal education opportunities. Going back to language, as suggested by Alexander (2017), ESL and

EFL students are on an unlevel playing field in an environment where English is the primary language. Therefore, accommodation is needed to be given to ESL students so that they can be on a level playing field. What I think further is that apart from language, educators also need to consider other background elements which will put some students in less advantaged positions, such as race, gender, social class, and more. Also, educators should expand their minds beyond the traditional classroom—in today's world, online education is getting popular. Educators need to pay attention to the background elements of students in an online education setting (Rogers-Shaw et al., 2018).

What ended up was that I seldom wrote over the word limit. I was even more likely to keep within the word limit than EFL users. Even if I wrote over the word limit, I only wrote a few more paragraphs or lines. My style might occasionally still be a problem. However, professors would share what they thought, be curious why I chose to use the language in a certain way, and see how we could work together. I no longer felt inferior and anxious. I felt that professors were willing to accept me as an ESL user and were inclusive. Such feelings helped me to use English better.

One element which is essential in my story of English learning is inclusiveness. The idea of instructors being inclusive, and thus accommodating students whose primary language is not the language of instruction in the learning environment, is also discussed in other countries such as France and New Zealand (Smythe, 2020). Most of my professors were EFL users. They accommodated my needs as an ESL user. They were also curious about how I used my language. Some of my professors were ESL users. They were empathetic to my situation. Some also related to my challenges as a part of my immigration experience.

I am glad that my professors actively suggested how my needs as an ESL user could be accommodated. However, this is not necessarily the case for other educators. This is because they may not be aware that students who are ESL users have language challenges. Such unawareness could be related to implicit bias (Reinholz et al., 2020). Implicit bias refers to bias embedded in educators' minds that educators are not aware of but subtly influences their teaching behaviours. In the case of ESL students, educators who are EFL users may have the implicit bias that students have the same language abilities. Such bias influences their teaching behaviours of not giving accommodation to ESL students. Literature suggests that attempts to ignore or eliminate implicit biases are not helpful (Reinholz et al., 2020). The only way to address bias is constant reflections on these biases. I raised the example of my challenge as an ESL user on writing within the word limits above. Indeed, ESL students face other challenges that need educators' attention, such as participation in the classroom. My experience as an ESL user was that it was harder for me to join the discussion as I needed to process different languages in my mind and thus responded slower than students who were EFL users.

I have been practicing social work after I graduated from school. I have been practicing in healthcare. Healthcare is a fast-paced setting. It emphasizes the clarity of reporting. However, I am still able to survive working in this setting where my colleagues are either ESL users or EFL users but master English well. My colleagues are accommodating. For example, they will let me speak ten extra seconds because of my language. They value my contribution. They would

rather waste ten extra seconds to let me finish reporting clearly than miss any vital information about our clients or lose me in the team.

One of my strengths as an ESL user that I had not noticed until my EFL colleagues told me is that I always try to be as inclusive as possible when communicating with my clients and their families. For example, I speak slowly and constantly check with my clients and their families whether they understand what I say. As an ESL user, I have these habits because I want to make sure that my clients and families understand what I am saying. Such practices have an unexpected benefit—I give my clients and their families opportunities to clarify anything they do not understand. In turn, this helps them feel not to be left out and helps me build relationships with them. Being inclusive is crucial. In a complex healthcare system, clients and their families can easily be left out and fall through the cracks.

Apart from EFL clients, I also have ESL clients. When I work with ESL clients, I always offer interpretation services as I hope that my ESL clients are included in the discussion of their healthcare and not be left out because of language. Of course, if clients feel that their English is good enough and does not need interpretation, I respect that. However, my experience is that most of the time, ESL clients prefer to have interpretation. Previous literature also suggested the importance of offering interpretation to ESL clients (Tong & Sims-Gould, 2021).

Being an ESL user helps me see my ESL clients more empathetically. I will give an example. I had a client who was an ESL user. Because of her dementia, the ability of her English, which was her second language, declined rapidly. She could only speak her first language. (By coincidence, I spoke her first language, so we spoke in her first language.) Growing up in Canada, her adult children's English was better than my client's first language. They could not communicate in my client's first language. My client provided limited resources and an environment for them to learn and practice her first language. She and her spouse spoke English to their children at home. She even insisted on moving far away from their ethnic community and living in a community where most residents were EFL users. She hoped that they could learn English well because having good English was crucial for them to participate in school and work.

However, now, my client's English ability had declined. The children felt depressed. My client was getting to the end of life. However, they were not able to communicate with her to support her emotionally. They needed an interpreter between them. The children felt resentment toward my client: "Why didn't you let me learn your first language? Why did you move our family far away from our ethnic community? I am not able to support you now." I could understand my client. She wanted her children to have a better future, so she did everything to make sure they could learn good English. However, now her family blamed her. We are very fortunate now because our society knows that children or even adults can learn two or even multiple languages well (Du, 2017; Li et al., 2020; Spiro et al., 2018). However, this was not understood in the old days. Interpreters interpreted what my client and her family said. However, they could not help with the intense emotions in the family. As a social worker who is an ESL user, I could see how sad the situation was. I did not think that it was the fault of either parent or the children. I tried my best to give emotional support to my client. I also asked her children not to blame her and

encouraged them to think from her perspective. Being an ESL mother raising EFL children was challenging. Although I had never been a mother, I had a lot of empathy for my client. My client reflected that she felt understood and was grateful that I helped her children understand her perspective.

To conclude, in this article, I reflected on my education and social work practice experience as an ESL user and how inclusiveness influenced my experience. I was fortunate that people around me in my journey of education and practice tried to be inclusive. Because they were inclusive, I am influenced by them and carry such inclusiveness to my current social work practice. I do my best to ensure that my clients and their families understand what I am saying, do not feel left out because of language, and feel understood. I wrote this article because I hope educators can understand the importance of being inclusive to ESL students. This can have long-term positive impacts on the students and the people they serve. I am one of the examples. My social work practice on how I work with my EFL and ESL clients is positively influenced by my professors' inclusiveness. Their inclusiveness has implications on me beyond the classroom.

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Learning in Space

Casey O'Meara

Abstract: Since the COVID-19 shutdown in March of 2020, I have a newfound appreciation for space and its influence on "work" and productivity. Inherent in designing spaces for learning is an understanding of each space's purpose and who is using the space. Learning in space took on even greater importance during the 2020–2021 school year. As educators considering student engagement, we soon realized that the best way to stay safe and increase student engagement was to learn outside.

Keywords: outdoor learning, space, COVID-19, environmental psychology

I think a great deal about space these days. Not outer space, but about how to design for learning in space. In March of 2020, during the COVID-19 shutdown, my bedroom became the space where I attended virtual meetings and participated in professional development. My daughter was in her learning space at the kitchen counter, and my wife was facilitating meetings from her space in our living room.

As the Pandemic continues in 2021, at the time of writing, I am spending more time than ever before in my house. The extended time at home has me assessing paint colors, organization of furniture, natural light, the thickness of walls, and where I can find space for "alone time." Thanks to the Pandemic I think about the items in my house in ways I never have before. For example, is the placement of furniture for entertainment, relaxation, or for functionality?

Since the COVID-19 shutdown in March of 2020, I have a newfound appreciation for space and its influence on "work" and productivity. I think about space in kitchens, living rooms, bedrooms, public libraries, coffee shops, community centers, and in automobiles as potential learning spaces. I've come to know "environmental psychology" as the interaction between people and space. "Space sense," my term for environmental psychology, is a new constant as I now consider learning spaces in my home.

Architects and interior designers have long known that space evokes feelings. While at work in my "home office" the design and layout of my learning space has always had the necessary materials, but now I consider items needed to optimize mood, emotion, motivation, and engagement. I see lighting, color, the staging of furniture, and sound influencing my learning in space.

Designing with Purpose

Space can inspire. As well, space can do quite the opposite. Isen et al. (1985) found when people exist in a welcoming space, they experience a higher degree of positivity and creativity. Isen (2001) also discovered that spaces can be designed to improve people's moods, causing them to act in "more socially responsible ways."

Inherent in designing spaces for learning is an understanding of each space's purpose and who is using the space. What could it mean to reflect on learners before designing learning spaces? Working from home during COVID-19 taught me that learning spaces must be flexible in order to respond to a variety of work and the requirements of "home living." What does a learning space feel like that supports movement, independence, collaboration, and optimizes visual and auditory displays?

Learning in space took on even greater importance during the 2020–2021 school year. The return of students to the classroom in the fall 2020 for in-person learning raised many safety concerns. What will socially distanced lunches look like, how will morning meetings take shape, and how will students behave wearing masks? As educators considering student engagement, we soon realized that the best way to stay safe and increase student engagement was to learn outside.

The COVID-19 Pandemic provided Slate Valley Unified Union School District with an opportunity to create outdoor classrooms. Castleton Elementary School, set on more than 40 acres of open and forested land, provided space for a year of learning outdoors.

Students applied formulas and used tools to determine the height and circumferences of trees, discussed the importance of natural resources to Vermont's economy, navigated hiking trails and applied new learning through use of a compass.
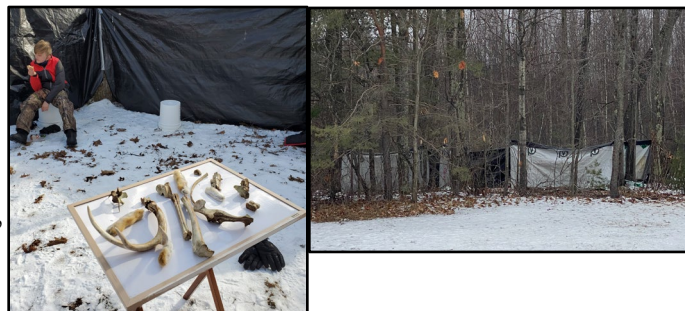
Sightings of deer, foxes, and birds reminded learners that their outdoor classroom was really the habitat of woodland creatures, habitats we had to respect and help maintain as stewards of this land.

In December of 2020, students designed outdoor classrooms. Students used lumber tarps, duct tape, carabiner clips, rope, and eye hooks to build outdoor learning spaces suitable for a Vermont winter. Without formal training as architects, engineers, or interior designers, but with outdoor learning experience since September, students designed and built spaces for outdoor learning. Knowing each other as learners, and understanding the purpose for *their* outdoor learning, classes constructed productive work spaces.

One Friday afternoon while waiting for the buses to deliver students safely home for the weekend, one student shared that he wished school didn't have to end because it is so much fun. While there are still questions and moments of doubt about how well we design and support student engagement in learning spaces at Castleton, this unexpected proclamation let us know outdoor learning appealed to this one learner.

Conclusion

With the benefit of reflecting on "working from home," thanks to COVID-19, I find myself wondering how space for learning can be flexible. I now think about how sound and light impact productivity in a learning space. And how pedagogy might influence the design of spaces. I now find I'm asking myself this: How do we design inspirational, safe, and comfortable learning spaces *with* students?

Not all families can modify work spaces to support learning at home. However, an awareness of learning in space, in and outside of school, is an important factor in one's social/emotional well-being, level of engagement, and productivity.

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I Am Not a Fraud: Reconsidering Impostor Syndrome in Black and Latinx Women Social Work Faculty

Diana Franco, Dana K. Harmon, and Addie McCafferty

Abstract: Social work education is guided by the Council of Social Work Education, which acknowledges the necessity of increased diversity in the curriculum, outlined in the second competency within their Educational Policy and Accreditation Standards (Council on Social Work Education, 2015). However, these ideals are not always fostered in the academic professional settings that Black and Latinx women faculty occupy. Critical Race Theory will be explored as a framework to better understand impostor syndrome and challenge the oppressive structures that uphold white supremacist ideals in social work education. This manuscript will offer structural recommendations to US-based social work institutions, including peer mentoring and the creation of brave spaces to mitigate impostor syndrome for Black and Latinx women social work faculty. In addition, the personal narratives of three female faculty of Color—two Black social work faculty and one Latinx faculty—will be presented to exemplify experiences of impostor syndrome through their professional social contexts.

Keywords: white supremacy, social work education, faculty of Color, diversity

Social work education is guided by the Council of Social Work Education, which acknowledges the necessity of increased diversity in the curriculum, as outlined in the second competency within their Educational Policy and Accreditation Standards (Council on Social Work Education, 2015; Daniel, 2007). However, these ideals are not always fostered in the academic professional settings that Black and Latinx faculty occupy. Black and Latinx social work faculty are "othered," excluded, presumed incompetent, and discriminated against in the form of microaggression from supervisors, colleagues, and students (Flores Niemann, 2012). These experiences may result in *impostor syndrome*, or feeling like a fraud in an academic or professional environment (Clance & Imes, 1978).

Research indicates that men report feelings of impostor syndrome with less intensity compared to women, with women of Color being uniquely at risk (Chandra et al., 2019; Clance & Imes, 1978). The authors acknowledge that individuals of intersecting, subordinate identities not discussed in this article may also experience impostor syndrome exacerbated by their social contexts. Tulshyan and Burey (2021) contend that impostor syndrome is a cumbersome label to bear as it may criminalize feelings of insecurity and anxiety brought on by new experiences, particularly when these feelings are intensified by exclusion, bias, or racism. The term "syndrome" carries a medical undertone, implying that the individual experiencing success-related fear, doubt, and insecurity may likely have a disorder (Tulshyan & Burey, 2021).

While research defines impostor syndrome as an internal process, the authors propose that racist and hostile environments may generate and trigger feelings of unworthiness and not belonging (Feenstra et al., 2020; Kets de Vries, 2005; Sakulku, 2011) in Black and Latinx faculty. The personal narratives of three female faculty of Color—two Black social work faculty and one Latinx faculty—will be presented to exemplify experiences of impostor syndrome through their

professional social contexts. White supremacy in social work education will be discussed as a contributing factor in impostor syndrome. Critical Race Theory (CRT) will be explored as a framework to better understand impostor syndrome and challenge the oppressive structures that uphold white supremacist ideals in social work education. Since impostorship in faculty of Color has been under-studied (Dancy & Jean-Marie, 2014), this manuscript will offer structural recommendations to US-based social work institutions, including peer mentoring and the creation of "brave spaces" to mitigate impostor syndrome for Black and Latinx social work faculty. Peer mentoring and brave spaces offer opportunities for Black and Latinx faculty to dismantle oppressive practices that affect their self-perceptions and interactions with colleagues and supervisors.

What is Impostor Syndrome?

The term *impostor phenomenon*, also known as impostor syndrome, was coined by psychologists Clance and Imes (1978) to describe the "internal experience of intellectual phoniness, which appears to be particularly prevalent and intense among a select sample of high-achieving women" (p. 241). However, the original definition did not consider the effects of systemic racism and oppression (Tulshyan & Burey, 2021). High-achieving women and members of marginalized communities, such as Black and Latinx women, may experience feelings of fraud or phoniness in their academic or work spaces, irrespective of their notable accomplishments or efforts (Feenstra et al., 2020; Hawley, 2019; Peteet et al., 2015; Tulshyan & Burey, 2021). These individuals may believe that their success was attained through luck, chance, or other external factors having little to do with perseverance, talent, proficiency, and high education levels (Chandra et al., 2019; Clance & Imes, 1978; Feenstra et al., 2020). Feeling like a fraud or impostor who may have fooled their peers, these individuals worry about being discovered, found out, or revealed by others (Chandra et al., 2019; Cohen & McConnell, 2019).

Self-Perceptions

Impostor syndrome, through the lens of white supremacy, offers a more accurate understanding of the resulting internal experiences, such as thoughts and feelings, of Black and Latinx faculty. Internally, impostor syndrome may be experienced as fear, anxiety, self-doubt, and insecurity, even in situations where the individual has accomplished success (Hawley, 2019). Research suggests that impostor syndrome may be associated with individuals having pre-existing perfectionism and differing perceptions about gender roles from their family of origin (Kets de Vries, 2005; Sakulku, 2011). While this concept stresses the importance of offering support to individuals who experience impostor syndrome, it does not take into consideration the social context's impact on the self-perceptions of people of Color. Feenstra et al. (2020) emphasize the necessity for exploring the social context in understanding impostor syndrome. This notion suggests that impostor syndrome may be first experienced externally, in the environment, and later becomes internalized. This process may be experienced when an individual works in a hostile environment that utilizes prejudice, racism, and discrimination. These dynamics in academic institutions may be internalized by Black and Latinx faculty and result in feelings of inadequacy and inferiority. Understanding the role of the environment on impostor syndrome

may help in supporting Black and Latinx women faculty and also in addressing structural oppressive barriers (Feenstra et al., 2020).

Relationships with Colleagues and Administration

Impostor syndrome can also be triggered by white supremacy that emerges in interactions with colleagues and administrators. Colorblindness and denial of racism and bias are harmful to Black and Latinx faculty who are often stigmatized in academia (Flores Niemann, 2012). Louis et al. (2016) indicate that "Black faculty members reported feeling invisible and marginalized when their existence on campus was ignored by white colleagues" (p. 458). Similarly, additional research states that Black and Latinx faculty's credentials are often challenged, and racism and hostility are experienced from white colleagues and students (Lewis-Giggetts, 2015; Pittman, 2012; Solórzano, 1998).

In addition to the aforementioned challenges, Black and Latinx faculty's confidence may also be impacted by the following institutional challenges: low numbers of faculty of Color at their respective colleges or universities, challenges in obtaining promotion and tenure, disparate demands to teach diversity courses and mentor students of Color, and negative sanctions of research agendas of Color (Dancy & Jean-Marie, 2014). Latinx and Black faculty are disproportionately taxed with supplementary roles, such as mentor or liaison to campus groups or activities of students of Color, as compared to white faculty. Such activities are typically undervalued by administrators (Constantine et al., 2008; Louis et al., 2016).

Impostor Syndrome and White Supremacy in Social Work Programs

Institutional racism in higher education can be analyzed through the lens of white supremacy (Franco, 2021). Hidalgo (2019) asserts that academia is a white supremacist and exploitative structure. White supremacy may be implicit or explicit in social work programs. If unaddressed, white supremacy becomes the standard that seeps into all levels of social work education, while excluding the experiences of faculty of Color. Despite recent interest by social work schools to adopt cultural humility and anti-racist/oppressive pedagogy, white supremacy persists in policies, curricula, and interpersonal relationships across academia. White supremacy can become a filter through which Black and Latinx faculty evaluate themselves, supervisors assess their performance, and colleagues interact. Black and Latinx faculty's experiences with microaggressions, systemic racism, exclusion, and bias can result in low confidence and fraudulent feelings (Tulshyan & Burey, 2021).

In his empirical analysis of education policy informed by CRT, Gillborn (2005) suggests that "the most dangerous form of 'white supremacy' is not the obvious and extreme fascistic posturing of small neo-Nazi groups, but rather the taken-for-granted routine privileging of white interests that goes unremarked in the political mainstream" (p. 485). A recent example is the proposal by many US-based academic institutions to ban the teaching and learning of CRT, arguing that it is "an omnipresent and omnipotent ideology, one that is anti-American, anti-capitalist and anti-white" (Wong, 2021, para. 1). This suggests a strong reluctance to accept and confront the United States' racist past and present history.

Critical Race Theory

Most scholars of anti-oppressive research define a *critical worldview* as one that: (a) deconstructs structures of oppression and their effects on subjects; (b) maintains historical perspective; (c) considers the experiences of marginalized groups at the intersections of their identities; (d) accounts for issues of power (e.g., distribution, consent), how power influences lived experiences of marginalized groups, and how one engages in the world are examined; and (e) provides liberating life possibilities, emancipatory social change, and strategies of resistance (Dixson et al., 2017). In terms of female faculty of Color in predominantly white institutions and their unique perceptions of and experiences in higher education, CRT was used to theoretically indoctrinate the experiences of these women and gain a better understanding about the intersection of race/ethnicity and gender.

CRT emerged from the civil rights movements of the 1960s and draws from a body of literature that extends to the area of law and seeks to study and transform the relationship between race, racism, and power (Delgado & Stefancic, 2017). It also considers the influences white supremacy has had on the American psyche (Crenshaw et al., 1995). CRT and its core tenets have been examined and applied across many areas of education for more than 40 years. The concept was first used as a legal scholar's defense for arguing civil rights cases, but according to Delgado and Stefancic (2017), the last three decades have witnessed its application to college campuses and beyond. For faculty women of Color to be safe on college campuses, equity still needs to be achieved. CRT provides an important historical context and basis for how present-day racial inequality and oppression should be analyzed. CRT also illustrates how the experiences of women of Color in predominantly white institutions are a consistent and persistent inescapable truth for them. Therefore, CRT captures how race is structurally embedded within institutional structures (Bell, 1992).

The tenets of CRT are 1) the primacy of race and racism and their interconnectedness with other forms of subordination; 2) a questioning of the dominant belief system status quo; 3) a commitment to social justice; 4) the centrality of experiential knowledge; and 5) a multidisciplinary perspective (Crenshaw, 2011; Solórzano et al., 2000; Zuberi, 2011). In terms of faculty women of Color, a central tenet of CRT is that racism is "normal," as a common, everyday experience for most people of Color, and ingrained in the fabric of American society because it influences the way in which society typically operates. For example, many women of Color are aware of social and structural problems that create the conflict they face within society. Thus, countless outdated social and structural issues must be addressed. For the social work profession, the tenets of CRT enhance social workers' strengths to recognize and remedy racism that permeates social institutions, structures, and systems in the US, while also providing a much-needed dialogue about how the role of race in social work practice and policy can lead to social action and change (Kolivoski et al., 2014).

CRT proposes that racism in systems may be "countered by the storytelling and narrative-making of those who are racialized in ways that exclude them from the dominant White narrative" (Dumbrill & Yee, 2019, p. 120). Counter-storytelling allows for sharing lived experiences of oppression, which can be liberating for Black and Latinx women faculty.

Counter-storytelling may also "inspire prudent exploration of how the academy at large, ourselves included, continues to fall incredibly short of inclusion" (Griffin et al., 2014, p. 1370). CRT's fourth tenet, the centrality of experiential knowledge, will be used to contextualize the lived experiences of two Black faculty and one Latinx faculty in social work programs, illustrated by the following personal narratives.

Personal Narratives

Narrative #1

Impostor implies someone is a fraud or sham. *Syndrome* implies having a condition or disorder. As a Black woman, I am not a fraud, nor do I have a disorder. I have always demonstrated strength, ambition, and resilience. My encounters with microaggressions and downright racism and sexism have been challenging. Unfortunately, impostor syndrome tends to put the burden and responsibility on women like me to deal with the effects.

There are many situations that I never want to relive. Some I have not, but unfortunately, some I have. Where do I start? What story or stories do I tell? That is difficult because coming to terms with what is called impostor syndrome has helped me cope as best as I can with what I have experienced for many years as a Black woman in the world of higher education and, specifically, social work education. Being a Black woman in academia adds a layer of racial microaggressions that I have endured but survived. Why do I need to be a survivor? I am the oldest child of a strong Black woman who was an English professor at an HBCU where I grew up and at a small liberal arts college in another state. Where I grew up, everyone looked like me. It is a city enriched with Black culture and history. I was safe. Then I went to a Predominately White Institution (PWI) to pursue my undergraduate degree. As the only Black person in most of my classes, at times I found the environment created several conflicting thoughts of self-doubt, inadequacy, and insecurity that were injurious to my well-being. I also did not have professors (well, only one) who looked like me. With being in the academy as faculty since 2005, why am I still dealing with the same thoughts? Why do I walk in a room and with the pandemic, a Zoom meeting, feeling overpowered by a dominant White presence? It is unsettling, so I must get my game face on. I already have enough to deal with as a Black woman in America. It is exhausting and tiring, but I must press on because my mother did what she always told me to do which is, "Take care of the business!"

When I practiced social work full-time after getting my MSW degree, I never felt the way I have since being in the academia. For many years, I wrestled with the idea of continuing to teach at PWIs and staying in social work education. Being a social work practitioner was much quieter. I kept asking myself, how is it possible for a Black woman to excel in an institution that does not adequately represent or uplift the experiences I come from? The past few years, I had a reawakening and understood the importance of Black representation and our voices. Experiencing anti-Black racism and sexism in academia means that running into impostor syndrome is inevitable. Therefore, learning to confirm those self-doubts has allowed me to reaffirm my value and never lose sight of the goal.

Being faculty as a Black woman in predominately White spaces is emotional labor. Serving on diversity, equity, and inclusion committees is great, but often, it does not lead to immediate change and my voice being heard. Then I try to help a diverse student population (specifically, Black students) navigate that same predominantly White space. Doing so is rewarding, but also taxing and takes a lot of energy.

In the words of Black scholar and poet Audre Lorde, "Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare." (Lorde, 1988, p. 97). While self-care is necessary, it is not enough. I need to be in better working and learning environments because all too often, systems and environments such as social work education have been performative about anti-racism, diversity, equity, and inclusion.

The older I get and longer I stay in social work education as a Black woman, I will unapologetically be myself. I am NOT an impostor. I belong here just like anybody else.

Narrative #2

First-generation is a term used to describe one who is first in their generation to accomplish something, such as becoming a citizen in a new country or attending college. In my case, this means having to navigate the intersection of being Latinx, a woman, and a daughter of immigrants. In my family, I am first-generation everything. I am the first in my family to complete high school and graduate school. I am also the first Latinx woman in my family to occupy predominantly white academic spaces as faculty and experience microaggressions related to this identity. These microaggressions trigger impostor syndrome, making me question if I have the right for my voice to be heard.

My parents' "American Dream" of witnessing their daughter accomplish higher education and a career did not come without obstacles. For example, while I am proudly bilingual, comments by colleagues such as, "Oh, you have an accent, where are you from?" make assumptions about my intelligence, race, ethnicity, and place of birth. In my own reflections, I frequently affirm that an accent is nothing to be ashamed of. An accent is evidence that I can express myself in more than one language. This is when impostor syndrome asks: Should I have to explain that I was born in the United States? What do I need to prove? Am I being presumed incompetent and assessed through an evaluative gaze?

There are other microaggressions that happen less explicitly, but still contribute to impostor syndrome. My passion for anti-racism and anti-oppression in social work education and practice also results in being sought to "discuss DEI topics." While this is a seemingly harmless request, faculty of Color are disproportionately burdened with having to present about these "topics" and teach colleagues. Diversity, equity, and inclusion are processes that impact everyone. Are these values implemented in the culture and climate of the workplace? I have not always felt included when I am interrupted in a meeting or excluded in decision-making processes. Am I here to merely tick a diversity compliance box? While I do not have the answers to these questions, I draw from my inner strengths and from the support of other social work women faculty of Color with similar experiences.

Narrative #3

Unfortunately, in my experience as a Black woman in academia, racism and microaggressions can be a common occurrence. Due to the nature of these events, impostor syndrome can become very real. The word "impostor" implies not being authentic in who you are or the position you hold. White women in academia, specifically in social work, seem to have been the source from which this phenomenon has occurred in my life.

The primary mission of social work is to enhance human wellbeing and assist with meeting the basic needs of everyone with an emphasis on empowerment (NASW, 2021). The core values in social work should be the platform from which we serve. In social work academia, racism and micro-aggressions would be the last experience one would expect.

Living abroad due to the military, I have had the opportunity to live, work, and experience life with people from diverse cultures and countries. However, returning to the US and working with some white women in academia, I found myself having feelings of insecurity, doubting who I am and what I am created to do. Being micromanaged and questioned about my work are what leads to these feelings of impostor syndrome.

While there have been several occurrences, I will share one experience where I was questioned about my work, accused, and attacked. These actions were shocking to me, especially in social work. In this one instance, I was told why I am not supposed to do a certain thing and was reprimanded for it, even though I never did the alleged act. When I told the white woman that I did not do what she was accusing me of, she still felt the need to give me a long dissertation of the reasons why I should not do it. I just humbly listened until she finished talking. Once she finished, the phone went silent, and I asked her if she had finished speaking. She stated that she was, however, she was still holding the phone. I asked again if she was waiting for me to say something, and she said yes. I then told her I had nothing to say because I never did what she was accusing me and that I already knew the protocol she was discussing.

This type of behavior from this white woman is one of the behaviors impostor syndrome thrives on to cause you to doubt your expertise in your profession. I believe these behaviors are rooted in racism and one's worldview of the intellect of a Black woman.

I then remembered who I was as a Black woman and regained my sense of confidence to push through these feelings knowing that I had a right to be at the table. I worked long and hard to earn my doctorate, just like everyone else. I am one of the most authentic people you will ever meet in social work academia who happens to be Black.

Connections to the Literature

While the authors differ from each other in their intersectional identities, as Black and Latinx social work faculty they share similar experiences with oppressive and hostile environments in social work education. These dynamics have contributed to impostor syndrome in the authors. This article makes connections between the academic work environment and negative impacts

on Black and Latinx's self-perceptions and relationships with colleagues and administration. Our personal narratives exemplify this impact on their self-perceptions. For the authors, microaggressions and lack of representation of women of Color in social work professional environments led to feelings of one's voice not being heard, feelings of inadequacy, self-denial, self-doubt, and being assumed unintelligent because of an accent. Microaggressions experienced by the authors also resulted in strained relationships with colleagues and administration through feelings of exhaustion and emotional labor; incidents of being verbally attacked, accused, and micromanaged; and being disproportionately burdened to serve on diversity, equity, and inclusion (DEI) committees and present on "topics" related to DEI. Social work professionals must ensure that the teaching and learning environment is equitable and safe in order to mitigate barriers that result in impostor syndrome for Black and Latinx women faculty and other faculty of Color.

Recommendations

Impostor syndrome in Black and Latinx women faculty can be mitigated by addressing the culture and climate of the work environment. According to Tulshyan and Burey (2021), toxic and biased environments would benefit from being intentional in addressing systemic racism and oppression. Addressing racism and microaggressions in social work programs may contribute to an increased sense of safety and belonging for Black and Latinx women faculty. This would require an authentic and intentional exploration of the work environment, culture, and climate by social work programs, including all faculty and administration. It would also require a conscious de-centering of whiteness and white supremacy. However, exploring and dismantling white supremacy in schools of social work may present challenges. Lewis' (2004) sociological research on race suggested white people are often hesitant to discuss their own racial identity and at times deny that their white identity carries any power in society. CRT's tenets offer a lens for dismantling structural racism in social work programs. Faculty and students need "brave spaces" where they can learn how they may benefit from unearned privilege. While there is no prescribed way to organize brave spaces, these may include community members across universities to courageously talk about racism and injustice (Bliss, 2020). In these spaces, white supremacy can be addressed by exploring power inequality between oppressor and oppressed. By addressing relational positionality in all academic spaces in schools of social work, faculty and students may be able to locate themselves in relation to marginalized and oppressed populations and analyze the "us-them" polarization that occurs within "othering" (Abrums & Leppa, 2001). This process may increase self-awareness in interactions among colleagues and peers and aid in identifying steps in making institutional change.

Brave spaces offer opportunities for university community members to explore their own relational positionality and contribute to a more inclusive and safe work environment. In addition, one-to-one support, in the form of informal mentoring by and for faculty of Color, may help in lessening impostor syndrome in Black and Latinx faculty. Individuals experiencing impostor syndrome may face self-doubt and questioning of their skills. In keeping with CRT tenets, spaces that support counter-storytelling may "serve as an invaluable outlet for faculty who represent marginalized identity groups to expose the omnipresence of multiple oppressions

in their everyday academic lives" (Griffin et al., 2014, p. 1370). Mentorship may provide opportunities for counter-storytelling. Mentorship may also be helpful in reducing stress, tension, and alienation while providing support, encouragement, and guidance (Chandra et al., 2019). Mentors can be instrumental in helping mentees identify unrecognized skills and potential, in addition to aiding in assessing and understanding feelings of impostorship (Chandra et al., 2019; Dancy & Jean-Marie, 2014). A study by Lawless and Chen (2015) revealed that mentorship should be built into academic settings to help develop a more positive climate on campus. One woman in Lawless and Chen's (2015) study indicated that "new female immigrant faculty should have two mentors—one who helps you through the tenure process and one who helps you understand microaggressions and day-to-day discriminatory practices that women of Color experience on academic campuses" (p. 46). Similarly, Louis et al. (2016) recommend that university organizations composed of senior faculty of Color help by offering peer mentorship to help cope with microaggressions.

Conclusion

Impostor syndrome is prevalent among Black and Latinx women social work faculty because they feel diminished, oppressed, and disempowered by prejudiced dynamics on campus (Louis et al., 2016). The authors propose that additional research is needed on the role of the social context in impostor syndrome in Black and Latinx faculty. Extant literature focuses on students' of Color experiences with racism, developing and improving training programs to address racism and microaggressions, and race in the social work curriculum and social work practice. While this literature is still in its nascent stages, studies that explore the lived experiences of faculty of Color with impostor syndrome in social work programs would build on this growing body of knowledge.

In keeping with social work values, social work programs would benefit from re-assessing the culture and climate to ensure that it aligns with social justice actions. Mentorship and the utility of brave spaces can help mitigate impostor syndrome in Black and Latinx faculty by addressing and dismantling racism and oppression rooted in white supremacy. As stated by Hackett (2017), "The term white supremacy labels the problem more accurately. It locates the problem on whiteness and its systems. It focuses on outcomes not intentions. It is collective not individual. It makes whiteness uncomfortable and responsible. And that is important" (para. 21).

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A Reflection on Supporting Students with Racial Trauma as I Endure Racial Re-Traumatization

Ebonnie Vazquez

Abstract: This narrative focuses on the events of May 25, 2020, with the murder of George Floyd and the days following. The experience is explored by applying Race-Based Traumatic Stress theory and Empowerment theory. As a female social work educator of color, I explore my journey through my personal adverse experiences with law enforcement and racial trauma while seeking to help students process this current event, find their advocacy voice, and advocate for racial justice. This narrative is about resilience. A social worker who is skilled in mobilizing people felt like she was losing her voice amid a horrible event—only to have her resilience activated and change initiated.

Keywords: safe spaces, reflection, resilience, empowerment

Is This Really Happening?

"Get your knee off our neck" permeated the airways for hours. I watched the news in horror and fear as the murder of George Floyd was replayed over the airways. I was flooded with a barrage of emotions ranging from fear to anger. I could not believe that after all the strides we have made as a country with regards to race, one act could derail us as a country and me as a person. It is hard being black in America, but May 25, 2020, made it seem almost impossible.

May 25, 2020

I am old enough to remember the Rodney King beating of the '90s and Detective Mark Furman from the OJ Simpson trial. I can vividly recall countless incidents involving African Americans and law enforcement. As an African American, my parents had "The Talk" with me about how to engage with law enforcement if I was stopped. As the mother of an African American, I have had "The Talk" with my daughter. "'The Talk' refers to a specific type of racial socialization message that many Black parents have with their children about how to safely conduct themselves when interacting with police officers and other individuals in positions of power" (Anderson et al., 2021, p. 475).

I am a macro social worker who has extensive knowledge about the tumultuous relationship between law enforcement and African Americans. I have taught students about the initial premise of policing, which was to corral escaped slaves and return them to their slave owners (Spruill, 2016). Despite all this "knowledge," I thought with the election of Barack Obama that overt acts of racism were a thing of the past. However, the events of May 25th triggered my memory of past racial events that occurred in the summer of 1995.

In the summer of 1995, I was on my way back to Harrisburg, PA, after spending the day with my parents in Coatesville, PA. It was nearly 10 pm. My mother discouraged me from traveling so late at night alone, but as a 21-year-old, I felt invincible. As I traveled Route 283 through

Lancaster County, with my radio blasting, I noticed the flashing red and blue lights. I pulled over in compliance but instantly became annoyed. The police officer shined his flashlight into my car for no apparent reason. He asked me to step out of the car and proceeded to search my laundry. He called for backup, interrogated me, and berated me. It was late, it was dark, I was alone, and I was afraid. I never felt so helpless. I was at the mercy of this officer, who had an issue with me. I had never been stopped by the police before, and my disdain for law enforcement was at an all-time high. I had convinced myself that law enforcement was anti-black and that they were all polluted with detectives like Mark Furman. I think that happens when your friends and family share with you their negative experiences with law enforcement. As I recount that evening, I can't help but wonder what spared my life. I could have easily been a hashtag like Philando Castel, Sandra Bland, and now George Floyd.

As I sat in the living room watching the coverage on CNN, I felt an overwhelming feeling of guilt, a guilt that mirrored survivor's guilt. As a social worker, I know that survivor guilt is "a concept associated with the interpersonal process of 'surviving' harm while others do not" (Hutson et al., 2015, p. 20). I didn't realize how much I suppressed the trauma of that night in Lancaster until I found myself sobbing while sitting in the living room, in the dark, watching the relentless news coverage.

May 26, 2020

The next day and amid our country's civil unrest, my husband had to move his daughter, my stepdaughter, to Ft. Collins, CO. She flew out days prior, so he was making the cross-country trip alone. My husband is a 6'1", fairly dark-complected, Hispanic male. I was anxious, I was scared, I was unsettled. I wanted him to delay the trip, or ship the items, do something anything other than drive across the country. I desperately wanted him to stay at home, but I knew he needed to go. I found myself calling him every two hours to check in. As his trip progressed, my anxiety started to dissipate. He made it to Colorado and was then preparing to make the long ride back home. Everything seemed to be going well until he called. As he was on his way home, he called and told me he had been stopped by the police in Indiana. I instantly jumped into fixer mode. I tried to coach him by saying "Stay calm" and "Do whatever they say." He appeared calm, but uneasy at the same time. He told me everything was fine and that he would be home shortly, but we have all witnessed how a routine traffic stop can quickly turn into something tragic. When he got home, I could tell instantly that he was agitated and unsettled.

He told me how the officer accused him of transporting drugs, made racially charged statements against him, and forced him to sit in the back of his police car while he called backup. I could hear in his voice hints of anger, hurt, embarrassment, and disbelief. As he shared his experience, he reflected on another painful memory. One summer he and his family went to a swimming pool at an exclusive country club in town. He told me how he was so excited to go to this pool because he usually had to swim at the local YMCA. He explained that as his family walked up to the pool entrance, they were met at the gate by the manager, who explained the pool was full and no longer taking guests. As his eyes welled up with water, he said he could see that the pool was not at capacity and the tone of the manager was very condescending. His father grew angry, police were called, and pool attendees mocked and laughed at him and his family as they were

forced to leave the club. He expressed how hurt he felt for his father, who simply wanted to take his family on an outing. As I listened to him recount his experiences, I instantly thought of George Floyd laying on the ground, under Derek Chauvin's knee. I was so thankful my husband survived his encounter with Indiana State Troopers, but I was enraged that this was his/our reality, simply because we are People of Color (POC).

My husband as a Hispanic male has encountered racially traumatic situations. I as an African American woman have encountered racially traumatic situations. But we often suppress the experiences, so we don't get bogged down with resentment and anger. I think we suppress our emotions when faced with racism because we don't want to get stuck in the struggle; but moreover, we want to transcend the struggle. As I watched Chauvin's knee on the neck of George Floyd, I realized that this situation was a trigger for my racial trauma. Race-based traumatic stress theory suggests that racial discrimination experienced by minorities can invoke a response that mirrors posttraumatic stress disorder (Carter, 2007; Polanco-Roman et al., 2016). Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes (Helms et al., 2010). Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter such as witnessing an unarmed African American man murdered at the hands of law enforcement is at an elevated risk of suffering from a race-based traumatic stress injury (Carter et al., 2013).

May 27, 2020

In the hours and days after the murder, there were outpourings of expression in the streets. Some people saw mobs, looting, and civil unrest, but I saw fear, frustration, and hurt. As I struggled with my feelings of anger and weariness, I was flooded with calls from friends who identified as allies. I knew that they wanted to support me, but I found the conversations to be physically and emotionally exhausting. I did not want to continue to talk about the daily trauma I experience being black in America. I was drained by the questions related to "What can we do as Allies to support you?" Honestly, these conversations felt retraumatizing. I have often found myself in situations, both personal and professional, where I am the only POC. By default, I find myself being asked to speak for all POC on a variety of topics ranging from policing to politics. I usually just take it in stride, but this time it was different. I did not have the mental or physical strength to entertain the questions. I could not be the resident spokesperson to describe how black people felt about the death of George Floyd. I felt anxious and nauseous simultaneously. My temperament fluctuated between anger and despair. I was having night terrors and breaking out into cold sweats. I could not erase the image of Derek Chauvin's knee pinned against George Floyd's neck from my mind. As a social worker with a passion for macro work, I pride myself on being solution-focused, but I could not seem to come up with a solution to address what I was feeling and that made me even more anxious.

Despite my struggles, I could not help but think about my students. I am the Faculty Advisor for the Association of Black Social Workers (ABSW). I have helped them launch social media campaigns to address racism and social injustices that paled in comparison to George Floyd. I am very protective of them, and I felt an urgent need to reach out to them. Many of them reside

in Philadelphia, and this was ground zero for protest. My husband and my parents encouraged me to take time for myself. We were on summer break, and being a new faculty member, I find the semesters to be grueling and welcome the breaks. I just could not fight the need to reach out to my students. I sort of felt like a mother hen that needed to check on her chicks. Maybe reaching out to them was more for me than for them. At times when I have felt insecure about my abilities, I have found solace in being in their presence.

I wondered if they were scared. I wondered if they were being asked to speak for all black people on the topic of George Floyd. I wondered how they were channeling their energy. I wondered if they needed me, the way I felt I needed them. Being a trained macro social worker who specializes in community organizing, I did what comes naturally to me: I started organizing.

I sent out an email to all ABSW members inviting them to participate in a virtual check-in. Participation was voluntary and students were encouraged to join and talk freely about their experiences. I wanted to create a virtual space where students felt supported, safe, and comfortable to be vulnerable and authentic. Supportive environments are largely acknowledged as contributing to healthy psychological well-being, especially concerning depression (Taylor & Conger, 2017). Safe spaces for students of color likely benefit their mental health and well-being by eliciting positive interactions, assistance, and affirmation that lead to feelings of self-worth, self-esteem, and positive affect (Lee & Wong, 2019). ABSW has worked hard to create a sense of family and connect around similar challenges related to being students of color at a Predominantly White Institution (PWI). As in a family, I wanted and needed to share this experience with them. In organizing this check-in, I was reminded of a quote from Diane Kalen-Sukra (2019):

> Offering sanctuary is a revolutionary act; it expresses love when others offer scorn or hate. It recognizes humanity when others deny it and seeks to debase it. Sanctuary says 'we' rather than 'I'. It is belonging—the building block of community. (p. 65)

June 1, 2020

My university is a PWI, and it was very important to me that these check-ins not be an elite white space, where students of color had to adjust to fit in. I wanted this space to be their space, to be my space, to be an authentic space, and to be a space free of fear. My email was well-received and welcomed. Students were excited and that made me excited. As I prepared for the meeting, I wanted to come up with a way to discuss the elephant in the room, the death of George Floyd. As students started to log in, they began to share their reality in a raw and authentic way. Some students talked about being actively engaged in protests, while others talked about donating water and resources to support protestors. Students quickly identified based upon feedback from their peers that activism is an individual experience. Activism takes on varied forms and does not look the same for everyone and that is alright.

We started the meeting with an 8 minute and 46 second moment of silence for George Floyd; afterwards, I asked students to tell me how they felt. Many students expressed feelings of guilt,

fear, confusion, and anger. Many could not pinpoint their fear. They were afraid of the civil unrest, they were afraid of the police, they were afraid of being black, they were afraid of our then Commander in Chief, they were just afraid. Some expressed feelings of helplessness and shared how they felt invisible. Many asked, "Is it worth going to college to be better if all we will ever be seen as is black?" As we cried, it felt like we grew stronger. Our tears were not a sign of our weakness, but a sign of our strength. As the tears were flowing, I could also see the wheels of activism churning. Students were not succumbing to fear, they were not getting stuck in the struggle. They were allowing their fear to guide their solutions. After an hour the conversation quickly turned to "What can we do?" and "How can we get our power back?" One student acknowledged that the check-in was good for him, but that he felt so many other students could benefit from this safe space. I asked, "What do you propose we do?" It was at that moment ABSW's virtual check-in series, *Brotha's How Yawl Doing, Sistah's Yawl Alright?*, was born. Students were passionate about creating a platform and space for students, with a particular focus on students of color. Students wanted to embrace the social work principle of being solution-focused. They wanted a space to create plausible solutions to combat racial injustice and they wanted to do it with fellow students. As macro practitioners, students tapped into their community organizing skill sets. Community organizing, according to Saul Alinsky (1987/1946), teaches us that bringing the community together across differences helps the fight for bettering the community. We spent the final hour strategizing, planning, and assigning tasks. We got our marching orders, and we were ready to work.

June 5, 2020

Our flyers were circulated and students and faculty RSVPed. *Brotha's How Yawl Doing, Sistah's Yawl Alright?* was happening. ABSW members were finding their voice during one of the most challenging times in our country. I was so proud of them, inspired by them, and just in awe of their resilience and perseverance. As participants started to sign into our virtual environment and the mini squares started to fill my screen, I felt an overwhelming warmth in the depths of my soul, reaffirming that God has placed me here, for a moment such as this. ABSW members requested that the meeting honor George Floyd with an 8 minute and 46 second moment of silence. There were students and faculty from a variety of ethnicities, races, and socio-economic backgrounds in attendance united by a need to heal.

Some faculty shared their feelings, but many stayed in the background in solidarity and to offer individual students support if needed. This check-in was student-led and facilitated. Students provided counseling resources for each other. Students provided students with information on housing, food, and COVID-19 supports. Students comforted each other and validated each other's experiences. Students shared their realities as students of color, as allies, and as students who just want to see things change. We conducted routine check-ins with participants where they used a number to indicate their mood—1 being poor and 9 being great—so that we could monitor the overall emotional climate. This meeting allowed students to hear varied perspectives. They heard from a black male student who was scared to go outside or even go to work, for fear of retaliation. They heard from an Asian student who had been out protesting for three days straight. Sharing stories let students know that they were not alone and fostered a sense of community. The check-in went on for two hours, but it could have easily gone two

more. Like the first ABSW check-in, towards the end of the meeting students were proposing solutions to lower the racial temperature and help our communities heal. Students organized water collections for protesters. Students and faculty arranged to protest together and organized check-ins via cell phone to ensure safety. Students found this student-crafted safe space to be so empowering they decided to host a second check-in one week later.

Lessons Learned

My mother has taught me that every situation is either a lesson or a blessing. I see this situation as a bit of both. I pride myself on being a good social worker. I am an effortless social worker. The ability to advocate and organize comes instinctively to me. I come from a long line of social workers. Both my mother and my father are social workers; it is as if social work is in my family DNA. As effortless as it is for me to execute social work, I find that transition from doing social work to teaching social work to be unnerving. When I am actively engaged in social work, I know how to apply concepts and theory and I know how to do it well. Although I love teaching, I am not always sure that I am adequately transferring my skills. I found myself constantly questioning my ability until this moment. It was at this moment that I realized that I am exactly where I am supposed to be and that I am doing exactly what I am supposed to be doing. As much as my students learn from me, I learn from them.

I have learned that it is not easy being a student of color or an educator of color at a PWI. Either by design or by default, you find yourself continuously explaining the ills and complexities of racism to your fellow counterparts. Racism is traumatic but being designated as the resident expert on racism is retraumatizing. This experience has taught me that it is vital to the student of color learning experience that they feel empowered and supported. It is not and cannot be the role of students of color to explain racism to other students. As social work educators, it is incumbent upon us to take that weight and responsibility off their shoulders and place it where it rightfully belongs: in our curriculum.

My university has two campuses: one located in West Chester, and one located in Philadelphia. Although the distance in miles is less than 60, the campuses are worlds apart. The main campus is suburban, predominantly white, and comprised of more traditional students, while the Philly campus is urban, ethnically diverse, and comprised of non-traditional, older, working students. The difference in the needs of these student populations is vast, and the university has struggled to bridge the campuses together. As a macro social work practitioner, I have learned that Zoom is an excellent community organizing tool. The pandemic was difficult and presented its share of challenges, but Zoom helped the university do something it has struggled with for years: bridge the campus divide. Our check-ins were comprised of a variety of different students. We had traditional and non-traditional students, young and older students, working and non-working students, parent scholars, and scholars without children. The murder of George Floyd united us, but Zoom connected us.

As I reflect on this experience, I am reminded of a quote from the American novelist and activist James Baldwin who said, "Not everything that is faced can be changed but nothing can be changed until it is faced" (1962, p. BR11). Students leaned into their discomfort, strategized,

and activated their activism. They embraced the concept of "Power of One" (Vazquez, 2018) and exercised their power to initiate social change. They faced the challenge and worked collectively to create a world they want for themselves and their fellow students; as an educator, what greater blessing could I receive?

When asked about activism, Nobel Prize recipient Bishop Desmond Tutu gave his now highly quoted statement, "Do your little bit of good where you are; it's those little bits of good put together that overwhelm the world." This process reacquainted me with what drew me to the social work profession initially. I pursued a degree in social work because I have an unyielding desire to do good, help others, and activate social change. As I reflect over this experience, I am reminded that social work is not easy work, but it is always necessary work.

Postscript

The formal check-in series *Brotha's How Yawl Doing, Sistha's Yawl Alright?* has discontinued, but the mission of ABSW remains unchanged. ABSW club meetings continue to serve as a safe space for students to process a variety of issues. Members meet monthly to discuss current events and assess how they can be of service to our university community.

Members identified that many students were food insecure, so they hosted a food drive to help launch a campus food pantry. Members acknowledged that many of our students were being adversely impacted by increased gun violence. Similarly to how they created the check-in series, they hosted a "Stop the Violence/Gun Violence Reduction" panel discussion in April 2022. This discussion was geared toward identifying plausible solutions that students can execute to reduce gun violence. Members of ABSW are following the guidance of Bishop Desmond Tutu as they work with due diligence to do a little good where they are in an effort to overwhelm the world.

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Harnessing the Power of New Media for Good:
Using TikTok as a Tool for Social Justice and Social Work Education

Shanna K. Kattari and eli hess

Abstract: Social media and other forms of media are constantly emerging, from forums and chat rooms in the 1990s, to Myspace and Facebook in the 2000s, to Instagram and Twitter in the 2010s. One recent form of media is TikTok, an app that hit the United States in 2016 before catapulting to popularity in 2018. This article is a conversation between TikTok creator/social worker eli hess and social work professor/TikTok creator Shanna Kattari about the ways that TikTok has been/can be used for educational purposes. We address using TikTok both to teach students in formal social work programs and to engage the masses around topics related to social justice. We reflect on this method of social justice education and pose questions about this approach. Topics of discussion include personal impact of using TikTok, professional/personal challenges, and ways that TikTok content can be used in social work education and practice.

Keywords: social media, practice, education, student, faculty

> *A white brunette person in a denim shirt and black beanie is seated in front of the camera. They begin to speak, their eyes searching and hands gesturing as they think about their words. The captions read: "Hi I love you. I am a perfectionist, and by that I mean it is very difficult for me to accept my work as good enough. Kenneth Jones and Tema Okun (2001) wrote about the characteristics of white supremacy culture, and they say that perfectionism is actually one of the characteristics. They argue that, under white supremacy, this construct of perfectionism creates a dynamic in which we are constantly searching for the inadequacies of work — and we view inadequacies of work to be a reflection of our own personal inadequacies. This also means that we're constantly searching for the best way of doing things or the best way of knowing things, instead of accepting that there are many ways to do and know things. If we approach social justice with a desire to capture and conquer and attain some level of mastery over knowledge, we're approaching social justice through the lens of colonialism. We've gotta approach our learning and growth as expansion outward and inward at the same time, and not a climb to the top of something that doesn't exist"* (hess [@gefiltefist], 2021).

Introduction

As the Internet has grown and developed over the past three decades, social media and "new media" have emerged, allowing for new outlets and opportunities to engage with issues of social justice and social work online, as well as in in-person settings. Various forms of new media are constantly being developed, from the forums and chat rooms of the 1990s, to Myspace and Facebook in the 2000s, to Instagram and Twitter in the early to mid-2010s. One of the more recent forms of new media is TikTok, an app that hit the United States in late 2016 before catapulting to popularity in 2018 and becoming a household name by 2020 (Leskin, 2020). TikTok is an app that allows users to create short videos (lasting 60 seconds or less) using

filters, captioning, music, and other accoutrement to share everything from jokes to self-reflection, cooking tips to information on issues of social justice. Other fields, such as public health (Basch et al., 2020) and medicine (Comp et al., 2020) have used TikTok as a platform to educate people on a variety of field specific issues. In this dialogue between eli hess, a Master of Social Work (MSW) student and TikTok creator/influencer, and Shanna Kattari, associate professor at the University of Michigan School of Social Work and TikTok creator, we discuss our experiences using this app to educate students, social workers, and community members about issues of social justice. We showcase snapshots (in italics) of some of our more popular TikTok social justice content to give examples to the reader of how we have done this work while also grounding our reflection in the examples themselves.

> *A white redheaded femme in a rainbow dress and rainbow glasses smiles at the camera, singing along to Sara Bareilles' Brave. The words "White folks nervous/anxious about calling in their white friends/family/peers:" appear, followed by "Trying to be perfect, to do the 'right' thing, etc., is a value of white supremacy." Then, as the chorus sings "I Want to See You Be Brave" plays, the femme raises their fist by their side, and the caption reads "do the d*mn work!"* (Kattari [@DrFemme], 2020a).

Using New Media for Social Justice Education in Social Work

New media technologies are quickly becoming a source for facilitating conversations in the classroom and beyond (Fang et al., 2014). In contrast to old media like printed newspapers and books, new media refers to digitized communications that are "interactive, hypertexual, virtual, networked, and simulated" (Lister et al., 2009, p. 13). The most recent revision of the National Association of Social Workers (NASW) Code of Ethics (2017) indicates a move toward contemporizing social work engagement with technology (Joiner, 2019). Social workers have an ethical responsibility to adapt to a changing technological landscape (Council on Social Work Education, 2015; NASW, 2017). Likewise, social work educators should be prepared to attend to the needs of an evolving student body. According to Careless (2015), social media offers a space for "global discourse . . . unbound by the policies of formal education" (p. 13). Digital methods of communication and education create opportunities for a broad audience to participate in critical discourse.

Freire (2000) situates critical awareness of oppression within the concept of praxis: "reflection and action upon the world in order to transform it" (p. 52). Social justice praxis in the social work classroom necessitates an honest examination of our institutions. Epistemological elitism and the tenacious mythology of a bifurcation between scholarship and social work practice function together to lift academic knowledge production above daily social action. Social work classrooms may choose to redefine legitimacy in scholarship and nurture spaces of social change. New media technologies can expand pedagogical possibilities for engaging with real-world experience in concert with academic knowledge in the social work classroom. Further, new media mediates the delays in article and book publishing by creating a chronicle of social justice action in real time (Robbins & Singer, 2014). Thus, social justice conversations on apps such as TikTok can bridge the gap between study and action, academy, and community.

The purpose of this paper is to share personal experiences using TikTok as a tool and venue for social justice education in the field of social work. While there is a breadth of literature exploring the efficacy of social media in social work education (Fang et al., 2014; Hitchcock & Battista, 2013; Hitchcock & Young, 2016; Teixeira & Hash, 2017), to date there is no representation in the literature of TikTok as a tool for teaching in social work. Our interest is not in quantifying TikTok's validity as a pedagogical implement. Rather, we wish to offer personal anecdotes and pose questions about the possibilities for TikTok in social work education.

eli:

I joined TikTok in the spring of 2020. At the time, I was a month away from the conclusion of my Bachelor of Social Work program at Portland State University and two months away from the commencement of my graduate studies. In the early stages of the COVID-19 pandemic, I caught wind that people were migrating to TikTok for some interaction and connection amidst the grief, chaos, and stagnation. I spent some time scrolling through the app, enchanted by what felt like a limitless feed of puppies, pranks, choreography, bread baking, indoor gardening, and political discourse. I started making posts with no real agenda or theme. Having watched videos on my feed accumulate hundreds of millions of views, I briefly entertained the seemingly quixotic dream of producing viral content. The lack of engagement with my initial posts dampened such a fantasy. Then, a week after I joined the app, one of my videos amassed 100,000 views overnight.

That same week, Portland residents began showing up en masse to protest police brutality following the murder of George Floyd. Having heard the many calls to defund, demilitarize, and/or abolish police, I began making videos about police abolition. I was going through a process of self-education on the topic, and I thought it might be helpful to share some of my own learning with this new audience. At first, my abolition and racial justice videos received little engagement. Eventually, however, a video about the broken windows theory and its impact on modern policing (Vitale, 2017) went viral and was widely shared.

Following the success of this video, I continued to post about abolition and reimagining justice. I broadened my subject matter to include reflections on gender and sexuality, mental health, relationships, and Jewish identity. I learned as I went, bringing literature into my posts and engaging with content from other creators calling for justice and social change. I continue to use TikTok to share my ongoing learning and hopefully bring my audience along in the process.

It is important for purposes of transparency and accountability to name the positionality from which I enter my work and social media presence. I am a white, Jewish, nonbinary lesbian. I am currently not disabled, I am thin, and I arguably benefit from "pretty privilege" (Mock, 2017). Some of these identities impact my palatability and marketability to a mass audience. It is very likely that some of my viewers are more motivated to absorb racial justice and abolition content from an attractive white person. I am interested in leveraging my privilege with intentionality and speaking to my own areas of oppression without capitalizing on them. This is a balance I consider every time I post.

Shanna:

I came to TikTok in February 2019 after seeing it marketed on Facebook over and over again. When I finally checked out what it was, I fell down the rabbit hole that is TikTok. (Given that the first video I saw was of a person cosplaying the Mad Hatter from *Alice in Wonderland*, the pun is intended.) This was before you could even write words on the video, so people were having to learn to write backward on paper and then hold it up to the camera if they had anything they wanted to display in writing. Videos were capped at 15 seconds, and they were mostly of people lip-syncing to existing sounds, rather than creating new ones. I started creating my videos by lip-syncing to sounds about queer and body-positive topics, cosplaying a few times myself, but after the fun of that started to wane, I really began to think about how I use social media. The main things I use other platforms (Facebook, Twitter, Instagram) for are connection with my various communities, and education, especially around issues related to social justice.

Right around this time, TikTok started to enable adding text to videos, extended the videos' allowable duration to 60 seconds, and included the ability to use your own sounds. With these changes, it made more sense to me to use this platform in similar ways that I use other social media platforms: to connect and to educate. I started to change what type of content I created, using new trends to bring up issues around disability and ableism, gender and cissexism, sexuality and homophobia, race and racism, size and fatphobia, etc. I found that people really enjoyed these short 15–60-second snippets about social justice issues, and they began to have meaningful dialogue in the comments sections of the videos and duetting the videos themselves [responding to the original video with new content]. With this shift, I found myself becoming part of #QueerTok (LGBTQ TikTok), #DisabilityTikTok, and eventually even #SocialWorkTikTok.

One day in class, I mentioned my TikTok usage to my MSW students, and they wanted to see some of my videos. Sheepishly I showed them a few, and not only did they love them, but they started to talk about how they could use these (or create their own!) in their practice settings, especially settings involving youth and young adults. We brainstormed ways to use TikTok "for good" and how we could create meaningful content within a social work lens. I loved getting to think about using the app in new and different ways with my students, and that started me thinking about the impact that being a TikTok creator has on oneself and on one's community.

eli:

I have certainly witnessed the possibility of transformation through connection on TikTok. Every video I publish is an exercise in vulnerability, a lesson in speaking concisely, and a big question mark when it comes to how the viewers will receive the information. It is a transformative experience to see my audience grapple with information and ideas they are encountering for the first time in my videos. In providing educational content for my viewers on TikTok, I am also engaging in an ongoing process of learning. I spend time carefully researching the concepts that I discuss in videos. I discover more and more what resonates with the viewers with each post. I refine my ability to deliver information in bite-sized chunks and

pare down abstract concepts. Sharing content on TikTok is a reminder that I must be actively engaged in my own learning as I work to facilitate educational spaces.

hooks (1994) proposes that "any classroom that employs a holistic model of learning will also be a place where teachers grow, and are empowered by the process. That empowerment cannot happen if we refuse to be vulnerable while encouraging students to take risks" (p. 21). This model for engaged pedagogy (hooks, 1994) encourages educators to relinquish any sense of primacy in the classroom, embrace student acuity, and reciprocate the risk-taking that learners undergo when sharing their personal narratives. Educator vulnerability can serve as a means of flattening power disparity between teachers and students. In my work as a teaching assistant, I perch at the juncture between student and professor. This position allows for a certain malleability between the two roles. When I facilitate lectures and discussions with my students, I endeavor to operationalize the practice of vulnerability and mutual learning. I examine the accessibility of my teaching and the language I use to convey complex topics. I carefully share personal anecdotes as they pertain to course content. I seek to make more space for student responses before I interject my own thoughts and wield my position of power in the classroom with caution. I interrogate my own motivations when I contribute to student conversations: Am I saying this because it adds to the discussion? Am I speaking because I want my students to think I'm smart? What are the chances that a student will make the same point I am about to make if I wait a moment? How much can I learn from my students if I just take the time to listen?

Shanna:

Once I figured out a bit more concretely how I wanted to use TikTok, I started to find my groove. While never as prolific as eli, I really loved finding community and having another venue for educating folks on everything from the harm of misgendering someone to the challenges of being an academic. In the first year or so that I was on the app, there were very few other social workers using it, at least professionally, so we tended to connect with one another, comment and like each other's videos, and share them. However, I never really hit it big on the actual TikTok app. Instead, where I had the most impact was sharing the videos I had created on TikTok on Twitter and Facebook.

On TikTok, my 60-second clips might get 50–100 likes and a few comments, while on other forms of social media, I would get dozens of retweets, hundreds of likes, and significantly more people having dialogue in the comments sections of my posts. Potential MSW students started messaging me about applying to the University of Michigan School of Social Work because they had seen some of my TikToks on social media and wanted to take classes with me. At social work conferences, people would come up to me and say, "Oh, you're that social work TikToker! Can we make a video together?" On Twitter, I connected with many other social workers with similar viewpoints because they commented on my TikToks or asked to share them with their students.

I love that something as simple as a video of someone lip-syncing to Britney Spears with a caption about the harm that can be caused by intentionally not using someone's correct name was enough to make people think and connect to the lived experiences of trans people and

people with cultural names that are often mispronounced or shortened for the ease of white teachers and coworkers. I love teaching with every fiber of my being (except maybe the grading part), and using TikTok like this has given me a whole new way to engage others, especially around social justice and academic content. It also feels validating that I "still have it"—"it" being that spark that allows me to connect with students (official or not) from all walks of life and to inspire them to ask those deeper questions and to be more self-reflective. Moreover, TikTok has made me engage more critically with the content I create, to really boil down complex topics to snapshots and figure out how to make things as approachable as possible, which is always a good exercise for academics.

During the beginning of the COVID-19 pandemic, making these TikToks was also incredibly helpful for my mental health; sometimes, the only reason I got out of my pajamas was to make a set of TikToks, despite the fact that I know that putting on clothes and earrings always helps me to feel a bit better. Thinking ahead about what content to create next helped me to focus on something other than the feelings of isolation I was steeped in as an immuno-compromised person. However, as the pandemic raged on, I found I had less and less capacity to make new content, especially once classes started up again in the fall. Currently, I tend to engage with others' videos, but I don't make a lot of new videos, though I am definitely missing the sense of community I had on the app.

I will also say there are hard moments of being low key "internet famous" (i.e., having people recognize you for your content). Some of my videos garnered hateful comments from the mundane (calling me a snowflake) to more vitriolic curse words, transphobia, anti-Semitism, fatphobia, queerphobia, ableism, and femmephobia that caused a somatic reaction in me. Throughout my 20+ years on social media (counting AOL message boards and LiveJournal), I've learned to grow a thicker skin AND be handy with the "delete comment" button. I always tell folks I don't mind educating and will have a conversation when there is genuine intent to learn, but that my social media spaces are indeed my own, and I will delete any comments or block followers who make me feel unsafe. On the other hand, having people tell me they want to explore social work, or even start using a new name, or ask to not be weighed at their medical appointment – each of these interactions brings such joy to me, as it is positive impact on someone's life I would not have had without the virtual connection to bring us together. That, to me, makes the occasional troll or hater totally worth it.

eli:

Like most social media platforms, TikTok utilizes an algorithm to sort posts on a user's feed. The algorithm is the mathematical core of the app, employing equations that learn from a user's engagement (Bail, 2021). TikTok's algorithm observes each user's behavior on the app: the videos they 'like' or comment on and how long they spend watching each video. From this data, the algorithm curates a feed of videos uniquely tailored to the presumed interests of the user and sorted by relevance rather than publish time. For many users, TikTok is eerily successful at directing them to "one of its many 'sides,' whether [they're] interested in socialism or Excel tips or sex, conservative politics or a specific celebrity" (Smith, 2021, para. 6).

Because TikTok's algorithm is perpetually adapting every user's feed based on their engagement, content creators may reach a new sphere of individuals with every video they post. No matter how many followers a creator amasses, each video has the potential to reach a fresh audience. Usually the algorithm successfully identifies a batch of viewers whose interests align with the content of the video. However, some videos end up on the "wrong side" of TikTok.

A term commonly employed by TikTok creators, the "wrong side" refers to a metaphorical space where viewers with vastly differing views or politics reside. Sharing pieces of my personal identities and experiences has not only meant building solidarity and connection with a global audience, but also contending with the "trolls," or those who interact online with the intent of causing harm or spreading hate. Whether their sentiments are rooted in a genuine adherence to oppressive rhetoric or simply a desire to be inflammatory, some users post comments targeting pieces of my identity. Though these comments have been varied, my Jewishness and queerness have been most noticeably picked apart by onlookers. Sometimes I ignore these comments, feeling that my energy is better spent focusing on positivity and connection. But since my professional background is in violence prevention and bystander intervention, I feel that I am well positioned to model interrupting oppressive statements with grace. On my best days, I respond to hateful comments with empathy, set boundaries, offer some education, and close with vulnerability. Other days I have less patience, and I lead with humor. In many cases, other viewers also interject and disrupt the trolls. Interestingly, the videos that garner the most hateful or oppressive comments also tend to be my most-viewed videos.

To name one example, I once posted a duet in response to a video of a toddler having an imaginary conversation on a toy phone. I filled in the spaces on the other side of the line with a lighthearted chat about interrupting homophobia. This post was intended to be amusing, and I wasn't *actually* having a conversation with the young person in the original video. Nonetheless, my comment section exploded with viewers accusing me of ruining the trend and giving a child the "wrong ideas." In some of the comments, people labeled themselves as proud homophobes. Others posted emojis of knives or rainbow flags surrounded by flames. As the hateful remarks amassed, a cadre of LGBTQ+ people and advocates took to the comment section to interrupt the homophobia therein. The video accrued 2.3 million views. Eventually, the resounding support eclipsed the bigotry.

Another challenge that comes with having a large following is the invisible pressure to create. At the end of the day, I am a commodity. My followers may care deeply about the image they see of me on the Internet, but I am ultimately still a product for consumption. Although this venture is not a requirement for my work, I nonetheless end up trapped in the capitalism hamster wheel. I find myself defining success by the reach and performance of my videos, not by the viewers' expressions of deep connection to the content. I feel pressure to put something out every day to maintain my following, knowing that the algorithm favors consistency. So my Internet presence becomes, in a way, a contradiction of my values.

The climate of commodification on TikTok is exacerbated by an accelerating presence of sponsored content on the app. When I first joined TikTok, I noticed that there were very few paid advertisements on my feed. Some creators promoted brands on their own accounts or

contracted with businesses and organizations to create collaborative videos, but the vast majority of videos that I encountered were unsponsored posts by individuals. As TikTok has carved out a position of prominence in the social media landscape, it has also become a booming marketplace (Herrman, 2021). These days I run into roughly one advertisement for every eight or nine videos, each ad with a discreet transparent "sponsored" label tucked away at the bottom. The ads sometimes feature notable TikTok creators and often mimic the youthful, informal style of typical unsponsored videos. They might play into a stylistic trend circulating on the app or make use of a popular soundbyte. Sometimes I don't even notice that I'm watching an ad until several seconds in. Meanwhile, products and brands strategically wrangle free advertising by creating trending hashtags and competitions. The bustling grind of consumerism has become an indissoluble fixture of TikTok's cultural lexicon.

In July of 2020, TikTok introduced the "Creator Fund," a pool of $200 million made available by application for creators who met the entry qualifications, including holding at least 10,000 followers (Pappas, 2020). The funds were distributed to creators based on "the number of views and the authenticity of those views, the level of engagement on the content, as well as making sure content is in line with … Community Guidelines and Terms of Service" (TikTok, 2021, para. 11). With the launch of the Creator Fund, I was met with a new incentive to post regularly, follow trends, and hopefully go viral. It was difficult for me to escape the allure of collecting a paycheck for something I was already doing without compensation for enjoyment, so I signed up. This only added to my internal interrogation of the rationale behind my sustained content creation. As it turns out, I have never collected more than a handful of cents on a single video. However, I have found a new opportunity for growth and inquiry. How can I put forth information without needing the validation that hundreds of thousands of people enjoyed it? How do I roll with the ebb and flow of engagement, where some videos get millions of views and others get a couple hundred? How do I find joy in the process, rather than the result?

Shanna:

Finding joy through connecting on social media is a huge piece of who I am and how I engage with the world. As a disabled and chronically ill individual, I often have to withdraw from attending events or decline to participate in community spaces due to pain, fatigue, or even just lack of capacity. Creating and cultivating an online community over the past two decades has been key to my mental health and, honestly, to my basic survival.

However, as the world of the Internet shifts, we can also see more and more challenges emerging. One such issue is that of uncritical moderation practices and something called "shadowbanning." Shadowbanning is the practice whereby a site, such as TikTok or Instagram, doesn't officially shut down a user's account, but instead keeps it from being seen in the main feed, thus making it harder for other users to interact with that individual's content. It is a virtual punishment of sorts. TikTok came under scrutiny in 2019 for shadowbanning content from users who were disabled, fat, BIPOC, queer, and/or trans and instead supporting content from the most privileged users on the app (Botella, 2019). One way this looks is making videos that then do not show up on the For You Page, and only show up to followers, or making them impossible to find without visiting an individual page. Moreover, sometimes hashtags get shadowbanned,

which means that you cannot click on them to see similar content. At least for a while, hashtags like #Fat, #Disabled, #BLM, and #MentalIllness were shadowbanned, in addition to creators who used similar language on their posts or bios. As one can imagine, this was incredibly frustrating to these marginalized users who experienced less engagement with their virtual community and made it difficult for someone like myself who is fat, disabled, queer, Jewish, and nonbinary, and who posted a lot of content on these and racial justice issues, to have my information viewed by others. However, after much public pushback with both creators and consumers calling out TikTok publicly and those with non-shadowbanned content dueting the marginalized creators so their content could still be viewed, TikTok changed their algorithms to be more inclusive, though some shadowbanning still occurs.

This privileging of certain experiences and bodies over others is not unique to the online world, as it often comes up in the in-person world under the guise of professionalism. In fact, throughout my career, first as a sexuality educator and now as a professor, I have continuously engaged in dialogue about what is and is not professional. I always find the conversation interesting, particularly as we know that what our society deems as "professional" often arises from white supremacist, ableist, and cishet patriarchal beliefs (Jarus et al., 2020; Manthey & Windsor, 2017; Marom, 2019). Whether it is about wearing fun prints, natural Black hair, a certain amount of makeup (or none at all), sitting vs. standing to teach, or sharing pieces of our personal lives with our students and/or clients, we are often critiqued on the professionality of these choices.

For a long time, the American Association of Sexuality Educators, Counselors, and Therapists would not allow current or former sex workers to be certified (Hartley, 2010), likely out of a fear of this somehow making the field seem less professional (though, as a counter point, who is more professional in sexuality than professional sex workers?). However, this rule has changed as the field of sexuality has become more affirmed. As fields, both sexuality and social work are often forced to defend their validity, so using new media and sharing personal anecdotes are often seen as "edgy" or "inappropriate," whereas they would never be challenged in fields like marketing or sports writing.

Yet, the Council on Social Work Education (2015) and the field of social work affirms that *use of self* is an appropriate method to engage students in the classroom to support them in working with their clients and communities (Kaushik, 2017), and indeed, I find that sharing my own personal anecdotes around my social justice journey or experiences in community organizing are often some of the most valued interactions I have with my students. They serve to demonstrate my own experience, as well as humanize me in a way that reading an article simply cannot. Similarly, new media is often used for individuals sharing their own knowledge and experience on everything from sharing COVID vaccination dissemination sites and policy advocacy work to therapists sharing mental health tips and youth groups keeping connected. Given that the field of social work must use and interact with these types of media and that the field even has its own #SWTech hashtag, it makes sense that we figure out how to use these types of media, such as TikTok, to engage and educate students, clients, and communities that are part of our practice.

eli:

TikTok presents a compelling venue for conversations about social justice in the classroom, and making space for new media in the classroom can benefit students in several ways. First, including media like TikTok allows for engagement from different types of learners, particularly those who are more apt to absorb information through audio/visual methods. TikTok videos can also supplement readings and discussions with accessible and concise summaries of concepts covered in the classroom. Finally, bringing TikTok into the classroom demonstrates to students that there are an abundance of methods through which they can participate in national and global social work dialogues.

At the same time, TikTok creates a space where important conversations about social justice can be had by those who lack the resources or desire to pursue academic education. We can bring TikTok into the classroom as a teaching tool, but we can also view TikTok as a classroom of its own. I have found an awe-inspiring breadth of knowledge on the app from social work professionals and educators I might not otherwise have come into contact with, young people sharing their lived experiences, and students across academic disciplines. TikTok presents a space of possibility for developing and sharing knowledge across professions, nations, and generations.

> *A white redheaded femme in a blue dress is reflected against themselves, mirrored. On the left-side image, the text reads "Culturally Responsive Practice," and on the right-side image, "Culturally Competent Practice." The music plays and says, "I am Drew, I am Danny, and we are not the same person//We may have similar lives, we may have similar wives…" and in the middle, between the images, the text reads "Recognizes differences between groups, taught in many social work programs, rejects a one size fits all approach." The song then says, "but we are different nonetheless," and a new text box under culturally responsive practice reads "Constantly learning & growing in response to a community or culture's needs" while a new text box under culturally competent practice reads "Suggests that one can be competent in a culture not their own"* (Kattari [@DrFemme], 2020b).

Shanna:

As an instructor with a background in education, I am constantly thinking about creative ways to engage my MSW and PhD students. Research has shown time and time again that simply asking students to listen to lectures and write papers is not an effective way to teach critical thinking (Halton et al., 2007; Kaplan et al., 2020; Schmidt et al., 2015; Trinidad et al., 2020), yet these assignments persist as the bread and butter of the academy.

Sometimes, in class, I will ask students to pair or triple up, and in their small groups, they have three options to share what they have learned from a specific reading or a topic area of our course: (1) they can make a tweet (240 characters) or meme about it, (2) they can create an Instagram image or meme (using Canva or other free software) about it, or (3) they can make one 60-second (or less) TikTok video about it. I have had students use all three methods, and they almost always come out better than anything I could have created myself. My students

often share how much they value these assignments, and the recognition of multiple ways of sharing information with their audience, whether individual clients, organizations, or coalitions they are part of. Particularly given that most of our students have been online since their early teens, if not earlier, this social media content creation resonates with many students in a different way than traditional papers do. Furthermore, by working in groups, rather than independently, not only are students given the opportunity to share their own findings with others and condense those findings together, but those who are less familiar with technology and new media are afforded the opportunity to partner with others who could post to their Instagram story in their sleep.

I have worked with students in our children and youth track who have done projects where they create a series of TikTok videos to share with youth about topics such as sex education, healthy relationships, and substance use. Again, these submissions have all been fantastic and beyond anything I could have thought up on my own. Other times, students have made TikTok videos about a social justice topic engaged over the semester to share with their family over fall break—the reason being that the ability to teach someone else about a concept you have recently learned is a sign of true comprehension. Some of our more macro focused students have used TikTok videos to break down public policy issues for those who might not know as much about certain topics.

As we have moved online with the pandemic, I also encourage TikTok videos as a form of engaging on our Canvas boards that we use as our learning platform. For example, during the first week of class, we always have an introductions board, where I offer some prompts to which they can respond with text, a TikTok, or an infographic. Then, throughout the semester, they can engage on the boards in similar ways, which allows them to play to their strengths, as well as to learn new technologies in a super low-stakes environment.

While my institution is not always on the bandwagon when it comes to supporting new ways of contributing (especially from a tenure perspective), there are absolutely groups on campus that support this work. From the Center for Research on Teaching and Learning to the National Center for Institutional Diversity and their public scholarship *SPARK* virtual magazine, there are supports for approaching social justice issues beyond peer reviewed journal articles and assigning papers. Moreover, my institution's own social media team has had me record TikTok and similar style videos for a variety of topics, including to discuss pronouns and their usage. These were promoted on the institution's main social media channels, which helps me feel my work on social media is recognized by some people at this institution.

Is TikTok the "end all, be all" of new media? Certainly not; the youth, as they say, have already moved on to other ever-emerging technologies. Yet, it has been an excellent platform for me as an educator, as a social justice advocate, and as a community member. There are so many interesting ways one can use TikTok in both social work education and social work practice.

> *A white brunette nonbinary person in a black tank top and baseball cap sits in front of the camera. They begin to speak. They say, "I want to talk really quickly about the idea of resilience. This comes up a lot for me in school, studying social work and talking about*

community resilience, individual resilience, etc. Often it seems like we define resilience as someone's ability to function within capitalism and white supremacy—because that's how we've defined 'functioning' in American society. The experience of living through ongoing oppression is an experience of trauma. And we shouldn't be defining someone's resilience by their ability to function within the very system that oppresses them in the first place. Yes, we should absolutely be recognizing the strengths of people who are living through oppressive forces. But if our only definition of resilience is the ability to function within those oppressive forces, then we're kind of trapping ourselves in a reality where those oppressive forces retain power. We're never going to dismantle these oppressive forces if we rely on them as our sole definition of how someone can succeed" (hess [@gefiltefist], 2020).

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Joanie: A Reflective Elegy

Sara J. English

Abstract: This work examines how a personal relationship influenced my professional positionality as a researcher interested in social connections, discussing how experience influences positionality of the researcher. An examination of positionality informs equitable and person-centered practice and research. My experiences with my chosen family—and a particular friendship—informs the way I approach my practice, my research, and my life.

Keywords: deadnaming, kithship, person-centered research, positionality, transgender

Traditionally, family has been defined through bonds of blood, creating an intrinsic and often intractable sharing of a "mutuality of being" (Carsten, 2013, p. 245). As a researcher, I use narrative to capture perceptions of "family," which is an evolving and fluid concept. Traditionally, family was defined as "kin"—persons, related by blood or marriage—or "fictive kin"—supplemental, non-biological kin who are provided through relationships with kin (Ibsen & Klobus, 1972; Spruill et al., 2014). Kin is one's family of chance.

Family is more, though. I believe that "family" is individually defined and dependent upon the purposeful curation of social bonds that extend throughout the life course and beyond. These non-familial social bonds—what I call "kith"—is one's family of choice. Kithships are curated through time and ties and move beyond the kin and fictive kin that are provided by others. Kith relationships are one's own unique creations (English, 2016).

Positionality is a fundamental driver of my research. Positionality is framed by the social context of one's experiences, one's interpersonal relationships, and one's social environment. One's positionality is a product of life experiences that influence attitudes, perceptions, and expectations regarding the self and others. The examination of one's positionality is fundamental for equitable and person-centered work, whether as researcher or practitioner. It challenges epistemological assumptions, increases awareness of bias, promotes culturally humble practice, and honors the lived experience of ourselves and others (Glesne, 2016; Holmes, 2020; Secules et al., 2021). My positionality directly affects my decisions of practice and research. It is ever-evolving and unique to the individual, creating a distinct and dynamic vantage point to the broader social world (Banaji & Greenwald, 2016; Dovidio & Fiske, 2012; English & Flaherty, 2019).

I have never experienced mutuality through the bonds of direct kin. As a child, I was repeatedly abused and abandoned, losing connection to my parents and my sister. I have never felt the ties of blood and have, instead, spent time and energy creating connections with other persons who lacked traditional familial relationships, finding a mutuality often based on the common experiences of loss and grief. The non-traditional bonds I have forged with my "kith" extend space and place and I have been made more whole by this family of choice—despite the family of chance to which I was born. Over time, my circle of "kith" expanded, including persons who were often considered "other" by their own families of chance because of sexual expression or identification as a gender minority. As I became an adult, my awareness of this became much

keener, and I deeply wanted to understand more about how families of choice can offset the pain often experienced by family estrangement. This extends to my research, which often focuses on the importance of non-traditional social ties for marginalized persons throughout the lifespan, including after death.

If the personal becomes political, then my friendship with Joanie is the reason I gravitated toward advocating for the rights of persons who are marginalized by the social attitudes, perceptions, and expectations of others. The active process of building one's family of choice agentically promotes resilience, and I work to learn more about the experience of aging among LGBTQ+ persons who are disconnected from families of chance—the families to which persons were born. My positionality has evolved, and my viewpoint includes my experiences with both kin and kith. I believe that non-familial relationships have the capacity to protect and repair. This viewpoint drives my work… because Joanie is dead, and life is… less.

I first met Joanie when my mother reappeared and moved me to a dusty and desolate town on the edge of the desert in the southwestern corner of the United States. We were in high school where Joanie, who was then called John, was the captain of the football team and the class president. They were also part of the Drama Club and brought a level of acceptance to the geeky theatre kids simply by hanging out and occasionally stepping on stage. I spent a lot of time building sets and stringing lights with them. In between performances of one-act plays and passé high school musicals, John taught me how to ride a motorcycle and how to make an entrance, how to hold both my liquor and my ground. One day, shortly after graduation, John hopped on a motorcycle, pointed west, and didn't stop until they made it to the coast of California.

Time passed as time does… and I didn't see them for a couple of decades, during which John had carved out a life, created a family of choice, embraced the pronouns of *them* and *they*, and become known as Joanie… who, twenty years on, I recognized immediately. When Joanie walked into our high school class reunion, I instantly knew them… the laugh, the smile, the verbal marksmanship. I spent the night watching them hold court among the astounded former high schoolers, many of whom asked questions about the physical "change" in Joanie while they huddled in corners, grasping their morals and cash-bar drinks. The collection of reunited high school acquaintances voted Joanie "most changed." As for me, I was folded into Joanie's California family, the one they had chosen and curated over time. Our bonds, once forged in the darkened theatre wings of the Fine Arts building, continued.

I learned that Joanie's road was bumpy and they had spent a lot of time hating the body to which they had been born. They covered their body with the heaviness of flesh and fabric. It weakened Joanie's soul and heart, but, over time and bit by bit, Joanie shed that heaviness and one day, stood before us all, resplendently decked out in leather and lace. We smiled and sang and celebrated our friendship and the fruition of the family we began to create a few decades earlier. Like me, Joanie experienced a disconnection with kin—the family of chance, to which one is born. Like me, Joanie experienced frail, fractured, and fragmented relationships with those who had neglected and rejected the person they were. Both of us created circles of "kithships," built upon accepting and relationships that offset the absence of kin and provided opportunities to not only survive, but to thrive. I loved Joanie's kith, and I was happy to be included among them.

For a while, all seemed well with the ground we held, but then, too soon, Joanie died, their heart too weak to carry any more of the weight of the world.

Someone… I don't know who… sent Joanie back to that dusty town, away from Joanie's kith and back to kin, who made arrangements, wrote obituaries, and had a deadname carved into stone, trying to force us all to remember Joanie as John. The weight of the world became heavy, again.

Perhaps, long-standing bias influenced Joanie's kin. Non-affirming behaviors by kin towards transgender persons are associated with a desire to shame and punish. Sometimes, this active denial of affirmation extends across one's lifetime and, often, beyond (Fae, 2018; Orel, 2017). Regardless, this post-mortem deadnaming was a result of what Dovidio and Fiske (2012) described as an extension of stigmatization. Misgendering and deadnaming transgender persons is a form of disrespect and control. Wood et al. (2019) reported the prevalence of this practice, which dehumanizes and "others" transgender persons, in life and after death. This active negation of the self intentionally perpetuates the structural barriers faced by persons who live sexual lives outside of a binary, delegitimizing and marginalizing persons across the lifespan and beyond (Rodríguez-Madera et al., 2017; Vance, 2018; Wood et al., 2019). As VanderSchans (2016) noted: "The notion of finding oneself and representing one's true identity through a name is a very large part of transitioning one's gender identity, but not any name will do, rather each individual is searching for a 'true' name" (para. 1). Honoring one's identity, one's self, one's name honors the narrative of a life, which is fundamental for persons who are members of gender minorities, especially those who experience multiple intersectionalities (de Vries & Sojka, 2020).

VanderSchans (2016) explained that the name chosen by a transgender person represents a confident and true reflection of the self. The transgender community is often misgendered, misidentified, misrepresented, and misinterpreted (Orel, 2017). While "John" is carved in the cold stone, "Joanie" is written again and again in the warm sand of the beaches. Joanie's family of choice remains in Cali, celebrating their life with champagne and sunsets, far from the dust of the desert southwest.

It's hard becoming oneself. Hard when people force others into spaces where persons cannot thrive. It's hard when people force us back, especially after death. Joanie was, of course, more than a name, but one's name is a fundamental part of one's identity, one's self, and how one relates to others.

Carsten (2013) proposed that kin can either *thicken* or *thin* relatedness with others. One's viewpoint depends on where one's position lies. My work has revealed the relationship between agency and resilience. "Kithship" provides a way to actively build trusting relationships in supportive spaces. I propose that the creation of one's kith is an ongoing process of thickening, the intentional creation of ties to persons who love, respect, and desire to know us as we are (English, 2016). I know this because we are a chosen family familiar with a chosen name—and we, Joanie's kith—continue to look westward, tracing their name in the sand, and remembering that Joanie is dead, but because of them, life is… more.

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Is Bracketing Realistic without Reflexivity? A Conversation Between Doctoral Students

Carly Charron and Samina Singh

Abstract: This paper offers a narrative of two doctoral students' understandings of the relationship between bracketing and reflexivity, building on Baksh's 2018 reflection on the tensions between them. Sharing our personal experiences led us to recognize our assumptions and challenge each other to unlearn and reconceptualize our initial understanding of bracketing. We emphasize the importance of reflexivity as an ongoing process and point out the dangers of attempting to bracket without first recognizing the impact of our own positionalities and experiences. We conclude our paper with tips for reflexivity to provide support for researchers who are navigating similar tensions.

Keywords: qualitative research, bracketing, reflexivity, positionality, identity, reflection

It is our second semester of our first year of the PhD program in social work at the University of Windsor, a small cohort of three. We have had an unconventional start to the program as we had no choice but to attend all of our classes online due to the COVID-19 Pandemic. Although we missed the physical environment of the classroom and human connection, Zoom became the lyceum for our many passionate discussions about research and the search for truth. It was the conversation we had in our "Qualitative Data Analysis" course that would eventually lead us to write this paper.

Learning about the underlying tenets of qualitative research left me (Carly) feeling conflicted. In alignment with qualitative epistemologies, I had simultaneous and seemingly contradictory viewpoints about how to receive these methodological approaches. As a practicing social worker with a passion for understanding people's authentic experiences and stories, the idea of qualitative research was fascinating. On the other hand, my background in psychology and coinciding quantitative research portfolio made certain qualitative standpoints more difficult to embrace. I recognized the importance of reflexivity and transparency, but the ideas did not exactly sit comfortably with me. Throughout the course, I was continually challenged to confront personal biases that I was previously unaware of. We were asked to read an article surrounding a novice researcher's reflections about navigating the tensions between bracketing and reflexivity (Baksh, 2018); I could not help but relate to Baksh's perspectives. Thankfully, I knew I would be able to discuss my own personal tensions at our weekly Zoom lyceum.

I (Samina) could not help but realize the similarities between Carly's understanding of bracketing and reflexivity. Our backgrounds in psychology had taught us that there was a "right way" to do things and fix problems. With respect to research, the university I attended, McMaster University, focused heavily on quantitative research. I have always felt that quantitative research tends to coincide with the positivism paradigm, where there is one truth that needs to be obtained by objective measures (Guba & Lincoln, 2005). This meant the process of bracketing was significant, as the researcher needed to be objective and neutral to the research process. This belief was transferred into my education as I subsequently entered law school,

where I learned a good lawyer was a skilled analytical agent who was able to transform social issues into legal problems. Thus, lawyers actively restrained their emotions, as they are irrelevant to the legal process, a concept mimicked by bracketing in research.

However, being in the social work program I have been continuously reminded that there is not always going to be a "how-to-guide," and that is okay. Instead, what is important is being transparent about the research process and practicing reflexivity in order to process and account for the biases and assumptions held by the researcher. I had to become comfortable with that idea again and have learned to appreciate the freedom and flexibility it allows.

This paper shares a reflection of our reactions and responses to Bibi Baksh's (2018) paper, "To Bracket or Not to Bracket: Reflections of a Novice Qualitative Researcher." We were interested in expanding on Baksh's personal experience of "contending with the tension between bracketing and reflexivity" (p. 46). We agree with Baksh's recognition that the relationship between bracketing and reflexivity is not binary as we had initially perceived it to be, and we further reflect on the dangers of isolating the two concepts. We argue that reflexivity is not only necessary for effective bracketing, but that they interact within a cyclical pattern that requires ongoing critical engagement by the researcher. We close our reflection by offering tips on how to engage in reflexivity to offer support to researchers navigating similar tensions.

Exploring Reflexivity and Bracketing as Binary Concepts

As we take a seat at the table, I (Samina) am reminded again of how grateful I am for the people in my life. It has been over a year since the start of the COVID-19 pandemic. During this time, our usual workplaces have been inaccessible to us. I chuckle in amusement as not even a pandemic could stop Carly from creating the perfect workspace for us, from the coffee bar to the plate of chocolate chip cookies on the table and the essential lo-fi playing in the background. It is in this welcoming space that we start to reflect and discuss our experiences of bracketing and reflexivity.

To allow for later reflection, we decided to record our conversation and have included several excerpts verbatim throughout our paper.

What is Bracketing?

Bracketing has been described as intentionally separating personal theories, research presuppositions, inherent knowledge, and assumptions about the phenomenon from observations made before and during the research process to achieve an objective framework (Baksh, 2018; Carpenter, 2007; Chan et al., 2013; Creswell, 2007). The concept of bracketing has origins in phenomology, a common methodology of qualitative research analysis developed in the early 1900s by Edmund Husserl (Smith, 2013). The purpose of phenomenology is to identify the "essence" (i.e., universal commonality) of experience and to understand the world as it is interpreted by human consciousness. To do this, it was necessary for researchers to set aside personal judgments to avoid bias that would interfere with their research questions. Bracketing has since evolved and gained attraction as a more generalized technique to increase the rigor and

validity of research (Tufford & Newman, 2010), and so we believe it is important for researchers and students like us to be clear about what bracketing is and how we can accomplish it in our own research endeavors.

We proceeded to have a conversation about the ways in which we tried to bracket in the past.

Samina*: How did you do it?*

Carly*: It's hard to explain. Theoretically I understood what I was supposed to do, but I don't really think I did it…*

Samina*: Okay, how did you know you were being objective?*

Carly*: I guess I just tried to be very specific about my process. It was more about what I did than who I was. When I was designing and writing up the results of my [honors thesis], I focused on the methodological details of the experiment and the characteristics of the participants I was working with... I didn't talk about who I was except for describing myself as a psychology student and mentioning who my supervisor was. Most of my effort was focused on replicability and there was an assumption that the data spoke for themselves and my influence as a researcher was irrelevant.*

Samina*: So you hid behind the sample?*

Carly*: I suppose you could say that, but I was just doing what I was taught. To "bracket," I just did my best to avoid making inferences and report the data as it was presented. How about you, what was your process?*

Samina*: I essentially tried to become a robot and pretended that I didn't have feelings. I embodied John Locke's (1689/1996) "blank slate of mind" where I tried to make my mind empty and formless. I compartmentalized all my feelings, assumptions and influences about the process and topic. I tried to take the "human" out of it.*

Carly*: But when you were pretending to be a "robot," how did you know whether or not it [bracketing] was working? You asked me if my efforts were effective… I honestly can't say for sure that they were.*

Samina*: I think it's possible to do, but it comes at a cost. Just as you mentioned, you hide behind a technique. So, if you're doing a study on racism, you're focusing on the priming technique you'll be using. It might be how fast or slow somebody taps a key, not whether the actual person participating is racist or not. You view people as objects that you are obtaining data from instead of a person who has thoughts, feelings, and unique experiences. It's like lawyering; clients often lose their identities and are assigned labels such as applicant and respondent, which allows lawyers to engage in steely analysis.*

Carly: I think you're right about it coming at a cost. More often than not there's more to the picture. You can't bracket what you aren't aware of… how would you? You have to be aware to have a chance of being able to set something aside. If you don't, you're at risk.

What is Reflexivity?

Reflexivity is the practice of engaging in ongoing internal dialogue and critical evaluation of the self. This helps to increase awareness of one's positionality surrounding a research topic and how it impacts both the research process and outcome (Berger, 2015). More specifically, it requires a researcher to examine their own beliefs, assumptions, and biases to present the role of the "self" in knowledge production (Berger, 2015; Hamzeh & Oliver, 2010; Howell, 2013). There are several relevant positioning characteristics that may influence the research process such as gender, race, age, and sexual orientation (Berger, 2015; Hamzeh & Oliver, 2010). If positionality refers to what we know and believe, then reflexivity is concerned with what we do with this knowledge (Howell, 2013). As social workers we have been engaging in reflexive practice for several years. Below are examples of our positionalities we have previously used in our respective research projects.

Carly

For my qualitative data analysis course, I interviewed my (two) classmates on a topic related to my eventual dissertation research topic. The research question was: How do women embody their perceived roles in supporting men's mental health?

The parts of my identity that influence my research approach are that I am a White, European Canadian, middle-class, woman, and a practicing social worker. These characteristics impact my comfort level and how I conceptualize mental health, as well as my ability to access services. Due to my personal experiences and relationships with men (family, friends, and service users) who have experienced mental health challenges, I have a strong passion for men's mental health advocacy. I have my own strategies for assisting men, so I may have anticipated certain responses and asked questions related to my own beliefs. Throughout the interview process, I found myself identifying with my colleagues' words and did my best to remain curious instead of jumping to conclusions. While I took an inductive approach to this project, my previous engagement with academic literature, preconceived notions about gender roles, and personal strategies for supporting men inevitably influenced the types of questions I asked in the interviews and the lens through which the data was analyzed. To minimize bias, I kept a reflexive journal throughout the project to keep a record of different thoughts I had. I also engaged in member checking by sharing my interpretations with my participants to ensure accuracy.

Samina

The research question guiding the project for the qualitative analysis course was: How do people perceive the law and the legal profession?

My main identity is that of a young, South Asian, cisgender, female Canadian. In this study, I brought my personal and working experiences with the legal profession. I graduated law school in April 2020 and am in the midst of articling to become a licensed lawyer. As a social worker entering law school, I always assumed that the legal profession was a helping profession. My experiences in law school, summer law employment and, presently, articling, told a different story. It seemed students and lawyers were more interested in how to apply legal principles and rules than how to build rapport with clients. Although these were my experiences and I did find fellow students and lawyers who had similar understandings, I had no empirical data to support this. I wanted to learn more about the worldviews of the legal profession and where these beliefs and attitudes arise from. Instead of relying on my experiences, biases, and assumptions, I chose to take an exploratory path to comprehend the perspectives of others. I decided to pursue my PhD in social work, as it would allow me to explore this topic more and understand people's perceptions of lawyers in hopes of transforming it into a helping profession.

Reflexivity was achieved by engaging in and reflecting through memos and journals to jot down any thoughts I had throughout the process. Additionally, I myself answered the interview questions that I used. This was to recognize my own assumptions and biases regarding the topic. Reflexivity was also important in creating a transparent trail to understanding the collection of data and its analysis (Joffe, 2011). More importantly, it was used to establish trustworthiness and authenticity for the researcher, participants, and readers (Guba & Lincoln, 2005).

Contemplating the Impact of Identity

After we shared our examples of reflexivity with each other, like the true students we are, we ended up being pulled into another discussion about what the experience was like for us and what it meant to us. It became clear that our different experiences and identities impacted the way we approach research in general, much less the different topics that we chose to engage with. For example, as a woman of color, Samina has experienced the effects of marginalization and being invisible in Canadian society. Therefore, she has always been cognizant of racial inclusion when reading others' research and during her own research endeavors, to ensure the visibility of racialized individuals in academia. Carly, as a White woman, entered the research with a passion for understanding and mitigating the negative impact of gender inequities after recognizing the impacts of sexism in her own life, as well as hearing the experiences of men that she knew. Below is an excerpt from that conversation that we feel showcases the importance of reflexivity despite vulnerability in research:

Carly: Honestly, bracketing feels safer than reflexivity. It's easier to bracket because you don't have to expose yourself... You don't have to acknowledge that you can influence the outcome of your research findings. It's also easier because you don't have to be vulnerable. For example, since the positionalities that we used above were from our qualitative data analysis course, I felt safe to write about personal topics because it wasn't a public forum. In class, we talked about navigating decisions around how much to disclose... I wouldn't necessarily feel as comfortable to share openly with something that could be published. I didn't want to be that raw. So yes, I realize that there are certain parts of my identity that could be impacting the research, giving me passion to do the research, and influencing how I heard things that were said in the

interviews, but… just making those decisions about how much I wanted to put out there and was I willing to be real. It can be uncomfortable.

Samina: *That's interesting because I feel the exact opposite. I enjoy reflexivity because it gives me my voice. It gives me that power back. I don't have that with bracketing. In both situations you're assuming control. As a researcher, you have power whether you're practicing reflexivity or bracketing. With bracketing, you're not acknowledging the power that you have and what that power does to your research and the participants. Whereas reflexivity acknowledges that and gives a piece of that power back to the participants and the readers. It tells people this is where I come from, this is my narrative, and this is how it could influence my project... If you're a researcher, your identity might influence it differently. It's so nice to be able to see that and do that. That's why for me it wasn't about being vulnerable... that thought never crossed my mind.*

Carly: *I don't think I'm completely opposite of you. The vulnerability is there, but I don't think it's a bad vulnerability. It's a good vulnerability. It's a willingness to expose those parts of yourself for the participants and for your research... To highlight different outcomes that could have happened based on who you are. You're being more honest about the outcomes by saying the findings could have been impacted by x, y, z, and then pointing out limitations of the research and discussing areas to explore in future research. Because this is one viewpoint, well maybe not one viewpoint, it's co-constructed by one group of people… with qualitative research, you don't have the same generalizability, but that's the beauty of it—you aren't forcing a single narrative. There's more freedom to be real. Still, it's important to be clear about your methodology, because it helps people to understand how you got where you got to.*

Samina: *Agreed. I think it's important to discuss because of the different viewpoints of reflexivity. For some people, it might be that they're taking control of their voice because society hasn't given them the opportunity. Others may experience reflexivity as vulnerability where they've never had to share that piece of themselves, but having to now put themselves out there and give others that information, there is a vulnerability to it. I think in this case, race does play a huge factor into it because a lot of the times when I walk into a room, I am already judged. My story has been established and dictated for me. So, I'm always having to prove myself and to others that there's more than meets the eye. That's why I like reflexivity because it gives me the power back.*

Carly: *Right, and even in this discussion, we're showing the importance of reflexivity. In this conversation alone we've shared two completely different experiences of the tensions between bracketing and reflexivity…*

The conversation quickly turned into a debate: Is bracketing truly realistic? Can human beings really set aside their experiences, assumptions, and values to depict unbiased and objective representations of study participants' realities? And even if this *is* possible, how does one go about manifesting self-awareness?

The Interconnected Nature of Bracketing and Reflexivity

When we were introduced to the concepts of bracketing and reflexivity, we understood them as being separate and disconnected entities. This is not to say that they are perceived that way in the qualitative research community, but because we had learned about these concepts separately, our minds did not automatically understand their connection. While doing research to write this paper, we ran into other students' posts in online forums asking how to apply reflexivity and bracketing simultaneously; we were clearly not the only ones who initially understood bracketing and reflexivity as opposite ends of a spectrum (i.e., binary). Baksh (2018) initially had the same perspective, but when attempting to bracket without being reflexive, she found the task almost impossible to do. Through her research experience she found that the relationship between reflexivity and bracketing were in fact, not binary:

> To bracket, I had to bring into awareness my experiences, feelings, and emotions and consider their impact on the research process. I found that thinking about bracketing itself allowed for reflexivity; it requires me to contemplate assumptions embedded in my consciousness. (Baksh, 2018, p. 52)

After discussing her experience, we started to think about the dangers of thinking of these concepts as separate, especially engaging in bracketing without reflexivity.

How can one bracket if they are not aware of what they should be bracketing? This question kept arising over and over again for us as we read Baksh's (2018) article. We saw her grapple with the expectations to ignore parts of her identity and experiences, as bracketing continuously reminded her they were not relevant to her research. Although, her research topic was on the experiences of racialized students; how was she then expected to ignore her race and the impact it has had on her life? She found that she could not, as it was an essential part of her that did impact her research.

Our conversation about how to bracket and whether it's realistic led us to a much larger reflection about the importance of reflexivity and the standpoint that it needs to be an ongoing process at *all* stages of research. Once again, we provide an excerpt of that conversation below:

Samina: *What are the risks of bracketing without reflexivity? Isn't it easier to compartmentalize if you're not aware of your biases and assumptions?*

Carly: *Maybe it's easier to present the "image" of bracketing... being reflexive can be vulnerable, and you want to be able to say that you're doing it to make it look clean. But just because you don't acknowledge something doesn't mean that it's not affecting your research.*

Samina: *In Baksh's example, she knew her identity... the essential parts of herself... she had insight into her assumptions and biases, but yet she didn't necessarily believe she was able to bracket.*

Carly: *Maybe you can bracket some, but not necessarily all of it. It comes to being reflexive and*

presenting in your writeup about who you are and providing that context for the readers. That way, they can acknowledge the findings have been influenced by personal aspects, the relationship with the participants, and even the setting where the interviews took place. In class we were saying things like… if you don't acknowledge those things or aren't aware of them, then there's a danger of unintentionally imposing your views. The reader might not be aware of it if it's presented as truth or fact, especially in qualitative research where it's about one perspective or one set of experiences… it feels like you're imposing a positivist framework on qualitative research. If there's subjectivity, it needs to be recognized… it needs to be explored and presented so that it doesn't do harm.

Samina*: If you aren't cognizant of your power and privilege before beginning a research project, then you're going to ignore that and harm individuals. You're not going to see how your privilege and power impacts your research, the research question, who you choose as participants, and the write-up... it's all connected. I think you lose that richness and complexity that comes with qualitative research. I think that's a huge danger. It comes back to having a genuine, authentic, and empathetic researcher. If you know where the researcher is coming from and you understand their position with respect to the research, then [the participants] are going to be more likely to participate freely in the research project.*

Carly*: Has that happened to you as a participant? We've talked about this as researchers, but we've also been participants in studies. Has there been a time when you reacted differently to a researcher?*

Samina*: I think I generally avoid [participating in] qualitative research. It's because when I'm in an interview situation, I feel like there's a power imbalance. I'm giving you information about myself and it's putting me in a vulnerable position. I don't know what you're going to do with the data, I don't know if you're going to use it against me… There's so much you can do with my voice and my words and essentially make it your own. You're going to tell your own story, not necessarily mine. So, I avoid that. Especially when I see a White researcher. I don't want to give you that power, and I don't want you to fuck up my story. So, I have [chosen to] participate more in quantitative research because I don't feel comfortable being a participant in qualitative research. How about you?*

Carly*: One time I participated in a study that involved counseling. I was being asked really personal questions and I was like, oh boy… I had met her before, but she didn't recognize me. I realized the importance of the research, so I let it go, but I felt awkward and I'm sure that it impacted how much I shared. So, it's relevant even when it's not about somebody's identity but just previous experiences. We aren't always aware… we're talking about being reflexive about* our *emphasis on the research, but each and every participant in our study brings their own identities, experiences, and feelings. We might not be able to fully access theirs, but if we can access our own then at least it provides information about the lens that we are using to look at the data.*

Samina*: I think it's just about creating a safe and open space for participants, right?*

Carly: Yeah, but is that totally in our control?

Samina: As a researcher? 100%.

Carly: I don't think it is.

Samina: Mhm - it is.

Carly: I think we can try *to make it safe...*

Samina: Yeah!

Carly: But if the participant doesn't feel comfortable, that's not our... we don't have control over somebody else. We can do everything in our power to make that possible, but I don't think we can force it.

Samina: Agreed, but I think reflexivity helps to create that safe environment.

Carly: Absolutely.

Samina: Trying to create a safe environment is important. If you don't, you're going to get more participants who don't feel comfortable or protected. With reflexivity, you're decreasing that number to maybe one or two versus all the participants.

Carly: That's true, not only at the beginning, but also when working with participants. For example, you might have different rounds of data collection where you are revising your questions or asking different probing questions. Your experience is different each time you enter that room and talk to somebody new. So, it can affect how you are looking at the data… maybe something one participant before had said now changes how you're viewing something else that another participant is saying.

At this point in our discussion, it was apparent that our previous experiences and diverse aspects of our identities led us to reflect differently upon our research experiences both as researchers and participants. We recognized that various parts of our identities as researchers were delicately entwined with those of our participants. Desmond (2016, p. 325–326) wrote, "my identity opened some doors and closed others." This has been true for us, too, with opportunities as well as relationships. Across all stages in qualitative research, researchers can be seen as instruments for analysis (Starks & Brown Trinidad, 2007); since we are all unique, however, we see the world through our own individual lens. Reyes (2020) argued that researchers actively and strategically utilize personal characteristics and resources to achieve research goals, pointing out both visible (e.g., gender, race/ethnicity, etc.) and hidden traits (e.g., social capital) that influence our interactions with other stakeholders in our research endeavors. While we believe that an inevitable power dynamic exists between researcher and participant, there are certain things that will support or hinder our development of rapport; depending on situational and

relational contexts, we may be seen as insiders or outsiders (Corbin Dwyer & Buckle, 2009; Huang, 2015).

We found Reyes' (2020) ethnographic toolkit extremely helpful when considering how the complexity of our own intersectional identities has impacted and will influence our doctoral research projects. It challenged us to consider how we have actively (even if subconsciously at times) used our unique traits to understand and gain access to information and people in our fields of interest by drawing attention to our intersectional identities including race/ethnicity, gender, sexuality, appearance, backgrounds, education, citizenship, and social networks. These traits and their related experiences had surely influenced our choice of research topics, but how might they influence our methodological approaches, our engagement with participants, and how we collect and analyze our data? Recognizing that our identities are made up of so many diverse elements, it would be impossible to discuss the influence of all of the intersectional pieces in a single paper. Still, we practiced being reflexive with a few dominant intersectional identities in reference to our own research topics below

Samina: My visible identities are that of a young, South Asian female. These pieces will impact my research in various ways. Specifically, it can affect my ability to recruit both social work and law participants. The field of social work is infamous for its prevalence of young female workers. There are also strong social justice values affiliated with the profession. Thus, being a young, racialized, female individual may have a positive influence in recruiting participants in the field. Whereas the profession of law is notorious for being dominated by White older males. My visible identities in recruiting lawyers could lead to a negative predisposition as I initially may be perceived as inexperienced, uninformed, and an outsider. My hidden identities include my education and experiences in both law and social work, and at the present moment not being a parent. My second invisible identity of not being a parent may present difficulties when interviewing clients. My research project revolves around the child welfare system, and I will be interviewing parents who have had child protection court proceedings. As I am a young female, clients may question my own family dynamic (e.g., if I have children of my own). If I do choose to reveal personal facts, clients may begin to doubt my ability to understand and relate to their experiences. This could result in clients ultimately feeling uncomfortable in truthfully or fulsomely engaging in the interview. My education and work experiences in both fields will be a beneficial and important asset that I will utilize throughout various stages of my research process. Particularly, it will provide me with a deeper understanding of the different or similar perspectives of social workers and lawyers. As I am familiar with both professions and have networks and connections with both fields, the recruiting process will be less challenging for me.

Carly: For my research, I plan to interview men about their decisions to seek help for mental health challenges. As I mentioned before, I am a White, European Canadian, middle-class woman, and a practicing social worker. These intersecting identities will inevitably influence my research as I approach the topic as an insider and an outsider simultaneously. As a woman, I have no experience living in the body of a person under the societal pressure of hegemonic masculine stereotypes. Yet, men have also been known to share more openly with women (McKenzie et al., 2018). All men are unique individuals and depending on each participant's

own intersectional identities and life experiences, they will perceive me in different ways. Certain aspects of my identity are visible. For example, I am privileged by my White skin which gives me power stemming from an unjust colonial history on the land where I will conduct research. I am also relatively young, which may cause others to doubt my experience and expertise. Whether or not I make my education and profession known, men may perceive me differently. One example of this would be if participants knew that I am a therapist, they might feel like I am trying to convince them to go to therapy, when in reality I believe that help is available in many alternative formats and am respectful of individuals' decisions to not seek help. Hidden aspects of my identity will also influence my research by allowing me to have insight into participants' experiences that I may not otherwise have noticed. I can also share pieces of my identity to build rapport and hopefully increase men's sense of safety in talking about their experiences. However, I will have to be careful not to invite response bias by making participants think that I want them to say certain things over others.

The Evolution of Bracketing in the Research Community

The suggestion that bracketing and reflexivity were somehow connected was beginning to take shape in our minds. Still, a wave of cognitive dissonance left us feeling unsettled. If these concepts were not binary, how did they fit together? We proceeded to look beyond Baksh and into the broader qualitative research community to further understand the relationship between bracketing and reflexivity. The results of our fruition indicated that the philosophical understanding and implementation of bracketing had transformed over the years.

We learned that phenomenology has generally been divided among two streams: descriptive and interpretive. Because it was initially developed in a time period when positivism was the prevailing epistemological framework (Dörfler & Stierand, 2020), the concept of bracketing was applied within the assumptions underlying this positivist paradigm (i.e., impartial researcher searching for an objective truth). As a result, the coinciding terminology that came to be associated with bracketing (e.g., suspending refraining, holding back, stepping out of, etc.) influenced how it was perceived within the research community (Dörfler & Stierand, 2020; Sorsa et al., 2015). At its outset, bracketing was not naturally associated with reflexivity; the two constructs were viewed as binary. However, as alternative epistemological frameworks became more prominent, researchers' understanding and approach to bracketing evolved accordingly, and reflexivity is now seen as an important component to its implementation.

Over time, researchers came to recognize and accept the impossible nature of setting aside their inherent biases. The focus of bracketing instead changed to raising awareness of biases and assumptions to call attention more effectively to their impacts on the research process and subsequent outcomes. The purpose of bracketing was and still is to increase the validity/rigorousness of research (Tufford & Newman, 2010); the only part that has changed is the process of getting there.

Through discussions in our qualitative data analysis course and exploring existing literature, we would ultimately conclude that true bracketing could not exist without critical reflexivity.

Bracketing and Reflexivity as a Cyclical Process

Carly*: Having conversations with other people to try to access those parts of you that you're not aware of can be helpful. Based on our conversation, it seems like not only are reflexivity and bracketing not binary, but they work best as a cyclical process.*

We hope that at this point we have been able to demonstrate that reflexivity and bracketing are not competing interests and separate entities. Instead, we view the relationship as a complementary cyclical process. Figure one illustrates our understanding of the bracketing and reflexivity relationship. We argue that this process *must* begin with reflexivity. This is essential, as it is not possible to bracket what you are not aware of. Thus, the initial reflexivity process allows a researcher to identify any biases and assumptions they may have.

We believe that bracketing may not be realistic. However, if a researcher decided to attempt to engage in bracketing, then we suggest that reflexivity should be an ongoing practice. This is important as bracketing calls for self-knowledge, sensitivity, and reflexivity to unveil the researcher's subjectivity towards the interpretation of the data and an ability to articulate them (Gearing, 2008; Sorsa et al., 2015). Particularly, reflexivity should be engaged during the beginning of each step throughout the research process, including but not limited to formulating the research question, designing the research methods, recruiting participants, collecting and analyzing the data, and writing the report. Moreover, it is critical to acknowledge that reflexivity is a never-ending process requiring continuous engagement where ideas, beliefs, and experiences cannot be simply "set aside."
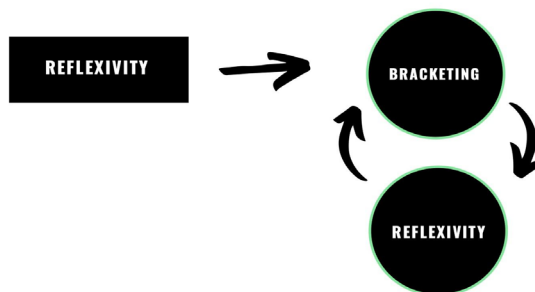

Figure 1. The cyclical process of reflexivity and bracketing.

Tips for Being a Reflexive Researcher

Reflexive practice has been defined as "some of the most challenging and important work in qualitative research" (Mitchell et al., 2018, p. 673). As a part of our process in becoming reflexive researchers, we have collected the following tips and tricks to engage in reflexive practice. We acknowledge that it is not an all-encompassing list and the strategies that worked for us may not work for everyone.

- Understanding that your viewpoint is ultimately subjective and diverse perspectives may all hold truth. This can be done through the following ways:
    - Educating yourself and engaging in open conversations with people who have different backgrounds, experiences, and perspectives (Roddy & Dewar, 2016)
    - Embracing equity, showing respect, and valuing diversity (Cunliffe, 2016),
    - Practicing critical consciousness to become aware of alternative views and better understand your own standpoint (Hanson, 1994; Howell, 2013)
    - Fostering humility to accept the existence of multiple truths and recognizing that your current understanding may not be complete (Yeager & Bauer-Wu, 2013)
- Exploring impacts of the intersectionality of your different identities with respect to the privilege or oppression they hold. Examples of personal identities include gender, race, culture, ethnicity, age, sexual orientation, sexuality, physical ability, socio-economic status, immigration status, language, religion, spirituality, personal experiences, beliefs, biases, preferences, theoretical/political/ideological stances, emotional responses, etc. (Berger, 2015; Reyes, 2020)
- Engaging in ongoing reflection about your feelings, biases, assumptions, thoughts, and any other relevant details of the research process through memoing, journaling, and/or jotting down notes (Ahern, 1999)
- Create a Social Identity Map to identify and reflect on your intersectional positionality (Jacobson & Mustafa, 2019)
    - Create an open and safe environment for participants by stating your positionality and being present throughout the interview (Soedirgo & Glas, 2020)
    - Include a positionality section in your write up so readers and researchers understand your interests in the project and how they may have influenced the process. It is important to move beyond the statement and highlight how different aspects of your identity may have impacted the project at each stage (Reyes, 2020)
- Answering the interview question(s) yourself to increase awareness of your assumptions and biases surrounding the research question (Bazeley, 2013)
- Member-checking to increase the likelihood that participants' voices are being accurately represented (Birt et al., 2016; Candela, 2019)
- Debriefing with your research team or others and initiating reflexive dialogues about different ways to approach the research process to draw out alternative perspectives of the data and their meaning (Ahern, 1999)

Conclusion

This paper started with a simple discussion of reflexivity and bracketing during a study session. It unfolded into a complex debate about the relationship between reflexivity and bracketing. After defining the two concepts, we reflected on whether bracketing was truly realistic and its undeniable reliance upon reflexivity. In agreement with Baksh (2018), we believe that the two concepts are not binary. We take it one step further and argue that they constitute a cyclical relationship. As two novice doctoral research students, we shared our personal understandings and offered tips that we have found helpful. We hope that our reflections will encourage other researchers to continuously practice reflexivity in their own endeavors with bracketing in qualitative research.

Acknowledgments

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The Struggle Bus: Using Critical Self-Reflection for Psychological Introspection and Self-Care

Lynn Shaw, Francine Carter, and NaKaisha Tolbert-Banks

Abstract: Take away all titles; humans need support. As we add titles to our existence, the observed need for support shifts. When a title like social worker, CEO, doctor, teacher, or coach is attached to an individual, it can strip the individual of believing they can reach out for help. The helper is the help. People think the social worker must fix everything and not warrant support due to a title. How does the social worker seek help without appearing "weak"? Obstacles faced in asking for help can create dark and isolating holes, referenced as rides on the struggle bus. In this narrative, we examine the culture of self-care, being a passenger on the struggle bus, and explore the process of critical self-reflection. Finally, we introduce the Critical Incident Questionnaire and recommendations for potential critical self-reflection as tools in managing the struggle bus phenomenon.

Keywords: social worker, critical self-reflection, burnout, well-being, self-care, introspection

Psychological Introspection: Checking Yourself Before Wrecking Yourself

The lessons I (Tolbert-Banks) have learned, especially in 2020, created a framework to design my days, weeks, months, and if I want to be alive to see it, my years to come. Schwitzgebel (2019) defined introspection as "a means of learning about one's own currently ongoing, or perhaps very recently past, mental states or processes" (p. 1). Introspection allows me to take a step back and breathe because that is an essential component of self-care and calms down my amygdala, enabling me to think and act rationally and appropriately towards myself and those around me. Nothing is perceived worse than being that person who everyone "fears" or turns a blind eye to when you walk into a room because you have not engaged with and been made aware of, through introspection, potential off-putting behaviors.

I was not too fond of the struggle bus. I did not particularly appreciate riding, driving, nor being hit by the struggle bus. There were many days I asked myself if this bus ride would ever end. Some days the answer was "yes." Other days, the answer was "no." I wanted the struggle bus to drop me off, leave me, and allow me a moment to figure out where I was going next, how I would get there, and my chosen mode of transportation. No one knows when the onslaught of crises and everyday life stresses will hit you in a way that may temporarily knock the wind out of you. No one can predict, especially during a pandemic, how each day will begin or end. With that said, it is vital to utilize a bit of critical self-reflection (CSR) to gain a better perspective of where each of us reside mentally, physically, spiritually, and emotionally.

As you journey through this article, it is with anticipative energy that you find one thing that resonates with you and allows you a moment of clarity through CSR and introspection to move forward with a plan about how to be better tomorrow than you were today. This life's journey is not for the faint at heart. You will be challenged and not know which way is left or right some

days; however, with awareness, an open mind, and the ability to introspectively look within, you can gain a better perspective about what is next for you.

How can one determine if introspection is truly a tool that will be beneficial or even decide where to start in this introspective process? In moments where I (Tolbert-Banks) may feel fuzzy or unclear, I take a step back, usually with some random journal out of the pile of new journals I have promised myself I would use, and I think to myself, "What am I unclear about at this moment?" As I begin to jot down some notes about what is unclear, I begin to drive down the lack of clarity path a little further to ask myself, "What is it that I'm looking for at this moment?" Addressing what is unclear and working to pinpoint what I would like at that moment allows me to pull in the reins a bit tighter and streamline potential scattered thoughts to maybe one or two, and then begin to think about how to tackle said thoughts. Without clarity, or the willingness to sit down and look within, the weight of all the issues that have not been dealt with properly will begin to fester and potentially manifest in unappreciated ways. Introspection is necessary.

Since 2020, many of our lives have been turned upside down, torn, shattered, or any other quirky adjectives that may be befitting. There is a level of self-care that many of us had to implement that had not occurred prior. Many quarantined, worked from home, were temporarily displaced, found themselves eye to eye and hip to hip with family members at home, furloughed, and many other unfortunate situations. Yes, it takes a level of introspection to get yourself into a space in which you can survive. Our experiences over the past two years afforded us a different level of awareness than ever before. Psychological introspection offers a way to better connect with ourselves, care for ourselves, and provide a roadmap. The roadmap permits carefully plotting out and utilizing an identified self-care plan that can help us navigate the ups and downs, the ins and outs of life, and be the healthiest us we can be. The process of psychological introspection allows us a gateway into CSR necessary and used in many aspects of our lives and life's functioning. Without this vital tool, we each become at risk of a lack of knowledge and insight necessary to equip us with armor to battle the many situations that may come our way.

Critical Self Reflection: Struggle Bus Examination

The National Association of Social Workers (NASW) Delegate Assembly voted to implement new self-care language to the NASW Code of Ethics effective June 1, 2021 (Grise-Owens & Miller, 2021a; NASW, 2021). Self-care language included the Purpose & Ethical Principles— with the goal that by explicitly including the value of self-care in the NASW Code of Ethics, this emphasis will support a healthy culture among social workers. Pyles (2020) notes that though this is a step in the right direction for social workers to be intentional about self-care, how will the social work profession advocate for the well-being of social workers? How will self-care be of significance in agencies who are navigating the perpetual issues the pandemic has heightened? Ashcroft et al. (2021) and Smullens (2020) identified that the increase in social work services to individuals and organizations during the pandemic has impacted the level of burnout and compassion fatigue among social workers.

As a social work educator and practitioner, I (Shaw) have witnessed the meltdowns, anxiety, and exhaustion faculty, students, and field instructors have experienced as the pandemic continues. Social workers in isolated areas and lone social workers in some practice settings have shared that their isolation from colleagues while working remotely has left them little time to discuss ways to cope. For essential workers, there have been few breaks in the demands. As these conversations have continued with little change in the content, I revisited the practice of CSR and Critical Incident Questionnaires (CIQ) as tools for self-care professionally and personally (Shaw & Glowacki-Dudka, 2019). The application of CSR as a supportive model for the struggle bus roadmap may help us navigate decisions for our well-being in all levels of social work practice as we continue through the pandemic.

I was introduced to CSR in my doctoral studies by reviewing the work of Mezirow (1998), which led to a phenomenological study on the topic of CSR with life coaches. As the researcher, I was intrigued by the recruitment outcome. Initially life coaches were interested in the study. However, as the details emerged as to the method of collecting data using CIQ (Brookfield, 2021) and completing bi-weekly journals for eight weeks, the fly ointment melted, and the number for the study reduced to five. Of those five participants, three were master's level social workers who were practicing as social workers and life coaches. The study design included eight weeks of introspective work involving the completion of the CIQ before and after a client session, a journal summary from the collective CIQs every two weeks, and participation in a semi-structured interview at the end of the eight weeks (Shaw & Glowacki-Dudka, 2019).

What is a CIQ? In our social work language, critical incidents may refer to something heightened and a crisis, and we move into crisis debriefing. Brookfield (2006, 2021) is an educator who contributed widely to the idea of using CIQ with his students for feedback and course correction. The CIQ was a tool, simply five questions used at the end of every one of his classes. The students filled out those five questions anonymously, and that would help him get feedback on how his class went and help him either course correct or continue whatever he chose to do. I decided to modify the CIQ (Brookfield, 2021) for the life coaches to generate some of the feedback and data to analyze. The five questions the coaches used were as follows:

1. At what moment in this session did you feel most engaged with what was happening?
2. At what moment in this session did you feel most distanced from what was happening?
3. What action that anyone in the session (group member, client, you, colleague) took in this session did you find most affirming or helpful?
4. What action or experience in this coaching session did you find most puzzling or confusing?
5. What about this coaching session surprised you most? (This could be something about your own reactions to what went on, or something that someone did, or anything else that occurs to you.)

The development of the study revealed that not every professional wants to do introspective work for professional or personal development. However, the themes emerging from the study revealed that introspective work is challenging, rewarding, and, at best, revealing. Five themes emerged from the study: (1) structure and discipline, (2) increased self-awareness, (3) passionate

purpose, (4) professional development, and (5) enhanced relationships. The application and deeper dive of CSR through the CIQ and journaling was promising as a model when riding the struggle bus. This deeper dive resulted in an experience, which contributed to our self-awareness, which can be helpful when on the struggle bus.

Critical Self-Reflection: Passenger Experience

I (Carter) was fortunate to be a participant in the study mentioned above. As we began, the requirement was to ask and answer questions after each coaching session. Yes, EACH coaching session. I flipped out and thought, "Are you kidding me? I can't do that, and I don't have time." You know how we do it. It's back-to-back to back-to-back-to-back bus stops only to pick up the next client, not to rest ourselves.

High Speed, Bumpy Road

As helpers, social workers, and coaches alike, we are trained to help our clients hone in on self-improvement, aspirations, SMART goals, action steps, accountability, evaluating, and reflecting on how well the interventions work. We ask open-ended questions to get them to think, acknowledge, validate, reflect, and evaluate. We repeat this with each client, yet we tend not to do the same for ourselves. When do we stop to reflect or evaluate? Instead, we drive the bus until we cannot see any more or run out of gas (burn out). This study and the questions allowed me (Carter) to stop in-between clients and genuinely offered a structured discipline to review how I showed up in each session.

The more I found myself incorporating the structure and discipline of stopping and answering the CIQ in-between clients, the more self-aware I became. My skills improved, and my passion for my work increased. My purpose became more robust, and I was more excited for my clients. My clients could sense my passion, and the engagement process bloomed. While they were feeling good about hitting their goals, I was feeling good about improving myself and recognizing that my passion was increasing along the way.

As I stated, we, as helpers, continue helping others and sometimes forget our personal and professional needs. The structure allowed me to take time, breathe, and reflect on the session I just accomplished. My perceptions of "not enough time" and "more, more, more" were no longer obstacles. Instead, the structure and discipline of doing the CSR activities also helped increase my self-awareness in how I coached and what I needed to work on as I reviewed my journal. It also helped me take the time to review the current client, and my work with that client, put that client's stuff on the shelf, and pay attention to my skills. Finally, it brought my presence and mindfulness back, which increased my passion for coaching and my clients.

As a result, I began slowing myself down, focusing, and better preparing while being more in the moment during each session. I noticed during the sessions I was evaluating myself automatically. I would hear my internal voice saying, "Whoa! I noticed what I did in that session, and I don't want to repeat it in this session." So I refocused and redirected myself during sessions instead of after the session. It revealed that the development, process, structure, and

discipline became ingrained in a perpetual internal awareness and redirection to increase my skills' effectiveness.

Struggle Bus Detour

Then we transition to home. (Instead of using our valuable skills at home—heaven forbid we "social work" our family or friends.) We may take our tiredness and frustration out on our family. At the time, my (Carter) coaching office was in my home, and I was raising two kids adopted from foster care. I'm doing this reflection, paying attention to my clients, yet what was I doing at home to help with the issues of raising kids with a history of trauma? As my self-awareness increased, I realized I was not bringing my best skills to the home front. So, I decided to transfer my reflection and skills to my family. I paid more attention to how I showed up with my family, kids, spouse, and parents. CSR helped me to understand that I was not taking the time to genuinely listen.

It was the professional development piece, but it truly began to enhance my personal relationships, and I saw my kids change. I saw them slow down. I saw them looking at me differently, and CSR improved and enhanced our relationship. Unfortunately, or fortunately, I realized I was not as good to my family as I was to my clients, and that is not the way it needed to be.

From Struggle to Reflection

In my coach training program, I (Carter) had a mentor coach. Having a mentor coach is a practice to get feedback from a more experienced coach on developing our skills to be more effective. An excellent service, yet you are out there on your own once the program ends. The same holds true for social workers and their supervision. Who do we turn to for introspection and reflection once we clock in the client and supervision hours? Moreover, how much does supervision incorporate introspection and reflection?

I've started incorporating the CIQ questions with my social work students so they can have it from the start. Academic stress is real, and if we start self-reflection early, we might save many future social workers from severe burnout. As they enter the field, the practice of self-reflection can alleviate the effects of trauma exposure (O'Neill et al., 2019).

I have found that the more introspection and reflection I do in all areas of my life, the more I feel passionate and humble. I judge myself by what I know I need to improve upon, not anyone else. The struggle of the judgment bus was real, and I introspectively traded it in for the reflection bus, my bus.

Tools for Struggle Bus Navigation

Take a moment to think about your last unclear moment. How did you feel, what were your thoughts, what did you do? Tapping into the "how did you feel" and "what did you do" will give you some introspective insight into how you do or do not handle situations that can cause

uneasiness. Bollich et al. (2011) addresses ways in which introspection, feedback, and self-knowledge can provide an individual with additional self-insight and knowledge regarding one's personality. As we take this process of psychological introspection a step further towards the journey of self-care, it is essential to remember that we all have obstacles and limitations. How do you hold yourself together when things are going well? How do you maintain yourself when things are scattered and in complete disarray? Your self-care is essential. How you manage stressful and tense times is critical. When you are on the struggle bus, and your back is against the wall, what you do is of the utmost importance. When the daisies grow, the sun is shining, and the unicorns are present, what you do is essential. Psychological introspection and CSR offer insight. They can tell our behaviors, attitudes, and actions in our everyday lives. Both can help us to determine areas of potential growth and areas of maintenance. There are things we are pretty sure we are doing well. As we take moments to introspect and critically self-reflect, we find ways to better ourselves, improve upon self-care skills, and put into action those things that will be most beneficial in our daily journeys. Without the time to truly and fully engage in introspection, you may find yourself at a disadvantage.

Below you will find ideas which may be helpful in implementing psychological introspection and CSR.

1. Shift your perspective from the "Struggle Bus" to a "Reflection Bus"—reframe your stressors to an adventure.
2. Reframe the beliefs that keep you on the struggle bus.
3. Think about and create a tool that may be helpful for you to navigate your daily journey. Use the CIQ or modify with your own questions.
4. If supervising others, encourage psychological introspection and CSR. Innovation can be in a variety of forms that fits your staffing environment and needs such as incorporating the CIQ questions.
5. Use other reflective tools such as a journal, prompts for the journal, mindfulness practices, or other means to pause and reflect.
6. Participate in self-care activities that fit your values and beliefs.
7. Explore the benefits of self-expression such as art, painting, and dancing.
8. Schedule and take mental health days (PTO is not just for being ill).
9. Recognize your self-imposed rules of how and when you work. Ex: Set times during each day to take a break, check your email, or respond to phone calls.
10. Allow yourself the time needed to de-stress and renew (even a 5-minute mindful exercise).
11. Celebrate your wins! If you got out of bed, dance.

Recommendations

We would be remiss not to reference the projected mental health issues arising from the pandemic. We have been on the struggle bus attempting to navigate uncharted highways through the pandemic of 2020+. Our recommendations include utilizing daily tools, seeking support when needed (whether for physical or mental health), and establishing a self-care culture in your agency or work environment. For student social workers, it is recommended that the

competency of self-care be introduced early in their social work education (Grise-Owens & Miller, 2021b) and that self-care be added to the Council on Social Work Education competencies (Pyles, 2020). We recommend supervision training include CSR practices to enhance the supervisor/social worker relationship. Finally, continue to participate in research opportunities to emphasize the continued need for self-care strategies in the profession of social work.

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Reflecting on Roles and Responsibilities of Clinical Supervisors

Nanette I. Fleischer

Abstract: The quality and content of Clinical Supervision is heavily influenced by the personal and professional perspectives of Clinical Supervisors. The Psychotherapy experience for patients therefore is directly influenced by the Clinical Supervision their therapists are receiving. This article will remind Clinical Supervisors of their duties and expectations their title as Clinical Supervisor affords them, while hopefully bringing awareness to provide Clinical Supervision with an objective, interactive, and corroborative learning style, while correcting and/or adjusting the content they are providing and exactly how they are providing it in Clinical Supervision.

Keywords: clinical, supervision, psychotherapy, therapist, patient, social worker

Supervision is the most important part of training future and current clinical professionals. It is the hallmark of clinical psychotherapy practice. In my experience, all too often there is a lack of clinical expertise from many providing Clinical Supervision. Many Clinical Supervisors therefore are not prepared to professionally model, teach, or mold future generations of clinical professionals. In order to teach, in my opinion, Clinical Supervisors also need to listen and learn from their clinical supervisees. Yet all too often I observe that they are not at all prepared to do so. Clinical Supervisors should always learn from their clinical supervisees. Often, though, they are not confident of their own abilities to treat patients. Therefore, teaching skills pertaining to application of evidence-based theory to practice becomes challenging for the Clinical Supervisors. Learning to be objective is imperative to being a good Clinical Supervisor. Objectivity however is often lacking. As a result, Clinical Supervisors teach subjectively. This, in my opinion, is a reason for some inadequacies in Clinical Supervision. Reflecting on how I envision and effect my role and responsibility as a Clinical Supervisor has profoundly developed my application of theory to practice with my clinical supervisees. I hope that my reflections will influence future Clinical Supervisions overall, as it has my own clinical practice and supervisory style.

Clinical supervisees need clinical role-modeling throughout supervision. In order for them to become experts in the development of therapeutic alliances with patients, Clinical Supervisors require practical psychotherapeutic treatment experiences to provide a thorough analysis of supervisee cases. This is necessary and ought to be mandatory. But often, there are underlying issues within Clinical Supervisors' thought processes, clouding judgments and stymying their proper responses. They struggle as a result to admit that they cannot always give an objective response, nor explain why not. Clinical Supervisors providing this input to future psychotherapists is especially critical to learning how to become psychotherapists, in my opinion. In life, there are few definitive answers. This often is the case in addressing situations in supervision. Admitting this to supervisees is critical and necessary to their clinical learning potentials.

I often reflect and remember, in my early years as a clinician, all of the times I was thrust into self-doubt due to non-constructive criticisms by poorly trained Clinical Supervisors because I

was simply asking who, what, when, where, why, and how involving patients on my caseloads. My motivation to learn as much as I could about the field of psychotherapy and clinical social work was equally as significant to my professional growth as was my desire to develop upon my ability to gain wisdom from Clinical Supervisors' infinite clinical knowledge. Instead, my questions were labeled as time-consuming, cumbersome, and irrelevant. While an MSW student, I had hired my own cohort of Clinical Supervisors who all together taught me to learn by example. They taught me about objectivity, subjectivity, compartmentalization, and countertransferences, etc. from their own examples when they were providing Clinical Supervision to me. I learned what I needed clinically to professionally develop what I was not receiving in Clinical Supervision in field. I also learned how to reflect on my thoughts and feelings about patients while attempting to not let them influence my clinical judgement during treatment.

My experience with Clinical Supervision was not an isolated situation. I have listened to countless staff, interns, and colleagues address this phenomenon. They too were considered argumentative and not taken very seriously. They were ridiculed by former Clinical Supervisors for asking questions similar to the ones I had. Their former Clinical Supervisors were embarrassed to admit not knowing the answers. This has become standard operational procedure. As Clinical Supervisors, we need to help our supervisees understand application to clinical theoretic interventions. This is an opportunity to discuss with our supervisees their own experiences. In other words, we should be confident in our own abilities before trying to teach others. This is one of the roles and responsibilities we have as Clinical Supervisors.

Admitting there is not just one right answer based on circumstances situationally is a key ingredient and at the heart and foundation of also being a good Clinical Supervisor and psychotherapist. The art of self-confidence of a supervisee is to model and teach them as a Clinical Supervisor, the compromise of realizing that not everything we know is structured and exact. This, however, takes self-esteem, self-confidence, and a passion to teach with humility and wisdom as Clinical Supervisors. In essence, this takes clinical expertise that does not come from a job title handed to someone entitled Clinical Supervisor. Nor does just possessing a degree or credential instill these skills. As Clinical Supervisors, we must reflect on our roles and responsibilities. In doing so, we need to realize if and how we obtained these skills from our own Clinical Supervisions. We need to reflect on what our Clinical Supervisors taught us about humility and wisdom from their own clinical experiences. Without this, Clinical Supervisors cannot be experienced enough to model appropriate application of evidence-based theory to practice for their supervisees. This affects the patient/therapist therapeutic alliance and outcome of treatment.

Clinical Supervisors should teach and instill through modeling from their own collection of didactic and practical experiences. They need to understand and then model compassion, empathy, guidance, and professionalism to their supervisees, who require this in Clinical Supervision in order to treat their patients appropriately. This provides the structure and guidance professionally developing clinicians require to address personal beliefs or questions arising from supervisory sessions. Less qualified Clinical Supervisors, however, create cascading negativity in supervision. This affects outcomes of treatment for supervisees' patients.

Furthermore, this has become the basis for psychotherapeutic treatment interventions itself. Appropriate Clinical Supervision is necessary to change this dynamic.

Self-awareness and self-reflection influence my style and behavior as a Clinical Supervisor. Life experiences offer opportunities daily to capitalize on by improving and adjusting to issues and challenges. Appreciating and understanding life and history as it relates to the answers to supervisees questions is necessary to understanding the roles and responsibilities as Clinical Supervisors. Putting supervisees at ease by offering optimism in times of their patients' despair is also necessary to our roles and responsibilities as Clinical Supervisors. Other roles and responsibilities include compartmentalizing countertransferences to not personally influence treatment.

There are many roles and responsibilities of being a good Clinical Supervisor that are not modeled or taught. They must teach how to incorporate positivity into negativity of thought. They must always try to offer a relative care-free way of envisioning despair and ridicule when all appears hopeless to supervisees regarding certain cases. They should never permit supervisees hostilities, life's challenges, and personal limitations to inhibit work or life. They must have supervisees partake in activities that enhance optimistic views. They must set an example of diminishing problems by focusing on smaller associated challenges. They must address them until tackling the larger issue for it to become manageable. Addressing procrastinations by focusing, delegating, organizing, comprehending, and modeling engagement of all these responsibilities is critical to learning throughout Clinical Supervision. Honor and honesty should be prominently addressed in Clinical Supervision as core values embedded into roles and responsibilities of becoming clinical social workers. Clinical Supervisors ought to promote an enhancement of life in general and the lives of the people supervisees are treating. They must encourage both personally and professionally to engage in decisions, care for themselves, while collaborating shared interests with others in their own lives. They must communicate, listen, and speak concisely with positive demeaners and tones. They must assist supervisees in meeting their goals and objectives that are necessary to roles and responsibilities as Clinical Supervisors. Vision, commitment, empathy, and patience ought to be devoted to organizational planning, time management, leadership, and problem-solving as roles and responsibilities of Clinical Supervisors.

All Clinical Supervisors should learn from one another, model, and teach their interns and staff about this art of Clinical Supervision. Proper Clinical Supervision should train, guide, model, instruct, and teach therapists how to provide objective evidence-based practice with their patients which is necessary in our roles and responsibilities as Clinical Supervisors. Transparency and objectivity in treatment will be embraced by patients. Patients ultimately should then receive limits to inhibiting factors to their treatment goals. Therapists should help their patients then achieve good problem-solving techniques which in turn will improve staff morale, limit burnout, and promote respect from patients. Good Clinical Supervision also will help supervisees treat low frustration tolerance instead of stimulating aggressive reactions within themselves. Interns and staff will someday become the Clinical Supervisors I envision by positively affecting the outcome of patient psychotherapy. Core roles and responsibilities of

Clinical Supervisors should entail obtaining proper Clinical Supervision, which is achievable, and will then benefit both therapist and their patient in the long run.

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