

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



"Butterflies in the Garden" acrylic painting 12"x12" F. Ellen Netting 2024

Artist's Statement: In many cultures, butterflies represent transformation and hope. In this and previous issues of *Reflections*, our contributors have written beautiful narratives and poetry revealing the transformative nature of their experiences in teaching and learning, in practicing, and in engaging in research. Just as butterflies are delicate creatures, our authors courageously share their vulnerabilities, inviting us to witness their re-creating of themselves as they navigate the ever-changing gardens of their lives. Their insights give us hope.

General Issue

Volume 30 (2024)

Number 3

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PUBLISHED BY SALEM STATE UNIVERSITY SCHOOL OF SOCIAL WORK

Publishing Partners: University of Georgia School of Social Work; Howard University School of Social Work; California State University Long Beach School of Social Work; Monmouth University School of Social Work

Executive Committee: Beth Massaro (Publisher, Salem State University), Chair; Philip Hong (University of Georgia); Sandra Crewe (Howard University); Nancy Myers-Adams (California State University Long Beach); Jeanne Koller (Monmouth University); Darlyne Bailey (Editor-in-Chief, Ex-Officio)

ISSN - 1080-0220. Published July 2024 using Open Journal Systems software. Hosted at Public Knowledge Project. Indexed in Social Work Abstracts and Social Services Abstracts. Full text available in EBSCOhost SocIndex and Proquest Research Library. The content, opinions expressed, and use of language in each article appearing in *Reflections* reflect the views of the author(s) and do not necessarily reflect the views of the Editors, Publishing Partners, or Salem State University.

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Reflections from the Editorial Leadership Team: Seizing the Opportunity to Reflect

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

Abstract: In Volume 30(3) we welcome a new Publishing Partner representative from Monmouth University and a new Co-Editor from the University of Minnesota to our Practice Section, along with grateful appreciation for the dedicated people who contribute their time and expertise to making *Reflections* possible. We introduce the idea of *Reflections* as a “way station” for authors and readers on an increasingly rapid journey of professional helping where making the space to reflect is absolutely critical, and yet, actually grasping the time and savoring the moment is challenging. We are excited to highlight eight articles that offer insights about self-care and strategies for facilitating opportunities for change in practice and educational arenas as well as remind us of the importance of balancing the multiple and many demand in our lives.

Keywords: balance, change fatigue, self-care, trauma-informed care

Welcome and Appreciation

It is hard to believe that a year has already gone by since *Reflections* transitioned to our new home at Salem State University!! We are indebted to our Publisher, Beth Massaro (Associate Dean at [Salem State School of Social Work](#)), and Justin Snow (Salem State’s Digital Initiatives Librarian at the [Frederick E. Berry Library](#)) for their hospitality in welcoming us in person in April to begin talking about our vision for the future of *Reflections* going forward.

At our last meeting, we welcomed the appointment of Jeanne Koller as Monmouth University’s representative to the Executive Committee of the *Reflections* institutional Publishing Partners, which also includes Philip Hong (University of Georgia), Sandra Crewe (Howard University), and Nancy Meyers-Adams (California State University Long Beach). An Assistant Professor in the School of Social Work at Monmouth, Jeanne coordinates the LGBT+ Older Adult Project and is an Affiliated Faculty member with the Program for Gender and Intersectionality. Welcome, Jeanne!

We are also very excited to welcome Joan Blakey who has joined Pat Gray as Practice Section Co-Editor. Joan is the School of Social Work Director and Associate Professor at the University of Minnesota. Her areas of expertise include child advocacy, protection, and welfare; diversity, equity, and inclusion (DEI); justice and corrections; substance use and substance use treatment; and trauma and trauma-informed care. Joan also focuses on anti-racist and anti-oppressive practice within the social work profession. What a strong collaboration it is for *Reflections* to have Pat and Joan as Co-Editors!

We continue to be indebted to Section Editors Arlene Reilly-Sandoval (Teaching and Learning), Beth Lewis (Practicum Education), and Crystal Coles Quander (Research) for their incredible contributions as they work behind the scenes with reviewers and authors throughout the submission and review process. We are grateful to reviewers who give of their time and

expertise, providing constructive and formative feedback in the best tradition of peer review. And once manuscripts are accepted, we are in awe of the skill and attention to detail that our Lead Copyeditor Jack Pincelli brings to the copyediting and production process. Jack's work with each author is imbued with sensitivity and quality.

The Importance of Reflecting

Helping professionals from around the world are concerned about how to mitigate the effects of trauma, fatigue, and stress (e.g., Jiang & Jiang, 2024). The journey of professional helping is riddled with a plethora of terms that have become milestones along the way, terms that speak to the rapidity in which these professionals practice, teach and learn, engage in practicum experiences, and conduct research. These terms were already in the lexicon of professional helping when COVID changed our lives, but the criticality of their meaning accelerated as the pandemic changed the very nature of helping.

In organizational practice literature and business research there is an increased emphasis on mitigating the impact of the type of changes that can occur within organizations and communities and lead to compassion fatigue and burnout (e.g., Kartsonaki et al., 2023). Similarly, trauma-informed care research which has been more clinically oriented has emerged out of healthcare/human service literature (e.g., Bloom & Farragher, 2013; Welleford, 2021). Together these multi-professional avenues converge with overlapping terms such as compassion fatigue, compassion satisfaction, empathic distress, self-care, trauma-informed care, and vicarious or secondary trauma describing clinical or direct practice situations, and are reinforced by terms such as burnout, change fatigue, donor fatigue, and social media fatigue describing organizational and environmental stressors. One could say that interventions to address compassion fatigue or vicarious traumatization heavily focus on reinforcing self- and collective-care skills, with the idea of protecting against fatigue that comes from change and emphasizing broader strategies such as having leadership skills in building resilient behaviors, as well as resources and capabilities within the organization and within their communities (e.g., Kaba, 2021; Stotzer et al., 2022).

We believe that writing for *Reflections* can be a form of self-care leading to other forms of care as one steps back from the onslaught of traumas of any kind and stops to process what one has experienced. But it goes much farther than that. As authors disseminate what they have learned, readers are given opportunities to share in the insights and to realize they are not alone in dealing with tough challenges and difficult choices. Authors also share how they have worked with the challenges they've faced and highlight the ups and downs along the way, being authentic and honest about what did not go well or why an alternative strategy was needed. Most of all, *Reflections* encourages sharing how one feels or felt about a situation rather than wringing emotionality out of a manuscript.

If you look for definitions of a *way station*, you'll find that it is a stopover between points along the journey, a place in which one can rest along the way or seek supplies for the trip ahead (Merriam-Webster, n.d.). Oftentimes this can be a place to assess one's progress and/or to applaud one's resilience in making it this far. As we read the articles in this Issue and in

previous issues, this metaphor keeps coming to mind because *Reflections* can be a way station for authors and readers on an increasingly rapid journey of professional helping in which finding the time to reflect is absolutely critical, but actually grasping the time or savoring the moment is challenging. We encourage you, dear reader, to stopover into this new Issue and relish the moment, enjoying being present, and engaging with the authors who share their stories from the heart and offer their insights. We hope you'll find supplies for the trip ahead as you journey through the ever-changing nature of helping.

We often talk among ourselves about how quickly time is passing and how hard it is to keep up with all we have committed to. We marvel at how dedicated our reviewers are when they carve time out of busy schedules to provide valuable feedback on manuscripts. We know that professional service is not always rewarded by their employers. Because their efforts are anonymous, reviewers work behind the scenes without authors knowing who helped them along the way. And we are ever cognizant of how difficult it is for authors to find the time to reflect and write about their interpersonal interactions, witnessed events, and felt experiences in the context of a narrative story that helps readers discover new ways of thinking.

Highlights of This Issue

The first three articles in this issue beautifully express emotional revelations about the authors' multi-cultural identities that make them who they are and force them to change. Smith propels the reader into the life of an adoptee from Ukraine who comes face-to-face with the trauma of the Russian invasion and its impact on the author's homeland and family. Smith's narrative offers culturally sensitive advice for those helping professionals who work with current and future adoptees. Rios acknowledges how overidentification with an undocumented Latina client crescendos into a joint epiphany as they discover the challenges associated with how traditional therapeutic interventions may be culturally insensitive. Acknowledging the countertransference that occurs in the process, Rios offers insight for helping professionals who overidentify with their clients' trauma. Similarly, Lee as a bicultural and bilingual Asian social worker was concerned and raised questions about utility of the "model minority" mythology held by coworkers and others about the author and clients served. Lee's narrative educates readers about how even seemingly positive stereotypes do harm and traumatize personally as well as professionally. Together these narratives provide the reader with very personal accounts of how these helping professionals are committed to share what they have learned so that others can benefit from their experiences.

The next two articles are written from the perspective of professionals who reflect on their experiences within educational settings designed to prepare them to practice and to engage in research. Somers writes about a journey of navigating dual careers as a counselor educator and a clinical professional counselor. Continually re-evaluating the tension between advocating for social justice and creating space for personal spiritual growth, this author offers tremendous insight into how important it is to find time for both. Tanis and Kattari's in-depth reflection about their doctoral research practicum coursework reveals how disconcerting it was to experience a functionalist approach to research at the expense of infusing humanizing and community-based research methods into their skill set. They provide insight into how

professional values demand engaging, empowering, and elevating marginalized communities through authentic partnership throughout the entire research process. Both articles raise our consciousness as these authors share their commitment to advocating for social justice in their practice and research interventions as well as facing the need for creative change.

The next three articles are written from the perspective of social work students who reflect on their experiences within changing educational systems. Griffiths and 21 undergraduate co-authors collectively raise their voices, documenting their lived experiences during the first year of COVID-19. These authors raise our consciousness about how they learned to be ready for the unexpected while staying present with their clients, and they offer excellent advice for future generations of helping professionals. Livingston and four first-semester MSW students collaborate on their narrative about navigating their educational journeys during the Fall 2021 semester at an HBCU during the COVID-19 pandemic. Their experiences reveal the importance of self-care as students traverse the educational experience and attempt to find ways to maintain a work-life balance; they offer solid recommendations for how to support students as they traverse the educational process. Carr, too, writes about how the MSW educational experience introduced a new helping professional to a plethora of traumatic challenges that clients face. Carr writes about coming to terms with one's own vulnerability and how working through one's fear is critical to building relationships with others and engaging in hopes for future practice. These three narratives reinforce how important self-care is for students in the educational process and how self-awareness and critical thinking go hand-in-hand in professional practice.

The articles in this issue refer to many of the terms in the professional literature of our time. Our authors are personally and professionally familiar with concepts such as change or compassion fatigue. They know what it means to mitigate change and to search for ways to engage in self-care. They have paused to reflect in a way station along their journeys to share what they have learned, and they offer us their insight. We are most grateful to them for seizing the opportunity to reflect.

We trust you will find this Issue as you find all of *Reflections*—full of compelling narratives that offer insights that will be useful to educators, practitioners, students, and others alike. Once again, we look forward to hearing from you!!

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With Gratitude...

We would like to recognize and thank the reviewers who contributed their time and invaluable assistance to *Reflections* V30(3):

Monit Cheung, C. Lee Anne Deegan, Elba Figueroa, Nanette I. Fleischer, Steven Granich, Annette Grape, Carol Langer, Angie Mann-Williams, Nathan Perkins, Johanna Slivinske, William Patrick Sullivan, Lara Vanderhoof, Quenette Walton, Collette D. Williams, Victoria R. Winbush

We appreciate your commitment to *Reflections* and its authors!!

Supporting Reflections

Reflections depends upon the investment of dedicated volunteers and contributions from our individual and organizational friends, allies, and advocates and our institutional Publishing Partners. Other than our deepest gratitude, our peer reviewers, our Section Editors, and our Publishing Team receive no compensation. We operate on a very tight budget that we stretch to fund a part-time Assistant Editor, a Lead Copyeditor (formerly a work study student, now an

employee!!), and students who help with copyediting and production. It costs about \$515 to copyedit one manuscript. Publishing one *Reflections* Issue with 7–9 articles (which includes copyediting, communications with authors and reviewers, as well as our OJS platform expenses) costs approximately \$7,250. We strive to bring to you 3–4 Issues a year.

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THANK YOU SO VERY MUCH AGAIN!!

Coming to Terms with Ukrainian/Russian Identity During the War: An American Social Worker's Perspective

Natalia Smith

Abstract: Conflict in Ukraine has disrupted the lives of millions of people, including orphaned children. Yet, the consequences of the war in Ukraine extend beyond the Ukrainian border. The current crisis also impacts Ukrainian adoptees in the United States. Social workers are in a position to help children and families dealing with the effects of the crisis. My narrative adds another voice to the academic conversation from the perspective of a Ukrainian adoptee and a licensed clinical social worker working on coming to terms with multicultural identity as it pertains to the war in Ukraine. Additionally, it guides social workers who may be working with current or future adoptees in a therapeutic space by emphasizing the importance of culturally sensitive and trauma-informed services to address the intersection of institutionalization, adoption transition, and the impact of the current crisis in Ukraine.

Keywords: adoption, cultural competency, crisis intervention, cultural trauma, identity

Thursday, February 23rd of 2022 started as an ordinary day. I remember sitting on the couch with my husband, talking about our workdays and exchanging a few funny things we saw on Twitter (now X). I talked about how refreshing it is to spend afternoons not being glued to the evening news as we did during the election season. We discussed the cumulative trauma we experienced because of COVID-19 and reflected on being on the other side of things despite a few challenging days, months, and years. It was a lighthearted mood in our house, filled with reflection, laughter, and gratitude. Then, my husband proclaimed, "We better turn on the news." I jokingly replied, "Is the world coming to an end?" He did not respond but proceeded to turn on the evening news.

As of June 2024, the crisis in Ukraine has impacted over six million Ukrainians who have fled their homes (United Nations High Commissioner for Refugees, n.d.). As of May 2022 (the date of the most recent report on civilian casualties by the United Nations), 4,591 Ukrainian civilians were injured, and at least 3,942 Ukrainian civilians were killed because of the Russian aggression (Office of the High Commissioner for Human Rights, 2022). In addition to the loss of life, many villages, towns, and cities across Ukraine have lost their cultural artifacts, infrastructure, and people lost their homes. Unfortunately, the full impact of the invasion is not yet realized. The consequences of the war do not remain within the borders of one country; they affect people worldwide, including Ukrainian migrants and adoptees living in the US. This reflection is a product of my journey dealing with war in Ukraine through the lens of intersectionality as it pertains to my identity. The purpose of this paper is to add another voice to the academic conversation from the perspective of a Ukrainian adoptee and a licensed clinical social worker and to provide guidance to social workers who may be working with current or future adoptees in a therapeutic space. The recommendations are based on the steps I took to deal with the initial shock of war and the identity crisis, which helped me process my thoughts and feelings surrounding those issues.

Orphan + Adoptee = A Social Worker

My story is like those of many other Eastern European children who were internationally adopted. In 1991, Ukraine gained its independence from the Soviet Union; however, the change in the government resulted in various negative social consequences because “the Soviet-type social care system” (Norman et al., 2008, p. 95) also collapsed with its government. As a result, people in Ukraine experienced increased poverty, alcoholism, and an inability for families to care for their children. In addition, the societal chaos that resulted after the fall of the Soviet Union increased the number of children who became orphans. Unfortunately, my biological family was not immune to societal problems. So, at the age of six, I became one of the handfuls of other orphans from the nearby villages that officially commemorated the opening of an orphanage in Ivankiv. I remember waiting in line for registration, but I did not understand the purpose of that trip or why I had to spend the night there. One night eventually turned into a week, and a week turned into months of hoping that I would return home. But that did not happen.

Most Ukrainian orphans are considered “social orphans” (Darewych, 2013, p. 85) because they have parents or other living relatives. Yet, the parents/relatives cannot care for the children due to poverty, substance abuse, and/or different health needs. I had family living in a village about 30 minutes away from my orphanage, but I rarely saw them unless I tried to get on the bus to see them on the weekends. Despite my parents struggling with alcoholism and poverty, I still enjoyed seeing them and visiting with my aunt, cousins, and grandmothers. I hoped that one day I would be able to live with them again. But then, the longer I spent in the orphanage, the more it became evident that living with my biological relatives was not an option. Not only because they were not equipped with resources to care for my siblings and me, but I was not sure if I wanted to live in the same conditions as they did. I was embarrassed. So, I hoped for adoption, yet I struggled to resolve the concept of termination of parental rights (TPR). I knew deep down that my mom was my mom, no matter what the law stated, but I also wanted a better life for myself and my siblings. So, when TPR occurred, I held on to the hope that I could have the best of both worlds—adoption and an adult relationship with my biological mom.

Through a series of events, I was finally adopted in 2005 by a family in America. I yearned for that day, but I underestimated the pain that it would carry. On the one hand, I was eager to eliminate the identity of being an orphan, which brought me great pain as a young child. Primarily, the children from Ukrainian families did not understand why orphanages existed. They often made fun of orphans for things outside their control, such as not having well-fitting clothes, not always wearing season-appropriate clothes, and lacking the material possessions everyone else seemed to have. Even some adults believed that orphans would not amount to much. On the other hand, adoption did not start as I imagined because shortly after moving to the US, I learned that my biological mom in Ukraine had passed away. As a result, I carried a hole in my heart that never healed. I felt guilty for agreeing to adoption and sometimes even blamed myself for my biological mom's death, thinking she died from a broken heart.

Living in the US, I tried to embrace my identity as a “normal child”; now, I had a family and a new name to prove that I was not an orphan anymore. But due to my accent, I could not escape

the identity of being an orphan and an adoptee. The older I grew, the more challenging it was for me to talk about my childhood in Ukraine. I was embarrassed and did not want to be judged by others. Even being an adoptee sometimes carried negative connotations, primarily when I interacted with people who knew an Eastern European adoptee who did not have a successful adoption. Despite being embarrassed by where I came from and the family that gave me life, I wanted my past to fuel my future. So, I decided to become a social worker and help others who experienced similar events as I did. I understood that the child welfare system in the US would be different from that we had in Ukraine, but I was eager to work with children who dealt with similar pain as I did. I understood that pain.

In retrospect, my social work and psychology education served as a five-year therapy session. During college, I learned more about myself and my experiences through the lens of mental health education. In those classes, I learned about trauma and its lasting impact on a human, no matter how much effort we put into hiding it or pretending it does not affect us. Yet, I did not take the time to process my own trauma or even sit with my own questions regarding my identity. Though I was 12 years old when I was adopted, there was a lot of my history that I did not know. For example, I did not know who my biological father was, yet I carried his middle name. I did not know the full circumstances of how my biological mom came from Russia to Ukraine, but I knew I had roots in both countries. In my social work classes, I learned the importance of considering a whole person when working with clients. But I did not take the time to reflect on my entire person because I did not have the skills to do that or know who could help me. Instead, I embraced my new identity as an American social work professional while leaving the others behind. I reminded myself that my past influenced my future self and professional identity. Still, I did not want to sit and process who I was and what it meant for me that I had unanswered questions about my heritage. Those questions silently raced through my mind, but I never allowed them to interfere with my personal or professional life. In a blink of an eye, specifically within 10 years, I went from being an orphan to an adoptee to a social worker. Though I eagerly accepted each new identity, I neglected to reconcile them as part of one person. Instead, I treated them like the instar stages of a caterpillar becoming a butterfly—I had to shed a few identities to become what I envisioned myself to be.

July 2018

Up to this point, I attempted to focus on my current identity as a social worker and American citizen. I also tried to reassure myself that sharing my story is not my job because it is like the story of so many adoptees. Yet, in July of 2018, I had an experience that added complex layers to my identity and uniqueness to my story—but I still tried to ignore it. Grotevant (1997) talked about a person's identity as a combination of similar experiences and unique experiences that make a person stand out. And in my identity formation up to this point, I tried to blend in. I did not want to acknowledge anything about myself that made me stand out because my whole life seemed like I stood out in a crowd of people.

July 2018 was a significant date in my life because I received a message on Facebook from someone with the same first and last name as my biological father. This person claimed to be my cousin on the paternal side, so I engaged in a conversation not only because, deep down, I was

hopeful to learn more about my paternal side of the family but also because this was bizarre. I wanted to tell this person that he should not be scamming people like that. However, after questioning this person about my biological family using my limited knowledge, I realized this individual was telling the truth because he correctly answered all the questions I had for him with details that only someone related to me would know. Through the interaction with my paternal cousin, I finally obtained some information about myself and my family that I had wondered about for years. I finally saw a picture of what my biological father looked like. I learned about his and my mom's separation, but I also learned that I have a paternal family in Russia—uncles, aunts, and several cousins.

Even though this new knowledge was emotionally overwhelming and, at times, too much to handle intellectually, I was excited to finally have someone in my life who could help me answer, "Who am I?" I video-chatted with my uncle and aunt in Russia. I learned that they had been unaware that my biological mother was struggling; otherwise, they would not have allowed my siblings and me to live in an orphanage. They were good people who thought about us for years while trying to find out where we ended up after my biological mom left Russia. The new information ended up adding more questions about myself and my life. I wondered:

"What would I be if I had lived with my paternal side of the family?"

"Who would I have become if I had been raised in Russia?"

"How would I be different or the same if I had grown up in another culture, with different experiences than what I grew up with in Ukraine and then in the US?"

I could never know the answer to those questions. So, I tucked them into my mind with all the other unanswered questions. The excitement of learning I had family in a different country faded as my perception of who I was, what I believed in, and how I viewed myself became more feeble. To protect myself, I told myself that my story was just like any other story of an adoptee. My voice does not bring anything new to the adoption and identity formation conversation. Yet silently, I wondered if there was anyone else out there who shared similar experiences as I.

War in Ukraine

When my husband proclaimed that we needed to turn on the TV, my attention automatically centered on the news anchor displaying a map of Ukraine and talking about Russia's advances to attack Ukraine. I saw anchors across multiple cities in Ukraine broadcasting and talking about what they saw and heard in those parts of the country. I was dumbfounded and a bit skeptical of the seriousness of the situation. I thought that the world was exaggerating Putin's potential threats, and I reminded myself, "This is the 21st Century. There's no way Russia will attack Ukraine so blatantly and on such a large scale." I remember watching an anchor in Kyiv explaining that the city has sirens that will go off if an air attack occurs to notify citizens that they need to shelter themselves. I went to bed that night, clinging to the fact that the sirens had yet to go off: "There is still hope that this is all a big misunderstanding." Little did I know that I would wake up on February 24th to a Twitter (now X) notification that Kyiv's sirens had gone off, indicating that an official attack on the city had begun. The sirens also meant that everything

I was putting on the back burner—all the unanswered questions and aspects of my life that I did not want to come to terms with—would be flooding the forefront of my mind.

The war was a shock for me, and I was unprepared to deal with it. I spent the first couple of weeks glued to the TV and only doing minimal else in my day-to-day life. I worried about my aunt and cousins in Ukraine. When I did not hear from them, I thought about the worst-case scenario. On days when I learned how to balance the war with my life in the US, I would wake up to a notification that my friend's biological family was killed in the shelling or that my orphanage teacher was missing after the town was hit. Something happened weekly that surged my emotions into a spin of chaos. Then, I learned that my cousin had to report for service in the Ukrainian army, and I prayed that I would not see his body in the news outlets. Of course, I also struggled with the political response to the war in Ukraine. On the one hand, I thought the US was not doing enough to help Ukraine. On the other hand, I knew that the US government had limited options for a response due to the NATO treaty. Even more, I struggled with the idea that whatever the US and other countries do to help Ukraine by sanctioning the Russian people will impact my paternal family there. My emotions seemed torn in multiple directions, and I felt stuck in a love triangle that seemed at odds with one another.

I did not know how to talk about all my thoughts and feelings because I did not understand what those thoughts and feelings were, let alone expect someone unfamiliar with the cultural similarities and differences to counsel me on coping with the war. At times, I felt like my identity was at war—do I align myself with Ukraine, or do I align myself with Russia? Is it allowed to be somewhere in the middle where I support Ukraine, hurt for the people of Russia, yet condemn the actions of the Russian government? Am I unpatriotic if I publicly declare that I stand with Ukraine and support the US government's efforts to help the people of Ukraine? When I talked to others, I cringed at comments that Russians should go to hell because I did not know if they were talking about the people in government who make the decisions, the military men who blindly execute the orders, or the general population of Russia. Yet, I did not have the energy to probe those comments because any effort I made to show some compassion and understanding to the Russian people, made me feel guilty for siding with the enemy. I wondered what my Ukrainian family thought about my family in Russia and vice versa. I made mental notes not to talk about specific topics with my Ukrainian family whenever we got the chance to connect again.

But being aware of what I said was just as important as how I said it. When I had the opportunity to connect with my biological family in Ukraine, I quickly learned that speaking a mixture of the Ukrainian and Russian languages, also known as *surzhyk* (Bernsand, 2001; Bilaniuk, 2004; Bureiko & Moga, 2019), was frowned upon. I was strongly encouraged to speak only Ukrainian, though I did not grow up speaking purely Ukrainian language. My biological family came from a rural village in Ukraine, so speaking *surzhyk* was a standard dialect among the poor people (Bernsand, 2001), of which I was a part. After migrating to the US, I often heard messages like, "If you're in America, you need to speak English." So, I did. Now, I listen to messages that do not allow me to speak my *surzhyk* dialect because speaking the Russian language is not congruent with my Ukrainian identity. Yet, my identity has many gray areas that do not fit neatly into a box. Language is a significant part of one's culture. And learning to speak

a purely Ukrainian language makes me feel like I am abandoning the very roots that I was embarrassed by when I was a little girl in an orphanage who dreamed of a better life.

Healing Through Self-Love

Stephen Levine, best known for his work on death and dying, once stated, “To heal ... is to replace with love that which has so often been touched with fear” (Levine, 1987, p. 175). Embarrassment has multiple definitions, but one that speaks to me is “the feeling of discomfort experienced when some aspect of ourselves is, or threatens to be, witnessed by or otherwise revealed to others” (Burton, 2014, para. 2). My identities of being an orphan and an adoptee were tied to my feelings of being embarrassed by my upbringing in an orphanage, my biological family’s economic status, and my mom’s choices. Ultimately, I was afraid to come to terms with my childhood in Ukraine, my familial roots in Russia, and gaps in my history that can never be filled. When I graduated from college with my degree in social work, I often heard how amazed people were that I went from being an orphan to a professional social worker helping others. Some even asked, “How did you do it?” The answer was always, “I don’t know.” Yet, I did it because I managed to ignore the parts of me that were hard to accept and focus on the identity I thought everyone would be comfortable interacting with. Russia’s war on Ukraine threatened my identity because my remaining biological family was, and still is, at risk. The aggression illustrated what was important: my birth culture, language, and memories of my biological mom. The thought of being embarrassed by those aspects of myself in the middle of the war made me feel like I was giving Russia reasons to invade my homeland.

Amid the threat, I focused not on the things that made me feel embarrassed but on the things that I should be proud of: people’s fierce fighting spirit, their humility when confronted with evil, their selflessness when they have all the right to be selfish, their generosity when they already have very little, and their constant sense of humor that brings hope to the nation. I often said that growing up in Ukraine shaped me into the person I am today. Yet, it was not until the war that I came to accept the positive and the negative life experiences. I am composed of the good and bad things that happened and the lessons those things taught me. The war awakened an unimaginable love for the people of Ukraine and indirectly sparked a kind of self-love that allowed me to view parts of my identity through love and not through fear and embarrassment. But coming to terms with who I am amidst the war was a process laced with tears, pain, and self-reflection. I realized that my identity is complex, but I am not alone. I can be angry with Russia for invading Ukraine and causing unimaginable pain while still hurting for my family in Russia, who are suffering because of sanctions. Additionally, I can be a proud American yet root for Ukraine’s independence and advocate that the US continue to help the people of Ukraine. I hope that Ukraine and Russia will one day learn to co-exist because their people are deeply interwoven. Coming to terms with my identity of being a Ukrainian/Russian/American does not mean that I have “figured it out” because I am still learning to balance myself as new developments with the war occur. Yet, I am using my identity as a social worker to cope with current events in a way that respects my whole person.

The war is not over, and I continue to fear for the safety of my Ukrainian family, friends, and culture. But I now understand who I am and what I need to do to make a difference in this

terrible time in our society. By embracing my past and my multiple roots in Ukraine, Russia, and the US, I can help others struggling with similar issues. Though I am not the only one who has ever struggled with her identity and accepting the past with all the good and bad experiences, I am a Ukrainian adoptee with Russian heritage who is a practicing licensed independent clinical social worker-supervisor (LICSW-S) in the US. My voice can be a starting place for current and future Ukrainian adoptees to have their unique stories understood from a multicultural perspective. In addition, my voice can be a small piece of education on the diverse identities that Ukrainian adoptees experience. And if my struggle coming to terms with my Ukrainian/Russian/American identity during the war allows another practitioner to help a current or a future Ukrainian adoptee in a similar situation, I have successfully integrated my past with my present. I have successfully embraced all parts of myself and allowed those parts to do good for others. Though my story may not be unique, being a Ukrainian adoptee and a LICSW gives me a unique perspective on the challenges other Ukrainian adoptees may face while learning to cope with the world's current events. Though I cannot control how quickly the war ends or how much carnage it leaves behind, I can control how I cope and respond to it.

Social Worker's Call to Action

Unless the relationship between Ukraine and the United States significantly changes because of the Russian invasion, it is safe to assume that American families will continue adopting Ukrainian children, especially amid a humanitarian crisis. The consequences of the current war are already too much for adults and children to cope with. In addition, current Ukrainian social problems, such as poverty, alcoholism, and HIV/AIDS, which contribute to the influx of orphans, will not be resolved because of the war; they may worsen due to the lack of resources to deal with them. Social workers can assist families and children currently living in the US who are impacted by the war and the potential adoptees that will make the US their future home. The recommendations below are based on my journey in coming to terms with the war. They are the steps I took as I reflected on what the war means to me as a person with a multicultural identity. The recommendations are a glimpse into the process I took as a social worker to help me come to terms with who I am and the many painful feelings that the war brought. So, what can social workers do?

If you are currently working with Ukrainian adoptees and/or their American families, consider that many current adoptees may still have families and friends in Ukraine that they worry about. Though they may be physically safe in the United States, they may still feel a lack of emotional safety because their loved ones are in a crisis. Some of their families and/or friends may be displaced, injured, or fighting to defend Ukraine. As a result, Ukrainian adoptees may experience a sense of hopelessness or survivor's guilt being in the US while their family and friends are distressed in Ukraine. Some adoptees may experience an increased sense of anxiety worrying about their loved ones without the ability to get in touch with them to confirm their safety. Additionally, some Ukrainian adoptees may grieve the loss of their country, family, or friends, causing further emotional turmoil. Regardless of the types of stresses that adoptees may experience, social workers need to consider the crisis' impact on their mental health and utilize culturally competent practices to assist the adoptees.

The first suggestion is for social workers to focus on the client's culture and cultural identity, which is often neglected during a crisis intervention (Cirincione-Ulezi & Jackson, 2012). Ukraine is diverse racially, ethnically, culturally, linguistically, and religiously (Bartosh et al., 2021; Norman et al., 2008); therefore, it is crucial to utilize culturally competent practices when attempting to assist Ukrainian adoptees. In addition, some adoptees may have familial roots in both Ukraine and Russia, causing difficulties with their cultural identity because of the war. Therefore, social workers need to be aware of the cultural differences and similarities to help adoptees process the multilayered cultural trauma. The second suggestion is for social workers to express curiosity about how their clients conceptualize their cultural identity and refrain from assuming that all Ukrainians and Russians have the same culture, identity, heritage, and values. In addition, social workers need to consider the role that adoptees' American identity plays amid the conflict and how they can utilize their diverse heritage to cope with the distress they experience. Finally, social workers need to take the time to understand what the conflict means to the Ukrainian adoptee and what specifically about the conflict causes the most significant distress. For example, providing mental health support to a Ukrainian adoptee who lost a family member because of the war will look different from providing services to an adoptee grieving the loss of their hometown, even though grief is at the center of both issues.

If you are working with American families and their adopted children, encourage the family unit to discuss how the crisis in Ukraine is impacting their mental health, their functioning within an American family and society, and their sense of safety. Adoptees or their parents may not know how to broach this topic with each other and may revert to ignoring the conversation altogether due to fears. Providing a safe space for the family to discuss many feelings and emotions they experience will be a beneficial conversation. Consider educating the family and the adoptee on the impact of the complex and compounding trauma of adoption, the transition to another culture/country, and the war in Ukraine on the family's functioning. Social workers need to help families understand how childhood anxiety from instability, poverty, and other social problems may reappear or exacerbate due to the current crisis in Ukraine. Social workers also need to assist the family with interventions and practices that they can implement to cope with the mental health consequences of the war as a family unit and as individual members of the unit. The interventions may look like setting boundaries around how much news exposure they have in a day, using mindfulness or adaptive thinking strategies when worst-case scenarios are constantly on one's mind, and reaching out to other people for support when distress becomes too challenging to deal with on their own. The most important thing social workers can do is help families with adoptive children feel supported during this time from the perspective of their culture.

Conclusion

Social workers need to be concerned about how the Ukraine crisis impacts adoptees who are already in the US but have families in Ukraine and future adoptees as they deal with addressing trauma from their institutionalization, war, and the transition to a new country. Social workers are on the front lines of serving children and families, and we have an ethical responsibility to ensure that culturally appropriate services are provided to the most vulnerable populations. Therefore, I urge fellow social work practitioners to consider the impact of past

institutionalization, the current social landscape, and the adoption journey on current and future Ukrainian adoptees. In addition, I urge social workers to seek additional training and consultation opportunities to prepare as best as possible to meet this population's multifaceted needs. Finally, I encourage social workers not to overlook the role of culture and identity among Ukrainian adoptees as they work on coping with the travesty in Ukraine.

If you are a social work researcher, there are also a few things that you can do. First, consider elevating the voices of current Ukrainian adoptees as they cope with the conflict in Ukraine by exploring how the war has impacted their daily functioning. Second, consider researching the experiences of Ukrainian adoptees as they transitioned from living in an orphanage to living within a family with diverse cultural beliefs, norms, and values. This will inform how practitioners can best support adoptees and their families post-adoption to ensure that adoption disruption does not happen. Third, consider exploring factors that help Ukrainian adoptees deal with complex and compounding trauma after adoption. Evaluate the effectiveness of interventions and evidence-based practices aimed at addressing complex and compounding trauma among Ukrainian adoptees who grew up in state-run orphanages. Finally, consider exploring how childhood anxiety is impacted by the events of the current crisis in Ukraine and whether current events worsen symptoms of unaddressed mental health needs.

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Como una Flor: A Self-Reflexive Experience of Countertransference, Enactments, and Culture

Juan Antonio Rios

Abstract: This composite, self-reflexive clinical case study chronicles the complexities of a multi-contextual relationship between an undocumented Latina client and myself, the author and her reunification therapist. Individuals who experience trauma are often left with unresolved wounds that create layers of suppressed emotion. If these suppressed emotions are not healed, they can lead to unhealthy relationships and even, consciously or unconsciously, harmful responses that create re-victimization. Therapists often guide trauma survivors through this journey with support, education, and enactments. Many clinicians make the mistake of bracketing themselves out of this journey, which inevitably elicits counter-transferential reactions as a result. The importance of cultural influence is frequently reduced to language and broad cultural idioms. The therapeutic relationship within this case study, however, challenges the traditional practices of boundaries and enactments and further complicates my parallel journey as an early-career clinician who awakens my clinical expansion from my internal thoughts and a client's evolution.

Keywords: trauma, transference, culture, Latino

Introduction

The following narrative was written by the author to provide a phenomenological account of the reflexive dynamics that occur between a therapist and client from a comparative multi-contextual cultural lens. This composite narrative will utilize fictitious names and places in order to protect the identity of the client. Both therapist and client have some similar cultural connections, such as language and migration stories, but it is clear that both experiences not only inform each other's growth but also trigger memories, insights, and awareness that were suppressed on both ends. The title, "*Como una Flor*," meaning "Like a Flower," is derived from a famous song by Mexican icon Selena. In this song, the artist recounts the loss of love and how something as delicate as a flower can also hold so much pain (Selena, 1992). This song provides a melodic symbol of the dance that occurs between the therapist and client in this narrative. As a parallel, the movement between both entities can change the synchronicity, impact the movement, or create chaos.

The Initial Session

She was crying and sobbing uncontrollably. Her eyes were fiercely focused on me, filled with sorrow. I sat stunned, four feet away, while she shared her graphic story. I sat there, conflicted between setting aside my feelings of disgust and being empathetic to her needs. Suddenly, she reached into her purse, pulled out her flip-style cell phone, and began scrolling through images. Her hands were trembling as she slowly handed me the phone.

The photo showed a mother and two children—one Hispanic boy with dark hair and light brown skin, dressed modestly, hugging his older sister. His smile was worry-free and delighted, as if he met every day of his life with euphoria. *I saw me*. I saw my mother clinging to her only children, happy yet unable to manage. I saw a single mother with a past. I saw my mother. My heart seized; my breath was suspended. As I searched for words, I looked up at her and simply half-smiled. It was something about the duality of humility and happiness in the photo that triggered this connection. Something about the little boy’s mischievous, gleeful smile resembled how I saw myself in my own family photos. Her photograph depicted a simpler life in a simpler era before she pursued the American dream. Before crossing the border, before the rape, before the abuse.

My mind flashed a montage of scenes from my childhood to adulthood. I saw us walking with my mother across the Brooklyn Bridge in the cold, searching for shelter as we had no home to call our own. Her so-called friends threw us out into the street, and our heroin addict father abandoned us. My stomach began to cramp. I saw my mother holding back tears as we begged her for food, knowing she could not provide it. She sat there with her pride, holding the newspaper upside down as she pretended to read it, still determined to pursue the migrant’s dream. I tried to stay grounded, calling on my social work training, while my client wiped away her tears and brushed back her greasy hair. I wanted to know more and asked for details about her early family experiences. As these transference shadow parts began to rise into consciousness, I had to remind myself of my role as the reunification clinician. It was my role to work with the entire family. That includes individual therapy, observations of visitation, and, if reunification occurs, visitations to her home with all children for family preservation therapy.

“Flor Tavarez” is a 24-year-old Mexican single mother of three children: “Gabriela,” age six; “Raphael,” lovingly called Rafi, age four; and one-year-old “Sophia.” Flor is an undocumented immigrant who recently arrived in the United States. When she was five years old, her mother left her in the care of her grandmother to pursue employment in the United States. Her father was killed in a crossfire near a local shopping center by drug cartels. She remembers the day her father was murdered: “*Mi corazón dejó de latir* (my heart stopped beating).” She recalled his dark eyes and how he brought her toys every time he visited. She recounted these memories fondly and gently. Although her father did not physically live in the home, his presence was constant until his death.

Flor had two brothers and one sister, who at the time all lived in Puebla, a town she remembered as economically polarized; some residents were wealthy, while many who shared her indigenous features were very poor. Flor described her childhood as filled with hard work. Because of this, she did not have what most would perceive as a “normal” childhood. She had to stop attending school after the fifth grade because she was responsible for feeding her younger cousins and helping around the house.

Flor’s traumatic childhood—filled with loss, abuse, separation, lack of emotional support, and hardship—birthed a form of secondary trauma toward her children. She displaced her anger at being abandoned by the children’s fathers, in particular Raphael’s father, who had filled her with false hope and promises about migrating together to start a new family in the United States. Flor

became hypervigilant about her children's behavior, projecting her own history of pain onto them as a means of protecting herself. It did not help that Raphael looked like his father. His dark, almond-shaped eyes and the way he curled his lips in a smirk were identical to those of the paternal figure who had hurt Flor so deeply.

Vicarious trauma is the process through which the caregiving individual's own internal experience becomes transformed through engagement with the child's traumatic material (McCann & Pearlman, 1990). As an adult, Flor was re-traumatized by her experience crossing the border, which placed her life, as well as the lives of her children, at risk. The immigrant is consciously ashamed to recount the horrors of subjugation and vulnerability to a clinician who is an ethnic stranger (Foster, 2001). Flor was violated sexually by one of the *coyotes*, migrant smugglers who are contracted to transport groups to the United States illegally, and later faced a near-death experience while hiding from the border patrol. She had issues with attachment, which were evident in her relationships with her mother, the various men in her life, and, eventually, with her children. She believed that once she arrived in the United States, all of her problems would vanish and a new life with her children in the land of the free would emerge. Flor was only able to momentarily hold back the pain until the precipitating event occurred that caused her children to be removed. "An understanding of the coherent self includes an awareness of the ways that experiences (emotional, behavioral, and relational) relate to one another" (Blaustein & Kinnburgh, 2010, p. 199). The coherent self is the perception one has constructed based on experiences, memories, and one's awareness of or access to these experiences and memories.

Cultural Humility Within Culturally Competent Practices

As a Latino immigrant, I could identify with the negative perception of engaging in therapy and discussing one's vulnerability with someone outside the family. Therapy causes one to be fully exposed to an outside party and to accept that control is lost. It may seem to some that engaging in therapy means you are no longer competent. Peter Guarnaccia investigated cultural anthropological factors and Latino community perceptions of mental health; according to Guarnaccia et al. (1993), cultures vary in the ways they understand mental illness in terms of cause and consequence, their attitudes toward caretaking in general and care for mentally ill individuals specifically, and their responses to the ill individual. Because, as a professional, I recognized how communities (specifically Latinos) react to mental illness, I was able to empathize with Flor. I validated her feelings and refocused the treatment on reunifying with her children and breaking the cycle of abuse. It was then that I was forced to face my own history of trauma and migration. It was a raw moment in which my investment in Flor's treatment became a journey into my suppression of the experiences I faced acclimating to a new society.

Discussion and Reflection

I could empathize with the idea that life in *El Norte* would be better. Similar conversations about the pursuit of happiness and the ability to become whoever I wanted rang deep within my mind when I was struggling to fit in in a socioeconomically diverse community. I struggled when, as a boy, I watched my mother clean offices, observing White bosses make sexual advances toward

her. She would inevitably lose her jobs as a result of her rejection of these obscene requests. She did her best to advocate for herself. Unfortunately, in a discriminatory society, my mother's heavy Spanish accent and black skin were frequently intersectional marginalized factors. These factors can include *acculturative stress*, which is defined as the reactions to intercultural contact or the cultural adaptation process among Latinos (Berry, 2006). However, these similarities also provided perspective. It was about being human and personable, about utilizing enactments in therapeutic moments to achieve enriching insights and progress.

In psychoanalysis, the relationship between patient and therapist involves both participants' thoughts and feelings, and sometimes their actions. To this extent, it is a horizontal relationship in the here and now (Holmes, 1993). In this case, the dance of culture and transference between Flor and I impacted the concurrent components of her healing from her trauma. This relationship, however, is never symmetrical because the emphasis is placed on the patient's reactions and feelings toward the therapist as if he or she were an important figure from childhood. These feelings are experienced in the present. Roles are involved: for example, those of father, mother, or son. Together, the therapist and patient are involved in the drama (Greenson, 1967; Sandler et al., 1973).

The dance Flor and I shared had multiple complexities. By lowering her defenses and joining with her, it was possible to challenge her views. In such cases, the strong Latino cultural value of *personalismo* was at work, emphasizing the importance of open, personal relationships (Gaw, 1993). To be truly open with a client does not necessarily mean fully disclosing your life in sessions. Rather, it means being true to yourself and attuned to what is happening within you and the client in the moment. According to Brown (2007), research on common factors in psychotherapy has shown that, for any intervention, the therapeutic alliance accounts for a large percentage of the outcome variance (Norcross & Lambert, 2006). Cultural competence enhances a psychotherapist's capacity to build alliances and enact the common factors of good psychotherapy, even with clients who appear to resemble their therapists in every way (Brown, 2007). This psychodynamic awareness does not limit our ability to connect; rather, it is a useful tool to bridge connectivity in sessions. The success of treatment relied on that pivotal moment of not being judgmental of the client regarding the abuse and of allowing her to process the experience at her own pace. The therapist's continual self-reflection enables their own growth, thus allowing insight into the meta-analytical nuances that occur within treatment. According to Brown (2007), if a psychotherapist does not understand their own diverse identities and the ways in which those identities include experiences of trauma, then no training in the application of eye-movement desensitization and reprocessing, prolonged exposure therapy, or cognitive reprocessing will allow that psychotherapist to be culturally competent.

Trauma work often focuses solely on the ability to cope through the traumatic event; however, the dynamics between therapist and client in a multi-cultural context are rarely taken into consideration. In order for trauma-focused therapy to be successful, the communication of culture and its relativity must be considered in the patient's treatment. Traumatic experiences are not the cause of trauma; the events are co-created from experiences shaped by our culture, identity, and relationship with ourselves (Leiderman, 2019). Isolating an event and concentrating only on the precipitating triggers as the touchstone of treatment does not adequately address the

phenomenological relation to the trauma itself. Responding to trauma in a culturally competent manner requires the psychotherapist to understand those added meanings that derive from context. It requires the psychotherapist's awareness of their own identities as well as personal experiences of trauma (Brown, 2007).

The ability to weave the threads of one's personal story through the client's narrative creates a joint narrative-therapeutic alliance. This beautiful photosynthesis of self-actualization is one that is nurtured not by bracketing out your own history, trauma, or experience, but rather by recognizing it as the soil, with the client as the seed, cultural consideration as the root, a healthy balance of interventions as the light, and the relationship as nourishment. In Flor's case, this formula for growth was a quintessential process that helped a budding clinician to blossom and a mother to heal by learning to trust and inevitably love. Flor was able to realize the root of her pain and the trigger of the abuse. Her awareness enabled her to change her patterns and not project these unresolved aggressive behaviors onto her son. It not only affects the process of change for the client, but it also affects the process of growth for the therapist.

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Yes, I Am Helping “Model Minorities”: A Narrative of a Bicultural and Bilingual Asian Social Worker

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Abstract: The “model minority” perception creates barriers for Asians in seeking health and social services in the context of their racial positioning and racial realities in the United States. As a bicultural and bilingual Asian social worker, I see the value of Asian Critical Race Theory (Chang, 1993) and the need to apply this theoretical framework in delivering health and social services to Asian populations facing the COVID-19 pandemic. Asian Critical Race Theory raises awareness on the “model minority” myth and how it is another form of racism against Asian Americans. This narrative is about Asian clients who I had worked with in the field, who I found were burdened by the “model minority” myth.

Keywords: model minority, Asian Critical Race Theory, COVID-19–related racism, biculturality, bilingualism, Asian social workers

Becoming a Bicultural and Bilingual Social Work Researcher

Experiencing three pregnancies on three different continents (the United Kingdom, South Korea, and the United States), I have found the greatest disparity to be in the United States. In both other countries, I benefited from national health insurance. In the United Kingdom, all the medical procedures and examinations, regardless of your status, are free of charge or at a minimal expense. In South Korea, patients have a copay, yet it is also very affordable to see specialists. Interestingly, in the United States, my delivery was followed by numerous phone calls to and from the health plan and the hospital I was in, since I had relatively moderate coverage. Due to miscommunication caused by my incorrect demographic information, it took more than half a year to resolve all the issues. At the end of those challenges, I had a new outlook on my life as an immigrant in the United States.

I have seen my racial and social positioning—as a pioneer in an unfamiliar social system, hampered by a language barrier, hurdling through unexpected difficulties—for as long as I have lived here. It was very daunting for my family and me. Because of these realities, I could easily relate to the Asian immigrant population with limited English proficiency. This led me to begin working in a community-based nonprofit organization as a full-time program administrator, which further directed me in my path to becoming a bicultural and bilingual Asian social worker.

In the field, I met a family who became undocumented when their former employer was unable to submit the proper documents on due dates. Since then, “John” (the husband) has lived in the United States as an undocumented immigrant for 16 years due to labor trafficking by his former employer. John studied business at the master’s level upon his arrival in the United States; his wife studied art at university. Ever since they lost their legal status here, he and his wife have not undergone any dental treatment. Facing all these challenges, John was very reluctant to share his feelings and experiences with me because he understood that Asian community members

would not take such a discussion favorably. John did not want to draw any attention from the Asian community that he belongs to because of his legal status.

During the COVID-19 pandemic, immigrants, especially Asian immigrants, have faced yet another level of racism: COVID-19–related racism. The Trump administration promoted the misperception that Asians are the carriers of the COVID-19 virus and media-fueled anti-Asian sentiment replicated the inappropriate naming of the pandemic. Experiencing newly heightened racism against Asians at the personal, community, and national level, I needed to do something to fight against it as a social work researcher. I focused on the ecological dynamics shaping Asian Americans’ needs, access, and use of social and health services in my doctoral practice. Specifically, I have been applying an ecological lens to understand how the obstacles of Asian immigrants—such as linguistic barriers, legal status, and racial positioning and realities—have shaped their use of these services in the United States.

Learning Asian Critical Race Theory

While searching for a theory regarding Asian Americans and the racism they experience, I have found that Asian Critical Race Theory (Asian CRT) underscores Asians’ racial positioning and racial realities in the United States. As rooted in Critical Race Theory and Latino Critical Race Theory, Asian CRT argues that the Black-White binary racial paradigm under Critical Race Theory is insufficient to understand other minorities like Asian Americans (Chang, 1993). The heightened racism of the COVID-19 pandemic has reconfirmed the racial positioning and racial realities of Asians in the United States. This racism against Asians has always been there, even though Asians are praised as the “model minority.” The “model minority” myth refers to the stereotyping of Asian Americans as successful, hard-working, and free from barriers to success, such as any health and social issues and racial discrimination (Museus & Kiang, 2009). Asian CRT argues that this “model” framing of Asian Americans is racism after all since Asians are also portrayed as “perpetual foreigners,” regardless of their immigration generational status (Museus & Kiang, 2009).

In addition, media highlighting that Black people are the main perpetrators of anti-Asian hate crimes has evoked anti-Black sentiment and reignited the Black-Asian conflict (Wong & Liu, 2022). Subsequently, white people are excluded from this conflict and positioned at the top of the racial hierarchy. In fact, Christian nationalism is the strongest predictor of xenophobic views of COVID-19, and the effect of Christian nationalism is far more significant among white than Black respondents (Perry et al., 2021). After all, there is no doubt that racial minorities—both Asian and Black people—have experienced high levels of discrimination during the pandemic (Wong & Liu, 2022).

Asian CRT and its central tenets, such as “Asianization” with its two primary constructs (the model minority and perpetual foreigners; Wong & Liu, 2022; Lee, 2023), are crucial in analyzing what Asians and their descendants experience and how they are positioned as one racial minority group in the United States. Any action of labeling or framing of a racial minority group can make an impact upon them which is labeled and framed (Gary, 2005). It is what I have witnessed in the field through John’s case.

Working with Jane

Another client of mine, “Jane,” has allowed me to see how the “model minority” perception can be dangerous for Asian people in need of help. When I first met Jane, she was a single mother with two children who had mixed legal status. According to Jane, she was called to the immigration court because the language school, where she attended previously, was involved with immigration fraud. All the attendants of the institution during a certain time frame were being tracked down, questioned, and asked to revoke their current legal immigration status.

When Jane first came to the United States 20 years ago, she briefly attended the language school to learn English and maintain her student status so she could stay in the United States legally. Back then, the school was perpetrating fraud against immigration policy—a fact unknown to Jane at the time. Before long, Jane found a job and moved to a different state. Seven years later, Jane gained permanent residency status, often called a green card, in the United States. Being able to travel freely with no visa restrictions, Jane then left for her native country to visit her family since she had not returned in almost a decade. She had been busy raising her two children on her own. There, Jane spent time with her mother and her extended family.

Upon her return to the states, Jane found that her permanent residency status was revoked due to her history of being a student in the language school. Jane, therefore, became undocumented along with her oldest, who was only 14 years old. Her younger child, born in the United States, faced no changes. Because of her younger child being a US citizen, Jane was let go at the airport by the immigration officer and was told that she’d be notified for further action. Soon, the date for her deportation court hearing was scheduled, and Jane started to consult with immigration attorneys. The legal fee was something she could not afford, so her extended family members in Korea sent money to help, but it did not last long.

This is when I first heard of Jane at the end of 2016. Jane’s friend asked me if there was anyone I could refer, since Jane was greatly struggling, financially and emotionally. Jane was also very reluctant to meet other Asian community members since she did not want anybody to know about her challenges. I was not the exception.

Nevertheless, I was able to find Jane an immigration counselor who offers a free consultation for undocumented immigrants in the United States. Jane’s case was unique. “Amy,” Jane’s youngest child, was only 12 years old. If Jane were to be deported, her youngest would be left alone in the United States as a US citizen. Because of the potential issue of family separation, Jane’s case was delayed several times based on humanitarian and compassionate grounds. Although all these actions occurred long before the pandemic hit, the following court hearings and activities were delayed during the pandemic once again. After a number of delays, the final decision date was scheduled on a weekday in August 2021.

In the meantime, Jane’s oldest child became a senior in high school. All those years starting from 2016, I was informed of the progress of Jane’s case by her friend who first reached out to me and the legal counselor who had been working with Jane all along. I did not seek or reach

out to Jane because of my experience with John (he did not want anyone to know about his matters).

In June, I received a long email from Jane asking me for a recommendation letter. As a social work researcher specializing in the racial positioning and racial realities of Asian immigrants in the United States, and as someone who has had various statuses in the United States—a student, an authorized foreign worker, a dependent of an authorized foreign worker, and a derivative of legal permanent resident—I knew the importance of the recommendation letter at the immigration court. I assured her that I would write one that was as detailed as possible on my findings and experience as a bicultural and bilingual social worker in the Asian American community. We talked for a long time, and I just listened to what she had to say. I sympathized with her struggle and admired her dedication to her children, which I had heard from other church members. I also heard that her two children had been raised well—helping their mom wherever she went—at church and community centers. When I learned that they did not know about their mother’s situation and struggle with the immigration court, I was very much moved by her dedication and sacrifice for her children. Jane did not want her children to be seen as incompetent in the community due to her challenges. As a single mother living in poverty, she worried about her children before herself.

I made two points in my recommendation letter to the deportation court judge regarding Jane’s case. First, I shared two pillars of Asian cultural values—*familism* and *collectivism*—and how they can positively and negatively impact Asian families in the United States. Familism consists of warm, close, supportive family relationships and prioritizing family over oneself (Joo et al., 2023). Collectivism refers to a society, a culture, or an economy that values the group over individual interests (Lee et al., 2023). In my opinion, these traditional values still persist among Asian immigrants in the United States to preserve their heritage in a pattern somewhat different from that of their host land. In short, the concepts of familism and collectivism put the wellbeing of family and group over individuals. Jane is not an exception.

Jane had been working hard to keep her children safe and instill these traditional Korean philosophical values of familism and collectivism in them. She had also been emphasizing the importance of being exemplary students for the next immigrant generations to have more and better opportunities. To set a good example for her children, Jane volunteered to provide companion care for older Korean adults.

On the other hand, familism and collectivism do not tend to accept diversity in most circumstances (Joo et al., 2023; Lee et al., 2023). Jane is a single mother with two children. This family dynamic is not viewed as a norm in Asian culture; children from this background will most likely be outcasts and bullied at school. Over time, this view has become more influenced by Western culture, but it is still prevalent.

Another point that I stressed for the judge was that in the case of Jane’s deportation, Amy would be left alone in the United States. She would not be welcomed by her Asian community, even by her guardians, which could negatively impact her mental and behavioral health. However, if Amy would return to Korea along with Jane, it would be also challenging for her to be educated

in Korea, as Amy lacks appropriate cultural and linguistic understanding compared with her peers. It would not be surprising that Amy would experience a hard time in a Korean school and might not receive the same quality of education as she does here in the United States. Overall, her educational opportunity would be much more narrowed there. I submitted my letter to the judge a week before the hearing.

The hearing day was a rainy day. I left for the immigration courthouse early. There, I met Jane for the first time while wrapping up our umbrellas. Jane looked very tired. I could not say anything, and so I offered a smile. Jane, her legal counsel, and a court-appointed interpreter left to meet the judge and prosecutor first. Two hours passed, and they then looked to me to confirm if I had written the letter at the final stage. After this short encounter, I had to wait again. It felt very long waiting for the verdict. When Jane came back to the waiting room, she was crying.

Her petition was granted, and she was pardoned based on the humanitarian grounds that a family cannot be separated. The legal counselor said that out of her four decades of professional work in the immigration court, this was only the second time that her client was pardoned. I was so happy to have been a part of this historical moment in supporting someone in need.

Conclusion

Since its conception, social work has been a profession dedicated to improving society and protecting marginalized and vulnerable populations. The primary mission of the social work profession is to enhance human well-being by meeting the basic human needs of all people, with particular attention to those who are vulnerable, oppressed, and living in poverty (National Association of Social Workers, 2017). The Asian immigrant population is one of these groups. Nevertheless, my experience suggests that they often find it challenging to seek appropriate health and social services when needed due to a framework imposed upon them: “model minority.” Asians are praised as exemplary minority populations, free from the need for health and social services. In reality, Asians do experience many health and social challenges like any other marginalized group. Even so, many are discouraged from seeking help because of how they are viewed in the United States. The model minority perception also tends to impact inter-community dynamics for those much marginalized in many ways.

Additionally, familism and collectivism may also play a critical role for Asians in the United States. Because of these values that put families and communities before individuals, Asian Americans may work very hard for the sake of one’s family and community, which subsequently may collide to create the “model minority” tag. On the other hand, because of familism and collectivism, Asians may find it hard to open up and share their personal and family matters with others. Considering all the cultural values and racial positioning of Asian Americans, it is not surprising that people like John and Jane waited so long to reach out for help. Throughout the interpersonal interactions with both John and Jane, I can confirm that the complexities that they each carry as one of the “model minorities” are beyond many peoples’ understanding. Because of the external and internal pressure to meet this cultural standard of societal expectations, Asians often carry extra psychological burdens in their daily lives (Lee et al., 2023). This psychological burden was a key barrier to John and Jane in seeking assistance.

During the pandemic, we have witnessed the disproportionate effects of COVID-19 on culturally and racially marginalized populations, including Asians. The racism against Asians and their dependents have been heightened (Joo et al., 2023; Lee, 2023; Lee et al., 2023). After almost one and a half centuries of the immigration history of Asian Americans, they are now getting together as one racial group to raise awareness of their racial experience. I know that Asian populations have multiple needs on top of existing challenges, just like any other vulnerable, oppressed, and marginalized group. It has always been there. Yet, these needs were not reflected correctly; social perceptions and expectations like the model minority myth obfuscate our needs and present us as free from all obstacles—thus cutting us off from support all to satisfy the dominant group’s ideology of hierarchies of oppression. However, what I see and hear is very different from this fallacy. After all, Asians are the same people I help as a bicultural social worker who understands their challenges by sharing in their cultural values and struggles. I wish I could see more social workers like me fighting against the “model minority” myth. Ironically, I am a social worker who is helping the “models” of minorities. If these models have that many challenges, what about those who are not models in our community?

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Necessary Tension

Patricia Somers

Abstract: A slack violin string cannot produce a single note of music. A life without some degree of tension may be equally soundless, even unsound. Reflecting on the sometimes straight, more often crooked paths that have led me to inhabit the roles and responsibilities I carry today allows for course correction. It may even grant some measure of satisfaction. Balancing multiple roles, working within restrictive and inequitable institutional structures while simultaneously working to change them, answering the moral and ethical demand to advocate for social justice while holding space for personal spiritual development—these are the tensions at play in my life while navigating dual careers as a counselor educator and a clinical professional counselor.

Keywords: counselor educator, professional counselor, social justice, spiritual growth

Reflecting on the past brings a clarity sometimes obscured by the distraction of living in real time. It allows broader patterns to emerge that can be blurred when focusing on immediate details. The delusion that life could achieve the balance of an Alexander Calder mobile, with each of its elements connected to the others yet appearing to float gracefully independent (https://www.sfmoma.org/artist/Alexander_Calder/), has long dissolved. Age and living took care of that. Playing multiple roles simultaneously, flexing with social identities whose salience changes by context—this is hardly unusual, but with each role-change, through the tension among all other roles, a transition period of imbalance is created until a new balance can be established. From a distance it becomes clearer how circumstances nudged me toward a change. I needed something to replace the meaning that almost-full-time parenting had afforded, so I came late, though eagerly, to the academic life, after practicing for years as a licensed mental health counselor.

Back to School—Again

The question of why a person chooses to become a psychotherapist is one that eventually puzzles most of us who do this work, and there has been some research, most of it decades old, that has attempted to provide answers. Norcross and Farber (2005) deemed psychotherapists a “special sort” (p. 939) because most people try to avoid deliberately entering into the suffering of others. In surveying the literature available at the time, Farber et al. (2005) discovered influences ranging from cultural background, difficult early life experiences, intellectual curiosity, narcissistic need fulfillment, and a way to manage one’s own anxiety. Many of these factors have some form of the “wounded healer” theme. Hamman (2001) concluded that we “receive the calling to become a therapist to experience being real” (p. 343). Both Comas-Díaz (2005) and Hoyt (2005) claim that they were “born” to be therapists—that the inclinations were there in germinal form from or before birth, echoing Hillman’s (1996) use of the term “acorn theory” to describe these potentials that the soul possesses, “a sense of fate” (p. 3) which for some lead us to become healers. Hoyt (2005) goes even further and describes the work clinicians do as a “spiritual practice” that must be fueled by the therapist’s “love” (p. 985).

After undergraduate school I took two brief runs at graduate school, followed by a decade-long hiatus. But then, the “call” became so deafening that enrolling in a program was the only way to manage the volume. From the start I have possessed the deep belief that the work of therapy is sacred, involving the joining of intentions by two people for the expressed benefit of one. However, as Jung et al. (1970) aptly noted, when two personalities meet, both are transformed in the process. Sussman (1995) also has rightly described the practice of psychotherapy as a “perilous calling”—via the very title of one of his books—because not only does it involve the client’s vulnerability, but the therapist’s as well.

After earning a master’s degree and licensure, while also raising my children, life was full. But as the children got older and were more independent I started to question what would be next for me, and an answer was not long in coming. The story described by my precocious and frighteningly persuasive 15-year-old son, then a student at the local community college, was worrisome. Based upon some of her behaviors, my son and some of his classmates thought that their general psychology instructor was coming to class on drugs, intoxicated, or having a mental health crisis. As a parent I was concerned about what the instructor might be modeling to my child, and my clinical antennae were alerted to the possibility that the instructor, a fellow psychologist, did indeed need help. This was my obvious reason for standing in the associate dean’s doorway one morning after dropping my son off for his classes, but altruism was not my sole motive. Academic environments have always felt like home, so while bringing my concern to the dean I decided to inquire about adjunct teaching possibilities.

I found the dean frowning at her monitor and it took more than a few gentle taps on her office door jamb to distract her. The extra moments allowed me a quick visual sweep of the room. Besides the usual stacks of papers askew on her desk, sharing the space with file folders on their way to the edge of it, there were the standard bulging bookcases of a college administrator. Less typical was the collection of artifacts presumably collected from her travels—African masks, an Asian tapestry, Greek goddess statues, Indigenous carvings, and pottery from Mexico or Central America. Maybe I was more attuned to this display of cultural diversity from having spent my childhood growing up in urban Chicago and benefiting from the variety of my peers’ and neighbors’ racial and ethnic backgrounds. I apologized to the dean for the interruption and then delivered a condensed version of my son’s complaint, explaining why I, rather than he, was bringing this news. She showed concern and expressed her appreciation for the information. She was a warm, easily engaged woman and waved away my apology for interrupting her, saying she was grateful for the break of trying to schedule staff to teach the college’s fall psychology classes, no small task at a school with an enrollment of 25,000 students. This gave me the opening to explain that I had a master’s degree in psychology, and an interest in teaching. During that brief “interview” I became a quick convert to happenstance learning theory (Krumboltz et al., 2013), that sometimes events we couldn’t have planned create unexpected career opportunities. After the submission of the necessary documentation (actual paper at the time), within a few weeks of meeting the dean I had a contract to teach my first course the coming fall, which just happened to be in September 2001, in the wake of the World Trade Center disaster.

At the time I was hired I was not expecting teaching to replace my time or income as a clinician. I was also ignorant of the precarity faced by adjunct faculty members who sometimes depend upon teaching as their primary income, income which can fluctuate widely from term-to-term, with never a guarantee of a next assignment. While contingent faculty are essential to keeping college operating costs in check, their positions are temporary and, sadly, adjunct faculty are often treated as dispensable, despite being the resource that helps institutions manage the payroll drain created by tenured faculty, or those on sabbatical, or those who prefer to teach “more important” upper-level classes with lower enrollment. In the results of a 2018 survey, *The Chronicle of Higher Education* (2020) reported that 66.1 percent of faculty teaching in higher ed, across all institutional types, were neither tenure-track nor tenured. This usually means that they have very few of the benefits of full-time employment—an office or a place to meet with students privately, access to professional development funds, assurance of employment, or health insurance (*The Chronicle of Higher Education*, 2020). Even adjunct faculty who have been teaching at the same institution for years rarely have a voice in curricular or institutional decision-making. A report by the American Federation of Teachers (2020) surveying over 3,000 adjunct faculty found that about a third earn less than \$25,000 annually and about a fourth rely on public assistance. Although job security rarely goes past the end of an academic term, 40 percent of those surveyed said that they had been teaching for more than 15 years, although were often juggling a schedule of teaching at several different schools each term (*American Federation of Teachers*, 2020). Thus, a reasonable conclusion about why they continue to work under these conditions might be that they do it for the love of teaching. These are typically highly skilled and educated professionals who are often used and then discarded by their institutions.

But I was ignorant of these realities when I began teaching, still living a fantasy of what I thought awaited me. Just as the barely perceptible scent of old, dry wood can evoke a cascade of memories and emotions associated with the childhood attic bedroom of my uncle’s 80-year-old lake house in mid-summer, all of the contextual cues were present and potent when I returned to the classroom. Cracking the spines of new textbooks; arming myself with highlighters and post-it notes; preparing Power Point presentations; looking into the sometimes eager, sometimes disoriented faces of emerging adults and some non-traditional returning students as well; even grading assignments; all of it felt as natural as slipping my hands into my favorite old leather gloves. It was an immediate fit. The academic and clinical threads of my life, no longer loose ends, were being woven together, creating a seamless new garment for me to don at midlife.

By this time, I had also started a doctoral program, going at it part-time, balancing family life, teaching, and seeing patients. The more interaction I had with college students the more evident it became that the prevalence of mental illness in the general population also applied to the population of students in my classrooms. As both a faculty member and a clinician I was probably more attuned to this reality than those in some other disciplines and it led me to question the degree of awareness the average college faculty member has about student mental health—how to recognize students in need of referral for services and how to respond if a student presents with a mental health crisis on campus. This interest was also spurred by the

heightened anxiety following 9/11. The college was open to my proposal of a pilot survey to gather information from faculty and to develop some preliminary recommendations.

After teaching at the community college for several years, a friend who was also a clinician, and who had been an adjunct professor at a nearby private institution, was leaving there for a full-time position at another school. Before leaving he opened the door for me to meet the chair of his old department. I was hired on my friend's recommendation—however, the chair very pointedly assured me that being an adjunct was in no way a stepping stone to a full-time position. By then I was aware of how tight the job market was, and still is, for academics, and knew once again that this opening had been fortuitous. I became my friend's replacement to teach undergraduate psychology courses the following term.

Both/And

What followed were several years of campus-hopping and arranging my clinical hours around my teaching schedule. Not surprisingly I had discovered that my teaching informed and enriched my clinical work and my clinical background brought the classroom material alive for students. I was living the scholar-practitioner model, the philosophy upon which my doctoral training was built. My two great interests, therapy and teaching, seemed to be blissfully wed, but like all "marriages," there were also tensions.

There are discernable parallels between the art and practice of psychotherapy and that of teaching. Ursano et al. (2007) have written that, "At its core, psychotherapy itself is a teaching activity" (p. 187). Both teaching and therapy are built upon relationships, between the teacher and student or the clinician and client, alliances in which trust is a cornerstone. In good teaching as in good therapy there is a determined effort not to impose or encourage the use of power over the student or client. In both teaching and therapy there must be a commitment to extend the limits of the practitioner's own knowledge along with that of the student or client. Both teachers and therapists engage in diagnosis to determine where to begin the work and the best tools to use to accomplish the educational or therapeutic goals. Both professions require approaching the student/client with unconditional regard, empathy, and understanding; whether in the classroom or the consulting room, real change requires safety to explore and to do so without the pressure to be perfect. Both therapy and teaching involve respect for the pace of change. The more complex the learning task or deeper the psychic wound, the longer it will take to achieve mastery or to heal. Just as impatience with a student can shut down his enthusiasm for learning, annoyance with a client whose improvement may seem slow can derail the course of therapy.

The "use-of-self" as a critical feature in the outcome of therapy has been well established and demonstrated across the range of theoretical perspectives (Aponte, 2022). A similar observation might be made about teachers. Their attitude toward students, the quality of their character, and their ability to demonstrate a sincere concern for the welfare of their students will largely determine student academic progress. A final likeness between the two roles is the concept of *attunement* or *appropriate responsiveness*; often discussed as the synchronous interaction between an infant and caregiver, it is also associated with the quality of the therapist's way of

“being with” the client to evoke the client’s sense of feeling heard, seen, understood, and unconditionally accepted (Aafjes et al. 2022; Hatcher, 2015). Attunement is communicated by both the therapist’s verbal and non-verbal responsiveness. But excellent teachers communicate the same sense of “being with” their students through eye contact, proximity, physical orientation toward the students, interest, and tone of voice. Attunement requires attentiveness to subtle cues in the other person that can be overlooked by a distracted clinician or harried teacher. But when the therapist or teacher is conscientious and consistent in their attunement efforts it fosters a sense of safety and connection. This allows the client/student to direct internal resources toward creativity, curiosity, and relationship, instead of those resources being deflected toward self-protection.

While teaching is inherent in good therapy, therapy is not inherent to the process of teaching. There are lines that must be respected. I cannot be my student’s therapist, and my concern for the student’s mental health cannot tempt me to loosen the academic standards, although it might lead me to refer the student to the campus counseling center. Part of my responsibility is to evaluate. I have to assign grades, and grades must be earned, not inflated for fear of the student becoming depressed. Anxious students may certainly benefit from learning distress tolerance skills, and while I know how to teach them, they are not part of my curriculum or the contract I have as a faculty member. So, while the slope may be slippery when students come to me with unsolicited disclosures of how their medication change is affecting their ability to stay focused in class, or the reason they were unable to prepare for an exam is because they were experiencing a manic episode, my empathy might be stirred, but I must also refrain from ushering them into my office for a session before their next class. That tension between wanting to help, knowing how to help, and shifting from teacher into therapist must be held taut if the teaching alliance is to be preserved. I cannot be all things to my students, just as I cannot be all things to my clients. Recognizing the limitations that each role imposes upon me also gives me the freedom to act my best when functioning within each.

I eventually left the community college and transitioned to solely teaching at the university—a needed and welcomed simplification. After several years teaching undergraduates, I was given the opportunity to teach a course in the MS program in clinical psychology. As is sometimes the case, the door opened for me because of the unexpected departure of a faculty member who did not pursue tenure. The graduate program was in a pinch, and I was available to ease it. The university’s graduate program has a long history and is highly regarded in the counseling community, demonstrated in part by the ease with which our students are welcomed into internship sites and often hired after graduation. Rather than being research-oriented the program focuses on clinical practice and is designed to prepare students for licensure as professional counselors. For the majority of them it is a terminal degree.

While teaching a class of 30 undergraduates was certainly rewarding, teaching classes of 12 or fewer graduate students was incomparably more so. Rather than merely filling a general education requirement, graduate students have committed to a career and bring a seriousness and maturity to their scholarship. Many of my students view their decision to enter this helping profession not just as a career choice, and certainly not for its financial promise, but as a calling,

a vocation. They may trace the origins of their decision to a time when they had been helped by counseling themselves and they want to give back. Others are members of marginalized groups and realize that culturally competent help is not readily available to their communities, and they want to fill that void. Some of my students have experienced a life-altering, sometimes traumatic event, or have seen the effect of mental illness on someone close to them. Many cite reasons for their career choice similar to those identified in the professional research. Empathy is a characteristic that most of them possess, and they are drawn to a profession where it is a core helping skill. Some have also sought a profession that aligns with their personal values and are attracted to one whose ethical code includes the mandate to operate from a social justice perspective.

After I spent several years in limbo as a contingency faculty member, and because the program had seen a few disappointing hires and unexpected departures, a tenure-track position opened up. By then I had a proven teaching record and, combined with my broad clinical background, I was a good candidate. I had also gained a reputation for being willing to take on more than non-permanent faculty members typically do. I brought an award-winning documentarian to campus to screen a controversial film, one that had been banned in India, about a highly publicized sexual assault and murder in that country, highlighting the government's lack of response to violence against women. The program was well-received by our university community, and it drew people from the surrounding area to our campus, which is always a desirable recruitment tool. So, when the tenure-track position opened up I interviewed with confidence and was hired. But with this new responsibility I was prompted again to examine, at a more granular level, what motivated my desire to teach. I found part of the answer in bell hooks' (1994) widely read and influential book *Teaching to Transgress*: The first chapter opens by describing teaching as a "vocation that is sacred" in that it involves more than teaching theory or even practice—rather, we must "share in the intellectual and spiritual growth of our students" (p. 13) and take an interest in caring for their souls in order for true learning to take place. It is this same willingness to commit to my student's academic success, as well as caring for their souls, that I bring into the therapy session in the alliances I form with clients.

In this era of "empirical validation" when modern psychology may wish to excise the non-quantifiable, non-scientific aspects of human experience, such as the "spirit" or "soul" or even "evil," the meaning of "psychology" still does homage to its Greek roots meaning the "study of the soul" (Merriam-Webster, n.d., Did you know? section). Religion/spirituality has a tenacious hold, and there is a resurgence of research interest in this area, not only because religion and a belief in God or something ineffable is so widely held, but one's religion or spirituality is recognized as a key cultural identity marker. In *Atheism and Agnosticism: Exploring the Issues*, Huff (2021) describes religion as a "pervasive and powerful force in modern society" (p. xi). The Pew Research Center's (2015) religious landscape study found that 77 percent of people surveyed (in a sample size of 35,071) described religion as being "very important" or "somewhat important" in their lives. Although, it should also be noted the numbers of people identifying their religious affiliation as "none" are increasing markedly to nearly 30 percent, up from 16 percent in 2007, a trend that seems to be continuing (Pew Research Center, 2021).

Need for Institutional Change

There was certainly a rush of pride (or maybe hubris is closer to the mark) at achieving the status of assistant professor, but my enthusiasm was slightly tarnished by what appeared to be inconsistencies between the university's stated mission and its practices and policies. As an adjunct and later as a term faculty member I became familiar with the politics of the department and the larger institution. I knew there were roadblocks to proposing initiatives or trying to implement changes that would seem to bring praxis into alignment with the university's vision and mission, but being newly hired gave me little standing to criticize problems that I, and others, believed needed to be addressed. There were colleagues who had been in this fight much longer than I and were exhausted and disheartened by the lack of response to reasonable requests for change. Some eventually became so disillusioned that they chose to resign, even from tenured positions. I also knew my institution was not unique. Others of similar size and demographics face similar problems, problems that are longstanding and so woven into the campus culture as to be invisible, but not to all, and certainly not to our students, staff and faculty who are most affected. The litany is long and familiar: a lack of faculty diversity, inattention to how racism is structured into institutional practices, a marked gender and racial bias in upper-level administration, a less than hospitable environment for members of the LGBTQ+ community, and lack of awareness and resources to meet the needs of students, faculty, and staff with the entire range of disabilities. And, of course, these issues have only been exacerbated during the last several years when so many smaller institutions, both private and public, including mine, have experienced lower enrollment numbers and corresponding budget tightening.

When hired I was confident of my abilities as an educator and able to acknowledge the assets that I brought to the program as a clinician, but I also recognized that I was just as White as the majority of the other faculty, staff, and administrators. Many of our current and prospective students would not be looking in a mirror when viewing our photos on the school's webpages. Rather than being representative of the racial make-up of our student body, not to mention the world our graduates were inheriting, we were recreating the same structure of racial inequality and lack of representation evident in many other institutions and in society at large. Despite phrases such as "inclusive," "truth and justice," and "the common good" woven into our mission and vision statements I soon questioned whether we were living and acting upon what we claimed to be our bedrock beliefs and values. While I was pleased to have been "chosen" when I was hired, I was fully aware that there were certainly many other equally qualified minority candidates who were never considered. In fact, hiring with diversity in mind seems not to have even been part of the goal when advertising the position or conducting the search. So, I took up this new role with a degree of guilt and a weight of responsibility to create change. In particular I wondered about my credibility as a White woman teaching multicultural counseling skills to graduate students preparing to work with clients who would represent the entire spectrum of racial, ethnic, religious, sexual orientation, gender identity, ability status, and socioeconomic diversity.

My ethical obligation as a licensed clinical professional counselor, strengthened by my role as a counselor-educator, requires me to take an active part in creating a more socially just and equitable world for students and for the clients we will all serve, clients whose mental health issues are often directly linked to living in a culture where their life chances are restricted by their intersecting and overlapping social identities. There are certainly many opportunities for fulfilling that obligation, and the opportunities bring matching obstacles. After a lengthy and administratively cumbersome process, complete with political complications, we were eventually able to secure safe, non-binary bathrooms on campus. We are still seeking approval for a designated space on campus for our Black and Brown students to gather.

Some of my colleagues have voiced frustration at what feels like exploitation when institutions fail to make broader changes to respond to students' legitimate needs. Not infrequently this results in the few faculty and staff of color carrying the responsibility of supporting students who have nowhere else to turn to find people like themselves who can understand them, mentor them, and advocate on their behalf. The offices of these faculty and staff members become the safe spaces for students who need the kind of emotional support that few others on campus can provide. This is certainly true "service to the university," but will it be considered such by the rank and tenure committee? And at what cost to the faculty member's own teaching and scholarship? No amount of dedication has succeeded in adding to the 168 hours granted to each of us weekly.

Taking Action

It is clear to me that our students and staff have been affected by the events of recent months and years—the daily violence enacted against Black and Brown people; the rampant anti-Asian violence that escalated during the pandemic; the searing and indisputable statistical evidence of racial disparities in COVID-19 infection and death rates; the insurrection of January 6, 2021; the epidemic of mass shootings—and the list is long and continues to grow. Students' ability to trust in the very systems designed to serve them has been eroded, and it has demanded a response from us as faculty who have an ethical and moral responsibility to create space and time in our classrooms and in larger university settings for difficult, honest dialogues to challenge administration, and ourselves, to examine whether we are actually living out our mission. I take bell hooks' (1994) advice seriously that I need to give up my attachment to myself as a member of some elite academic group and to be "willing to be critical of my own pedagogy and accept criticism from my students and other people" (p. 134) without feeling as though my validity as a human being is under attack.

Perhaps the observation attributed to Margaret Mead, and paraphrased by many others, about a "small group of thoughtful, committed citizens" being the only thing that can change the world, is as true or even more so today than when the words were first recorded over four decades ago. About seven years ago a much-respected adjunct faculty member was bold enough to initiate a conversation with a small group of us about social justice concerns on campus. It's not that such conversations had never taken place before, but perhaps a tipping point had been reached that resulted in gathering the right "small group" of people. The original group expanded to include

faculty and staff across colleges and departments who organized the institution's first all-day, all-campus Teach-In on Social Justice which is now an annual event drawing about 1,000 registrants for each of the past eight years. The initial proposal for the Teach-In was unanimously approved by the full faculty assembly, and when we approached the same peers a year later to make the Teach-In an annual event, we were again met with overwhelming approval. Fortunately, administration was similarly supportive. The Teach-In themes have included race and racism, immigration, public health inequities, environmental injustice, coalition building, and polarization. The Teach-In has also given birth to other recurring programs on topics of contemporary concern (Taking the Knee, Islamophobia, Being Transgender in Higher Ed, White Nationalism, Gun Control, Immigration, The Insurrection of January 6, The War in Gaza). Helping to organize these initiatives is not covered under the job descriptions of most faculty and staff who have been instrumental in creating them. It is a commitment to education as a transformative process—one in which students, faculty and staff are truly changed for the better. The desire to answer the sacred calling to become “more fully human,” to borrow from Freire (1993/2014, p. 44), is what drives people to add another item to their already over-scheduled agendas. If the goal of teaching includes equipping students with the tools to transgress (hooks, 1994) the very limitations imposed upon them by institutions that claim their mission is to serve them, then we as educators have a responsibility to create classrooms that are liberated from the structures that have systematically marginalized the needs and interests of certain groups while giving preference to others (Freire, 1993/2014). And here again is the tension of competing forces.

Faculty are considered “provisional” until they earn tenure. While there are annual evaluations, “going up for tenure” is a one-time event; there is no option of “if at first you don't succeed, try, try, again.” Failing to get tenure means that you are history. The tenure portfolio, a collection of narratives and artifacts submitted to the rank and tenure committee, is designed to prove your value to the institution. But how to balance the time required to teach a course load; attend the requisite and numerous committee meetings; advise and mentor students; do the slow work of research, writing and publishing with the concurrent urgency to address the ongoing injustices faced by people within and outside of our campus community whose identities target them as “other than” and who are seen as “less than”? Time is an asset, always in limited supply.

With increased campus diversity the need for a senior-level diversity position has become increasingly apparent (Parker, 2020). But, in smaller institutions, increasingly under financial pressure due to dwindling enrollments and increasing costs, a budget line item for such a position may not be feasible. This can mean that the diversity and inclusion work which might rightly fall under the purview of a senior-level diversity officer is taken up by faculty and staff who have the passion to make the commitments of time and energy in addition to meeting their contractual obligations. The work of equity and inclusion on college campuses takes many forms but typically includes raising awareness through workshops, speakers, forums for campus-wide “difficult dialogues,” and opportunities for community action and involvement. These efforts are incomplete and likely to be short-lived if only aimed at students. Programs for faculty might include diversity training, implicit bias awareness, workshops on why hiring with diversity in mind is essential for a healthy campus community, opportunities to explore and

share ways to incorporate social justice themes into curricula, a faculty-staff workshop on structural racism, and creating a faculty reading/discussion group on inclusive teaching. Institutional change also requires working from the top down, convincing administrators of the benefit of social justice practices in creating a campus climate that is welcoming to new and returning students, thereby boosting enrollment and increasing retention. But instigators of social change can also be deemed agitators if their efforts disturb a resistant status quo. Yet another tension to be negotiated.

Doing and Being

I regularly reflect upon the strain I experience between the urgent and the essential, the work of social justice advocacy versus the time needed to cultivate a deep interior life which I believe forms the surest foundation for all my work—advocacy, teaching, and therapy. It is not that social activism is incompatible with attention to spiritual development, as the lives of Dr. Martin Luther King, Jr., Mother Theresa, Dorothy Day, Nelson Mandela, and many others attest. And on days when my schedule is less fractured, I am able to discern the sacredness within even the most mundane tasks. But my personal balance is often elusive, too often tilting toward the pressure to attend to the immediate and urgent, rather than longer term good that might come from a more measured, stable life. Often, I am torn between losing sleep to plan an event addressing an issue like “Asian American healing and belonging,” versus getting sufficient rest to rise early enough to maintain my personal practice of self-reflection and meditation, at least without falling asleep while doing it! Even Thoreau (1980) needed two years at Walden Pond before penning *Civil Disobedience*, recognizing that personal, individual reformation was a prerequisite for larger civil regeneration.

When my good-deed list is longer than the hours of the day, I resort to stories to help restore some equilibrium to my own world. Stories and metaphors are often what I turn to in my therapy practice for their ability to bypass the mind’s analytic arguments and reach into the deeper, less conscious places where sometimes a slight recalibration can set things right, or at least better. There is an anecdote about the rebuilding of London’s St. Paul’s Cathedral following the great fire. The story has undoubtedly undergone multiple revisions in the intervening centuries, but the message is solid still. The building’s architect, Sir Christopher Wren, saw three men laying bricks and when he asked them what they were doing, one man replied that he was a bricklayer doing his job to provide for his family. A second replied that he was a builder and was building a wall. But the third replied that he was a cathedral builder and saw his work as service to the Divine. It helps me to remember that I’m not just explaining research methodology but I’m teaching students to critically evaluate research so they can select interventions most appropriate to the suffering person who has come to them for help. When teaching counseling skills during roleplaying I often caution students against slipping into the safety of therapy scripts, reminding them that they are sitting with another human being and need to be fully and humanly present with them. More vital perhaps than specific skills, as important as they can be, is authentic presence. The research consistently brings in the same verdict that the quality of the therapeutic relationship is key to the patient’s outcome. More encouraging even than seeing the growth in my students’ skills is hearing the same words I’ve

said to them being echoed by the advanced students in the program when giving feedback to the newer ones. They have listened, more importantly have *heard*, and are able to put understanding into practice.

In therapy there is a sensitive balance between support and confrontation. Too little or too much of either can stall or derail the course of treatment and/or create a breach in the therapeutic relationship. In the academic life I have found a similar tension. Remaining employed within institutional structures that systematically disadvantage some while privileging others, all the while working to disrupt those structures and replace them with ones that are more equitable, puts one in jeopardy of being unpopular among one's peers, and perhaps even risking tenure or promotion. Too much complacency and the system will stagnate; too much disruption and the system will become unstable. For every teeter there is a corresponding totter.

Legacy

Perhaps all traditional helping professions, teaching and therapy included, contain the hope that we can extend the effects of what we do *now* into a future that we won't be alive to see. Assisting in the formation of the next generation of mental health practitioners is legacy-building for me, going beyond the work that I do as a therapist in which I am sorely limited by time. I am only able to see a relatively few individuals, couples, or families per week, as deeply meaningful as that work is. But in my role as a counselor-educator I can multiply my efforts and hopefully bring benefit to many more lives through what my students will be doing long after I have stopped teaching, doing therapy, or even breathing. Teaching has become a way that I cheat death. Sussman (1995) has similarly described the practice of psychotherapy as a way of evading mortality, perhaps by seeding something of ourselves into the lives of the patients with whom we have the honor to work. Maybe much of what we all do in our lives and in our work contains some element of wanting to be remembered, to live on, either in the DNA that our biological children inherit from us, the books we write, the music that we create, the bricks we lay, or the paintings we leave on cave walls. We look for some assurance that we will continue to exist at least in the minds, perhaps in the hearts, of others.

There are days when working for the "common good" has been more urgent, more pressing than prioritizing the time I wanted to spend in Rumi's field: "Out beyond ideas of wrongdoing and rightdoing, there is a field. I'll meet you there. When the soul lies down in that grass, the world is too full to talk about" (Rumi, 1995, Lines 22–25). I yearn for more time there, to put aside the struggle, even for a while. In these days when there seems no end to news of yet another tragedy, whether the violent ending of a single life or the destruction of an entire city in a war that is not a war, I sometimes question what difference my small contribution can ultimately make—either as a clinician or as a teacher. It helps when students are appreciative, even years later when alums express their gratitude for the work we did together. After all, I am always learning something right along with them. It is heartening when clients improve, are less depressed, less anxious, are sleeping better, are able to return to their lives. But at the end of the day, all I have to contribute is my small part, one piece of a much larger puzzle. And maybe that's enough.

Future Research

Finding answers to what we don't know begins by asking the right questions. In 2005 the *Journal of Clinical Psychology* devoted an entire issue to the question of why some of us choose psychotherapy as a career. The editors of that issue noted the “professional silence” (Norcross & Farber, 2005, p. 940) on the topic, decrying the fact that the most credible attempts to uncover these answers were at least three decades old at the time of writing. Much of the existing research is qualitative or first-person accounts by clinicians who have been practicing for decades, confirming what Norcross and Farber (2005) noted about our lack of understanding of what drew us to this profession. It is often not until late in our careers that the answer becomes clear. Perhaps because our own capacity for self-discovery is improved by our work with clients, or perhaps because the reasons change across our lifetimes. It is also worth noting that many involved in training new clinicians are also therapists. But how could it be otherwise? It would be hard to learn to drive from a teacher who had never been behind the wheel. So there remain gaps in our understanding of why we choose to do this work and further what leads us to hybridize our careers as both clinicians and educators.

Does spirituality have a role in workplace productivity? Ahmed et al. (2016) argue that the “spiritual quotient” as an ingredient in human resource development has been ignored and that “the promotion of spiritual values in the organization certainly enhance [*sic*] employee’s organizational commitment, performance, morality and job satisfaction” (p. 100). In a study conducted by Elsevier Health entitled “Clinician of the Future Report 2022” they found that 47 percent of US healthcare workers plan to leave their current roles; lack of training and support, feeling undervalued, and burnout are among the reasons. Research on effective ways to support front line workers, which include clinicians and teachers, is needed. DeMauro et al. (2019) reviewed qualitative studies of mindfulness for practitioners from the fields of teaching, psychotherapy, nursing, and social work. Those who practiced mindfulness reported a greater ability to be present with others, listen non-judgmentally, be emotionally aware, be compassionate, remain emotionally regulated, and practice self-care, though the authors also noted that there was little empirical evidence indicating *why* mindfulness had such benefits (DeMauro et al., 2019).

The tension on a violin string must be tuned precisely for the instrument to produce music capable of transporting the hearer. But violin strings need frequent re-tuning to remain in perfect pitch. Balancing the tension between two careers means regular re-evaluation, re-tuning lest I too go “flat.” For me that means having a regular spiritual practice that anchors me, holds me steady in the midst of rough seas. But it comes with a cost. Time. Balancing the demands that compete for my measly 168 hours each week sometimes feels like the game of “robbing Peter to pay Paul.” Shall I take the time to meditate/pray/contemplate/journal/walk among the trees, or instead write and send out that time-sensitive email urging people to contact their legislators? Do my colleagues face the same disquieting tension when faced with the choice of which of many possible “good deeds” will have to be left undone? I wonder if we can look at ways to be more effective at the work we do, teaching, therapy, being good neighbors, by carving out time

for spiritual re-tuning. Is this a research question keeping any of my colleagues awake at night? Perhaps not, but I hope it's on someone's to-do list in the morning.

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“The Room Where It Happens”: Doctoral Students’ Journey to Community-Engaged Research

Jennifer Tanis and Leonardo Kattari

Abstract: Doctoral education in social work equips students to be stewards of the discipline through training in practice, policy, and research methods. In this article, we, as two doctoral students, reflect on our research practicum coursework. As fans of the musical *Hamilton* (Miranda, 2015a), we were struck by the parallel of gaining access to “the room where [research] happens” (Miranda, 2015c) and offer commentary on the historically exclusionary practices of the empiricist-driven academy. While learning the research process, it became obvious and disconcerting that doctoral education in social work focuses on teaching students how to engage in primarily positivist, empiricist, generalizable research. However, this epistemology does not align with most social work scholarship agendas. Through critical consideration of personal and professional values, we posit that the social work profession has a responsibility to infuse humanizing, community-engaged research methods and offer points of reflection educators may consider to enhance their research courses.

Keywords: doctoral education, research methods, community-engaged, humanizing research

[To the tune of “The Room Where It Happens” (Miranda, 2015c)]

Four doc students and a professor walk into a class / a research topic posed, so / they emerge with a study, having opened doors that were previously closed, whoa / the students emerge with newly discovered research power / questions they can shape however they want / the class emerges with some pubs / and here’s the piece de resistance: / no one else was in the room where it happened ...

During the spring and fall of 2021, the two of us—along with two other doctoral students—engaged in a research practicum course. Due to the continued pandemic, the four of us met with our professor weekly via Zoom and engaged with various content and exercises that allowed us to experience the conceptualization, development, and implementation of a survey-design research project. Throughout this experience and the safe environment created by this cohort of people, immense learning and growth occurred in accordance with, and beyond, the intended learning objectives of the course.

As the product of continuous reflexive conversation, this narrative contains the important reflections of two of the doctoral students’ experiences with conducting research within the constraints of a classroom environment and recognizing that while we were granted access to “the room where [research] happens” (Miranda, 2015c), the communities that would be impacted by our work were not. With an irony that is not lost on us, this narrative demonstrates how the courses that were charged with teaching us how to do research became the very courses in which we discovered how we do *not* want to do research. At many points throughout the last year, there was a stark recognition of the absence of critical voices involved in our research project. As emerging scholars who both value and prioritize critical examination of who is at the

table and who is perpetually excluded, we could not help but feel this extraordinary weight of power, where “decisions are happening over [class]” (Miranda, 2015c, line 24) and our participants and target population were just “pieces that are sacrificed” (line 76) in the research process. It became alarming to us, that even with our best intentions and ethical consideration, as scholars we run this risk of harming communities if we do not bring them with us into “the room where it happens” (line 48). This is the journey of how we discovered and solidified our personal research values of conducting social work scholarship from a humanizing and community-engaged approach.

It is our understanding that the guiding purpose of social work doctoral education is to train students as scholars and prepare them to be future stewards of the discipline (Group for the Advancement of Doctoral Education in Social Work [GADE], 2013). GADE recommends that social work doctoral program should emphasize “skills and knowledge in the following areas: in-depth knowledge of social work as a profession and discipline, research and scholarship, and teaching” (GADE, 2013, p. 2). Doctoral students, like us, enter PhD programs with varied experience, especially when it comes to conducting research. Many of us have spent our tenure as students consuming knowledge. Now, we have reached a point where we are being trained and prepared to be generators and creators of knowledge. Research methods courses provide critical opportunities for students to pull back the curtain, demystify the research process, and learn “how the sausage gets made,” (Miranda, 2015c, line 45) so to speak. Thus, in our experience, our program coursework culminated with a research practicum course that spanned two semesters. Through this practicum, with the guidance of our professor, we were tasked with navigating the research process from question conception through manuscript completion. As students, we were provided with a broad topic (social justice in social work education) from which to generate four individual research questions, one cohesive survey instrument, and a comprehensive research plan.

This prescribed topic of social justice in social work education was of interest to all four students engaged in the course. While we are just two of the four students that participated in this course, the desire to do something meaningful and beneficial for the field was a strong priority of all of us. Social justice is infused in all our personal and professional values (National Association of Social Workers [NASW], 2017) and as humans, we have a desire to “build something that’s going to outlive” (Miranda, 2015c, lines 132–134) ourselves and make an impact.

The first order of business was for the four students to arrive at individual research questions underneath the broader umbrella of social justice in social work education. This process was necessary within the context of course instruction to ensure an equitable learning experience for all students and for the practicality of issuing individual grades for each student—the goal being that at the end of the course, each student would have had the experience to write research questions, collect data and analyze data, and draft individual manuscripts as an artifact from the course. However, the reality of building consensus among four different doctoral students, operating from varied epistemological frameworks, with different identities and lived experiences, was quite challenging. After weeks of iteration, we emerged with a study that

would examine MSW students’ experience with campus racial climate, racialized stress, anti-racist behavior, and social justice orientation at Council on Social Work Education (CSWE)-accredited programs. We created our collective survey comprised of validated scales that would measure the constructs necessary to address our individual research questions.

For the two of us, the entire research process felt like it was lacking something. There was a persistent nagging that something was missing; we were neglecting a critical piece of this process. Through our coursework thus far, it has been our impression that the academy, as an exclusionary institution upholding white supremacy, mimics law-making institutions as it precludes others from accessing decision-making positions of power. Most particularly it has historically been exclusionary of under-resourced populations such as Black, Indigenous, and people of color (BIPOC); disabled people; LGBTQ+ people; and lower-income people—including within the field of social work (Cnaan & Ghose, 2018; Garrow & Hasenfield, 2017; San Pedro & Kinloch, 2017; Tuck, 2009). We have learned that as a formative field, social work has an identity crisis of sorts. As I (Kattari) continue to engage in coursework and with colleagues, there is a noticeable tension among scholars in the field. This tension culminates into a give-and-take in order to gain credibility within the academy; social work doctoral education is pulled in a more empiricist direction, prioritizing traditional research methodologies that focus on the concept of objectivity and generalizability (Cnaan & Ghose, 2018; Garrow & Hasenfield, 2017; Goodman, 2015; Gurrero, et al., 2018; Okpych & Yu, 2014). However, not all within the field agree with this approach, and many social work researchers, including us, prioritize more constructivist approaches to research recognizing that objectivity and neutrality are merely impossible, as human beings cannot disconnect their identities and experiences from influencing the research process (Cnaan & Ghose, 2018; Garrow & Hasenfield, 2017; Paris & Winn, 2014).

As a group in class, we continued circling back to reality that we were a majority White group of researchers attempting to address questions of anti-Black racism, racial justice, and racialized experiences of students. We never brushed over or ignored this reality; however, we always found a way to move past it. I (Kattari) kept feeling like we weren’t the right group of people to be exploring questions around students’ experiences of racism and in particular Black students’ experiences of racism. I felt very unsettled by this.

When it came time to pilot-test our survey, I (Tanis) came face-to-face with the unsettling feeling Kattari was also feeling. I am a White woman. My research question explored racialized stress of MSW students, and our survey development had been developed by all non-Black minds. Regardless of the use of validated scales, my embodied experience as a White person limits my understanding of the potential risks of this inquiry. As I prepared to send the survey to friends and colleagues for testing, I suddenly felt uncomfortably voyeuristic and felt an intense resistance and refusal to ask friends and colleagues of color to engage with the questions on our survey instrument. In a moment of reflexive processing, the following text exchange occurred between the two authors (content warning: refers to the state-sanctioned murder of a Latino child):

Tanis: Also, there’s no way I’m sending my Black friends our survey today. Can’t do it. Won’t do it.

Kattari: Yeah, I’ve been putting that off too.

Tanis: I was like, oh I’ll wait till Friday. THEN THE WORLD SEES FOOTAGE OF ADAM TOLEDO’S MURDER. Nope. I refuse.

Kattari: Yeah, I’d also be interested in a discussion [about] what our responsibility is as a team of non-black scholars exploring primarily anti-black racism. It’s not sitting well with me.

...

Tanis: Yeah, I agree. But there’s no space for [community engaged and informed research] with this project and it feels voyeuristic and inappropriate.

...

Tanis: I think the fact that I have a visceral reaction to asking my friends to take this survey this week, is telling. I can’t expect strangers to take it if I am not comfortable subjecting people I love to it.

Kattari: Yep exactly. And it sucks and it’s important learning and reflection we should always be doing as scholars so while it’s uncomfortable it’s reminding me how important reflexivity is in research.

(J. Tanis & L. Kattari, personal communication, April 2021)

We were beginning to recognize that through the manufactured research experience that occurs within a course context, we were forced to allow course objectives, deadlines, and assignments direct our work, rather than creating space for community members to define the needs of the project. This moment of processing was an important catalyst to spur further discussion among the larger research team within the course. In this acknowledgment of tension and ethical concern, Kattari reminded us both of an important tool used to situate yourself, the researcher, within the context of your work: “The Pedagogy of Pause: Why this question? Why this moment? Why Me?” (L. C. Curiel, personal communication, October 30, 2020). The reality was, I (Tanis) could not answer those questions in a way that justified the potential harm my personal research question would cause to potential participants. This created discomfort and ethical concerns that led to some significant changes to research questions and survey design. I credit the class process for providing the time and space to process this as group, but it is important to address that this process does not always happen.

Scholars do not necessarily have a robust team with whom they can process how conflicting ethics and values impact their work and Institutional Review Boards (IRBs) that are meant to protect participants may not always catch the nuance embedded within some of these studies. I (Tanis) assert that a willingness to engage in humility and vulnerability is necessary to recognize you are not the right researcher for a particular project. Further, a willingness to engage in personal positionality and humanizing methods are essential for owning how our personhood and lived experiences impact our ability to carry out ethical research while acknowledging and honoring the full, authentic, and unapologetic humanity of our participants and target populations. For me, it was crucial to acknowledge myself as a White scholar trying to examine anti-Black racism within the context of a historically racist institution. The infusion of my

positionality, alongside the recognition of participants’ full humanity, was necessary to avoid harm. However, if we insist that empirical scholarship must remain value-free, as empiricism suggests, we run the significant risk of denying the humanity of our participants and using rigor to justify continued harm to historically oppressed groups of people.

Our experience affirms Goodman’s (2015) position that US-based social work doctoral programs train students in more empiricist approaches that uphold the status quo in prioritizing fundable research rather than what we find most important, which is humanizing research. We feel that empiricist approaches to research often dehumanize under-resourced populations, create scholars whose research is disconnected from applicable social work practice, and do not focus on addressing social problems (Goodman, 2015). Additionally, Garrow & Hasenfield (2017) argue that empiricist methodologies lack an analysis that integrates the influence systems and structures have on upholding power, privilege and oppression, a foundational value in social work education at all levels. This value of acknowledging systems is one that both of us share as scholars with a range of positionalities that impact how our research is situated.

It became important for us to reflect on how our personal values as scholars aligned with the general values of the broader social work research community. A throughline we observed is the necessity of collaboration and partnership with communities and clients. The Society of Social Work Research (2018) asserts that collaboration between “researchers, practitioners, and stakeholders (e.g., communities, policy makers, clients, and other stakeholders) improves the quality of both research and practice” (p. 2). The Grand Challenges calls on both scholars and practitioners to “collaborate with individuals, community-based organizations, and professionals from all fields and disciplines” (Grand Challenges for Social Work, n.d., About section).

Further, some social work scholars have explored what it means to do values-based research (e.g., Shannon, 2013). We have found that in academic spaces, where values-free paradigms can be considered more rigorous, this can be perceived as a controversial stance. We identify with scholars such as Shannon (2013), who posits five primary approaches that help align research to social work’s professional mission and values: These approaches include action research, participatory-action research, constructivist research, empowerment research, and emancipatory research. Drawing on our professional value that “social workers engage people as partners in the helping process” (NASW, 2017, Ethical Principles section, para. 13), we believe that these approaches emphasize that social work research should be shaped, guided, and conducted by participants. This humanizing approach that utilizes community-engaged methods best aligns with our values.

We recognize that social work scholars who prioritize a humanizing approach to research always seem to be fighting for legitimacy. As doctoral students, there is an unspoken “pressure to deliver” (Miranda, 2015c, line 118). The job market is ever looming in the distance, and we all want to be prepared and competitive. This research practicum was marketed in a way that, if done well, each student could leave with multiple publications (including a first author pub!). This is incredibly alluring. To be fair, the exposure to the research process is also very alluring. We do not deny that learning practical skills such as IRB navigation, survey development and

dissemination, data cleaning and analysis, and navigating the real challenges of team management is incredibly beneficial. It may be fair to say, however, that many of us felt we had much to gain from this course; this also means we had much to lose if it was not done well. And, if the traditional definition of academic success has been largely associated with number of publications, journal impact factors, and the like, this also may have been a large motivation behind the quest for rigor and empiricism. There was a continued push and pressure among course participants to seek generalizability as this gold standard goal. Yet, as students in the context of this manufactured research experience, we found ourselves asking these questions, “In this fight for legitimacy, are we compromising our values? If so, is it worth it?”

As a group, we ultimately ended up proceeding with seeking a nationally representative sample. I guess “when you get skin in the game, you stay in the game” (Miranda, 2015c, line 126). We prioritized wrapping up survey design to move through the IRB process in hopes that we could begin participant recruitment before the end of the semester. Our recruitment plan primarily relied on cold call–style emails to a list of MSW program directors acquired from the CSWE website. While we had a few responses and questions in reply, for the most part it felt as though our recruitment email was sitting in a virtual abyss of summer break. Not only did we not have input from MSW students for the study, but we also missed an opportunity to engage MSW program directors or CSWE staff to help inform our recruitment strategy.

As with most social work practice, warm hand-offs are much more effective than cold calls—this is no different in research. While we discussed the challenges of recruiting students during summer break, we overlooked the challenge of communicating with faculty over summer break. Without intentionally formed partnerships and curated relationships, our only point of access to students was through MSW program directors’ email inboxes. The first round of recruitment emails was distributed in early July. Nearly 10 percent of faculty contacted for assistance with survey distribution had an out-of-office reply turned on, which indicated they were either on vacation, working modified summer hours, or responding to emails at a slower rate. Many faculty members are not paid through the summer months, and while many work, it is a flawed plan to assume their availability to engage in our recruitment needs. Further, we quickly recognized that we ran the risk of faculty serving as gatekeepers to our target population. One program director directly declined participation in the survey, without reason, indicating that they would not be distributing our email to their students. We considered the reality that some programs may not distribute surveys to their students as a way of protecting their students from the burden of being over-surveyed. Keeping in mind that we were still amid the COVID-19 pandemic, when it seems as though a survey was sent to students weekly, this is understandable. We could not help but wonder, though, given our survey inquiry about anti-Black racism, could programs be hesitant to distribute our survey out of concern for what students may report? Ultimately, our survey did not get the visibility or attention it may have received if distributed at a different point in the year or via a different method of recruitment.

Again, we all had a desire for quality data that would be useful and impactful to social work education. Remember, we felt passionately about our topic of inquiry. We deeply believed our work could affect meaningful and necessary curricular and program change that would promote

equity and student well-being within MSW programs. However, since this was most students’ first experience being “in the room where it happens” (Miranda, 2015c), our collective understanding of quality and rigor was persuaded by the empiricist approach to research methodologies taught to us in the doctoral program. As a result, we overlooked the importance of timing and scope. While we had discussions about the challenges of recruiting students during summer break, we decided to prioritize scope by recruiting a national sample. This made us need to recruit in ways outside of university-affiliated communication, to circumvent potential gatekeepers and provide participants with a more equitable opportunity to have their voices heard, relying on social media recruitment, which provided its own challenges.

There was a paradox of wanting to do meaningful yet rigorous (by empiricist standards) research within the constraints of course-based research. This led to a missed opportunity to create community partnerships and facilitate access to populations via trusted relationships. More substantially, this translated to the project being beyond a realistic scope, as well as lacking the desired rigor. Perhaps in this case, a pragmatic approach would have been more beneficial than one that prioritizes generalizability. If we kept a narrow target sample focus related to our own university where we had better access to students, it is possible our research could have maintained rigor while also providing quality data, even if it was a small sample. One of my (Kattari’s) biggest takeaways is that in learning environments, it is important to not do too much given the time constraints. Sometimes pragmatism is the most appropriate approach to a study, especially if community engagement is lacking.

As social work practitioners who worked in the field for many years prior to starting our doctoral program, we strongly believe that humanizing and community-engaged research aligns with the NASW (2017) *Code of Ethics* and upholds the professional values of the field. To uphold these values, we think it is necessary to utilize humanizing and community-engaged research methods throughout the research process. In this sense, research participants should have the opportunity to be “in the room where it happens” (Miranda, 2015c) as co-creators of knowledge (Wallerstein et al, 2020).

To uphold the NASW (2017) *Code of Ethics* we will conduct research in “service” (Ethical Principles section, para. 2) to the community as our forefront priority. To do this, the community must be present to inform our research questions rather than us making assumptions. We want to work from a “social justice” (para. 5) lens to challenge the status quo in research and in the academy that reinforces white supremacy and colonization. By integrating these humanizing approaches in our research methodologies and methods we hope to pursue research that minimizes the historically harmful impact on marginalized communities that has occurred in the name of science. Through humanizing and community-engaged research, we can uphold the “dignity and worth of a person” (para. 8) by recognizing that research participants are content-area experts through their lived experience and use this expertise to guide and inform the process and outcomes of our research. Additionally, we want to engage communities and individuals as co-creators of knowledge rather than research subjects. It is antithetical to social work values to conduct research in isolation from those with the lived experienced in which we want to center and explore. In this sense, we value the “importance of human relationships”

(para. 11) and how research can be mutually beneficial for both, us as the researcher, and for the participants. This approach emphasizes the potential of developing long-lasting relationships between the researcher and community that prioritizes benefiting the community. We believe that humanizing and community-engaged research can be an accountability tool that ensures our “integrity” (para. 14) as scholars. While we have our own individual areas of expertise, we may engage in research on topics that are outside of that content area. Humanizing and community-engaged approaches to research are important components of ensuring our continued growth and development in areas we may lack “competence” (para. 17).

As social workers, we are quick to leverage human relationships within the interpersonal practice context and then seemingly forget their necessity in our research agendas. As discussed earlier, social work scholars often engage historically marginalized populations in research. If we, as students, are critical of program directors serving as gatekeepers to our participants within the context of this specific project, we must also be critical of ourselves as gatekeepers of the research process. What is the point of gaining access to “the room where it happens” (Miranda, 2015c) if we immediately close the door and keep others out? It is naive to believe we independently create new knowledge. Even without intentionally crafted community partnerships, knowledge is co-created with research participants through the data and stories with which they entrust to us. Honoring this co-creation by engaging, empowering, and elevating marginalized communities through authentic partnership embodies and upholds our professional values, and our personal values too.

Humanizing and community-engaged research may require longer timelines to account for stakeholder engagement, group level-setting, differing opinions, and other unanticipated interruptions to the research process. Due to this, we have noticed academic systems and funding structures disincentivize or discourage scholars from engaging in this type of work. We interpret this deprioritized focus on community engagement as a pedagogical and curriculum issue. This focus of empiricism begins in the ways we are taught research via courses such as the one discussed in this manuscript.

As doctoral students who care deeply and passionately about the field of social work, we recommend social work doctoral programs take a more proactive approach to integrating humanizing and community-centered epistemologies, methodologies, and methods in the curriculum through centering these paradigms alongside positivism. We are not naive enough to think that community-engaged research will always be possible in the context of a classroom setting. In fact, we would argue the application of community-engaged research for course-based work is unrealistic as establishing authentic, trustworthy, and lasting relationships with community partners is just not feasible over the course of a semester, or even a couple of semesters. We posit that, while community-engaged approaches may not be realistic in this context, applying a humanizing approach and lens to research will always be applicable and it is our ethical responsibility as social workers to do so. In lieu of applied community-engaged approaches in coursework, reflexive pedagogy can be applied to doctoral student training by asking students to reflect on how projects could have incorporated community-engaged approaches had there been the appropriate amount of time and funding. Further, social work

doctoral students should be able to critique positivist approaches by reflecting on what is lost due to the lack of community engagement and participation. Lastly, in the absence of community-engaged approaches, we strongly encourage educators to challenge students to apply a humanizing lens on their research or, perhaps more importantly, ask whether it is ethical to pursue this research agenda without community voice.

As emerging social work scholars, as we “dream of a brand-new start” (Miranda, 2015c, line 167), we feel it is our responsibility to challenge the status quo that prioritizes empiricist approaches while upholding the values of our field.

For us, this responsibility means centering research from a humanizing and community-engaged approach. As doctoral students, we can “look at where [we] are” (Miranda, 2015b, line 22) now and the values we seek to uphold as scholars by looking “at where [we] started” (line 23) in a course designed to walk us through the entirety of the research process. Due to our experiences in this course, we can more confidently aspire to prioritize and promote humanizing and community-engaged research approaches moving forward. “[We] don’t pretend to know [all] the challenges” (lines 30–31) future research will present, however, perhaps we can find “peace of mind” (line 39) inviting communities as partners in “the narrative ... and that would be enough” (line 41, 47).

Acknowledgements

The authors would like to thank Dr. Carrie Moylan, Kathryn Irish, and Jessica Saba for their open and vulnerable participation in the course referenced throughout this reflection. Without these honest interactions, the reflections in this manuscript would not have happened.

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Baptism by Fire: Field in the Time of COVID-19

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Abstract: This paper explores our lived experiences as undergraduate social work students in our practicum placements during the first year of COVID-19, including our reactions to seeing COVID-19 unfold in our agencies, the impacts on clients, how we developed social work skills given all of the restrictions, and how we managed our own physical and mental health. We struggled with getting sick—and so did family, clients, and co-workers, some of whom did not live. We highlight the importance of support networks, supportive supervision, and self-care. We utilize the concept of shared trauma to illustrate how, despite the collective nature of the pandemic, each of us brings a unique perspective, especially given the wide range of practicum placements. Finally, we include reflections on systemic vulnerabilities that COVID-19 revealed and frustrations with engaging and supporting client needs.

Keywords: undergraduate students, social work, shared trauma, practicum placement

Introduction

In the spring of 2020, COVID-19 abruptly interrupted higher education, resulting in the vast majority of learning moving online. With continued uncertainty in the fall, colleges and universities across the nation instituted a myriad of approaches to begin the new academic year. This uncertainty was compounded for social work educators by the question of how to manage practicum education, where hands-on learning is essential to developing skills, yet not all community agencies were ready or willing to accept students. Thankfully, our undergraduate program was able to adapt by developing flexible options ranging from fully in-person to fully remote, sometimes shifting back and forth depending on the needs of the student or agency. Given the nature of this unprecedented situation, we felt it was important to share our experiences in our own words. An assignment was developed within the senior seminar class to specifically reflect on our year—this manuscript serves as a narrated summary of all of our responses.

Key questions we addressed were these:

- 1) How did COVID-19 impact the clients we served and our field experiences?
- 2) How did COVID-19 impact our physical and emotional health?

While many have offered reflections on the pandemic, rarely has a full cohort of social work students presented this kind of collective narration. Students' narratives have been anonymized and will appear as block quotes.

COVID-19 as a Shared Trauma

No one could have predicted in March of 2020 we would be living through a pandemic lasting more than a year, with effects continuing to unfold. Yet through it all, social workers are needed to show up day after day and clients in our field continue to need our support, perhaps more now than ever. As both professionals and clients navigate this experience, we all (including faculty, supervisors, and students) are inevitably connected through what has become known in the field as *shared trauma*, a term which provides a foundation for understanding the profound impact of a single catastrophic event. According to Tosone (2021), “shared trauma is the response of professionals who experience both primary and secondary exposure to the same traumatic stressors as their clients ... both the client and the practitioner are survivors of the same traumatic event” (p. viii). In this instance, the trauma is a collective experience impacting everyone in unique ways. Students in their senior year experienced both primary and secondary traumatic stressors as they learned to navigate the pandemic in their personal lives while providing support and services for the clients they served. Well-documented primary stressors have included the strains of being sick and caring for sick loved ones, while secondary stressors included burn-out associated with the ambiguity of the pandemic as well as the strain of its social and economic consequences (e.g., social isolation, job loss, reduced access to resources; Schwartz et al., 2021).

Over the last two decades, researchers have explored some of the impacts of shared traumatic events on social work students specifically. Students in social work programs in New York City after 9/11, for example, were found to experience isolation and difficulty making personal connections (Matthieu et al., 2007), and many needed additional support in coping with grief (Colarossi et al., 2007). After Hurricanes Katrina and Rita, some students reported feeling that the events had triggered previous traumatic feelings (Lemieux et al., 2010). Eerily, in Padgett’s (2002) description of the experience of trauma after 9/11—“unexpected, sudden, intentional, foreboding, witnessed by millions, prolonged over several months, and intensely political” (p. 186)—we can hear echoes of our current situation. A key difference is extension of this uncertainty into the future.

At the time of writing, we are a group of 22 undergraduate senior social work students finishing up a full year of our practicum placements. For 16 hours per week, we worked almost entirely in-person in agencies including in-patient psychiatric hospitals, hospice, domestic violence outreach, community mental health, oncology hospital units, child and adult protective services, and long-term care facilities, among others. Our reflections in this manuscript have been gathered from our own journal writings this year (associated with our field seminar classes). We analyzed the common themes and pulled quotes that best represented those themes, with the goal to capture the breadth of our experiences and allow every student’s voice to be included. The sections that follow demonstrate our stark realizations as we witnessed the traumatic impacts of COVID-19 on our own lives and the lives of our clients.

First-Hand Witnesses to Loss

We saw firsthand how COVID-19 impacted the lives of clients, whether it was through loss of desperately needed engagement with family and friends, loss of school, a job, a home, or loss of life itself:

These clients have lived through wars, heartbreak, and loss in their lives, and deserve to live their final years in peace ... COVID-19 robbed some of a precious year, others of their lives.

We worked in programs fighting to stay open and offer support to clients in the best way they could—some congregate shelters had to close but food was still made available. Agencies had to dramatically scale back services knowing funding would not be as plentiful. This was an observation already being made at the start of the pandemic across the world in social services. As Lewis (2021) from Australia noted, “practice seemed reduced to its bare bones” (p. 49). We observed what happens when you take away the needed consistency of resources and support from vulnerable populations. This student, who worked with clients with intellectual disabilities, noticed that the loss of a structured daily program was having negative impacts:

Our program operates similar to a school day, with lessons, lunch, recess, and free time. Each day, the clients know what to expect, and many of them find comfort in the repetition. Without the program, the clients lacked their routine, which resulted in increased levels of anxiety, anti-social behaviors, and aggression. Clients were forced into isolation, where their emotional and behavioral states worsened.

Eradicating social isolation is one of the Grand Challenges for Social Work (Lubbin et al., 2015); COVID-19 has rendered this challenge nearly impossible to address. One student who worked with clients with severe mental illness discussed the isolation as inhibiting progress and exacerbating anxiety:

My clients reported experiencing extreme anxiety over catching the virus. They would call and say how they felt their paranoia getting worse because they didn't have the community resources to maintain psychiatric stability.

Another student noticed how the loss of connection had specific impacts on clients' abilities to make progress even among infants and their families in early intervention services:

A child I observed was a one-year-old boy with a loving and involved family. He had been talking for a month or so with no problem. He was able to both communicate his needs and play with his grandparents. Then the pandemic happened and the world shut down. Within a few weeks, he stopped speaking. Instead of going to daycare, he was now home all day. Instead of seeing his grandparents every week, he was now seeing them over FaceTime. Instead of going to parks or playgrounds, he was now limited to his small

backyard. The boys' environment completely changed within a night and there was nothing mom and dad could do to make it normal.

A student who facilitated supervised visitation with parents who have lost custody of their children reflected on the impact COVID-19 has had on their basic rights as well as their ability to work on skills needed to regain custody:

Canceled sessions due to potential COVID-19 exposure were a regular occurrence. I can hear the heartache and disappointment that is laced in their silence as I tell them the session has to be cancelled ... meaning, they could go over a month without seeing their child [again].

Many of us were frustrated by seeing some populations put at even greater risk due to the isolation required by COVID-19 lockdowns—especially those in hospital or rehabilitation facilities who struggled to get well or just simply retain a quality of life without the daily visits from loved ones. For older adults and those nearing the end of life, the restrictions were often too much to bear, even from the onset of COVID-19 (Fox et al., 2021; Morris et al., 2020):

They are no longer allowed to have in person visitation with their loved ones. Residents are able to Zoom call their loved ones, which has been a great alternative, but it is still hard on the residents and their families to not be able to see each other in person or even hug one another. This has left many residents feeling isolated and lonely. They have also lost the interactions with other residents in the facility, like eating together and doing group activities.

Many of our clients have dementia and do not have the mental capacity to understand what the virus is let alone why they have to wear masks and social distance. It has been a challenge to communicate with them and explain why they can't have visitors—they feel left behind.

Most challenging for many of us was witnessing the physical and emotional toll felt by clients who contracted COVID-19, some of whom did not live through it. The reflections below highlight these difficulties, including one from a student engaging with a resident at a long-term care nursing facility and another who worked with individuals with intellectual disabilities:

As she spoke, she breathlessly kept repeating how she wished she had never contracted COVID-19. Fighting back tears, this resident said that if she had never contracted COVID-19, she and her husband would not be fighting over the financial repercussions of the hospitalizations, cost of medication, and care at the facility. She felt as if COVID-19 had crushed her relationship with her husband. She expressed how she had not been able to see her closest daughters in person for this entire year—how she felt alone and isolated. She could not attend the social gatherings like church ... and that took a toll on her overall energy and wellbeing.

One client contracted COVID-19 in December and has been fighting for her life since then. She is only twenty-two years old and has many health issues in addition to her underlying brain injury. Since her hospitalization, the other clients continue to ask about her and worry if she will be okay. All of us were fearful that she was not going to make it. We all cried. I had a hard time comprehending that a young woman around my age was fighting for her life.

One of our clients died due to COVID-19. This greatly affected those who lived in the same intermediate care facility as her. Due to their intellectual disabilities, they had a difficult time understanding that she had passed away. They would often sit at the window waiting for her to come home.

This student highlighted the difficulty of enforcing COVID-19 safety measures in a hospital setting when patients are at the end of their lives:

The visitation policy at my hospital has been extremely difficult for patients and their families. ... There have been a couple of times where a patient has passed away on our floor or has been close to passing, and their family members have come to the floor to say their goodbyes but we can only let one person in the room. It is always extremely heartbreaking.

Fighting to Learn and Connect

Not knowing what lay ahead, we embarked on our practicum education journey with mixed reactions to beginning this experience. We were both eager and nervous trying to figure out how to safely navigate this process:

Even though I have been extremely grateful to be in person at my field placement, I have still had some mixed feelings about being in this type of environment, with vulnerable individuals. I have felt anxious about possibly exposing the residents to COVID-19 since I am not just an intern at [agency]. ... In a weird way, I am thankful for those anxious feelings, because it made me take a step back and realize that I don't need to be going and doing all these extra things where I could be putting myself and others at risk.

Some of us were uncertain if we even wanted to see clients in person:

Being in an in-person field placement has certainly presented many challenges. To start, my mental health was not great coming into senior year. Coming out of quarantine and having minimal social interaction and having to get back into the swing of things was tough. I was excited to be in-person, but I had my anxieties.

I was unable to [keep my job] because my placement did not permit me to attend large gatherings of people. My funds were running thin and I thought I [may not be] able to

continue my education. It made me question whether I should be seeing clients in person at all due to the risk. This created panic for me.

Learning how to engage with clients is one of the key areas of skill development for undergraduate social workers in their practicum placements. COVID-19 presented many challenges to the engagement process and students recognized that this was brand new territory, even for seasoned professionals:

Our first visits were awkward for me because I was unsure of my role as a social work intern. I knew that I was supposed to be observing the music therapist and noticing the patient's behaviors but it was hard to focus when I had to adjust my face shield or make sure I was six feet away from the patient's bed.

Both direct and indirect engagement were impacted. Many of us wrote about the challenging experience of trying to engage and connect with clients while following distancing guidelines and wearing full personal protective equipment (PPE). The use of PPE made interaction with clients who have cognitive or communication disorders all the more difficult and frustrating:

We stayed six feet back, wore our masks religiously, and yelled our questions through muffled masks—not ideal in most situations, but it got the job done.

One client has gotten very frustrated with having to wear masks. She will express this by shouting “Man, I’m so sick of wearing masks! I want to be done.” I empathize with her—I understand how frustrating it can be for me to wear a mask so I can only imagine how she feels—she has a condition that makes her drool from the mouth resulting in her mask always being wet even when we try to change it at least once an hour if not more.

Hospital and in-patient settings were the most challenging because of the full PPE that was often required. This student struggled with her own comfort which impacted her ability to connect:

I struggled being present. In one instance, I was conducting an extensive resident assessment that took about 45 minutes. I wore a gown, gloves, an N95, and a face shield. This resident had her room at a very high temperature. PPE in combination with the temperature of the room caused me to overheat and begin sweating profusely. I found myself drifting away from what was being said by the resident and thinking about my own condition. It was a fight to adapt to this situation; it was a situation in which I had sacrificed how I felt to fully engage the client.

Touch is an important form of engagement and communication, particularly with certain populations like children, elder adults, and adults with cognitive disabilities. According to Green and Moran (2021), we often underestimate the impact of touch on the therapeutic relationship; touch deprivation can lead to serious negative outcomes. Early in the pandemic, Lewis (2021) noted the paradox of social workers “sitting with human suffering, trying to ameliorate it

through human, distanced contact, wondering if that suffering would visit you soon” (p. 49). We also took notice and reflected on the loss of touch brought about by distancing restrictions:

It has been challenging for our [adult] clients [with intellectual disabilities] to understand that hugs, hand-holding, and sitting close to each other is not safe now. Typically, the clients show affection and gratitude through physical touch, which is something that is linked to both the developmental stages of the clients, as well as sensory stimulation.

Overall, as a group, we seemed to take things in stride, navigating the discomfort and relishing the meaningful contact whenever and however they could. We began to learn how to manage the awkwardness and difficulty of wearing PPE and how to explain things to clients who often had difficulty communicating or understanding or even using masks themselves. We found new ways of communicating through language and nuanced “upper” facial expressions:

As social workers we are taught to view body language, facial expressions, and non-verbals as ways of communicating, but with a mask covering the majority of my clients’ face, how was I now supposed to distinguish between a smiling face and a frowning one? Through this experience, my engagement with clients has changed for the better. My clients and myself were forced into a new way of communicating. I began to notice how important enunciation and projecting my voice was when speaking to others. I picked up on new non-verbals, such as a sly eyebrow raise or a frightened widening of the eyes, and pretty soon the mask no longer was a hindrance to my engagement process but rather a challenge to see how well I could adapt to the new language of COVID-19.

Primary Impacts of COVID-19 on Students

Dekel and Baum (2010) identified the impact of shared trauma for practitioners as having both negative and positive implications. We were just beginning to dip their toes into professional practice and recognized the critical role we were playing while, at the same time, we worried about the seriousness of COVID-19 and the multitude of disruptions it placed on our daily lives and educational experiences. We expressed a wide range of emotions concerning our own physical health and mental wellness, and that of our family, friends, and clients we served. These shared experiences were expressed in unique ways by each of us as we balanced the roles of student and intern.

Life Disruptions, Loss, and Fear of the Unknown

In a typical trajectory, the final year of college brings with it the anticipation of life changes ahead as young adults move toward greater independence. This year was anything but typical and COVID-19 significantly impacted our lives, leaving many to express feelings of grief. The pandemic not only disrupted our practicum education but also our jobs, social lives, physical health, mental health, and general wellbeing. Much of this was associated with the fear of the unknown: Would the college remain open? How would the virus spread? Who would be impacted? According to a survey conducted in the spring of 2020 by the State Council of Higher

Education for Virginia, nearly three in four college students in Virginia experienced anxiety, worry, or other challenges related to their mental health, while 80 percent reported struggling with academics and 45 percent expressed concern related to employment. Similar findings in a study at Texas A&M University found 71 percent of students have increased stress and anxiety levels (Wang et al., 2020). Here is one student reflecting on the losses in her senior year:

I have tried not to entertain all of the “what-ifs” about this year—how much more could I have worked on and experienced if COVID-19 hadn’t happened?—because I am really grateful and happy for the opportunities that I have [had]. However, it is frustrating to know that I’m never going to know a world where COVID-19 doesn’t exist. I can never go back to pre-COVID-19 times and have a redo of my senior year.

Dekel and Baum (2010) noted that students can experience feelings of loss, fear, pain, sorrow, grief, and helplessness in the immediate aftermath of traumatic events such as war, natural disasters, or terrorist attack, and as much as a year later. These emotions were seen and expressed among our cohort. In addition, many of us reported uneasiness about engaging with clients due to the increased risk of personal exposure as well as our concern for potentially spreading the virus to our already vulnerable client populations. In some cases, these feelings became overwhelming at times, to the point of feeling paralysis:

To be completely honest I was terrified to go into the field on my first day. On top of being new and adjusting to the agency, I was worried about contracting COVID-19 or possibly unknowingly giving COVID-19 to a client or coworker. The stress became overwhelming and manifested itself into intrusive thoughts at all times. I was afraid to go anywhere out of fear of possibly putting myself and my clients at risk.

This student, who worked in a hospice setting, had a mix of concerns regarding the possibility of inadvertently infecting clients but also worried for herself:

I was initially nervous about this [placement] because it meant I would have to work with people who are vulnerable to getting [sick]. I also had to make hard decisions regarding my own comfort level with COVID-19, such as whether I was comfortable seeing patients who were getting hospice at home [or] patients [who] live in assisted living facilities. I knew this meant I would be in situations where I could contract the virus or be a virus-carrier. [It] forced me to think about the activities I do and choose which ones are most important to me. Many students were still going out on weeknights to restaurants or bars but I knew doing this was irresponsible and could cause me to come in contact with the virus. I was constantly aware of where I was and who I was coming in contact with. The mental energy I spent thinking about this virus has been somewhat traumatizing for me and I am still recovering from it.

Feelings of anxiousness and uncertainty are common among senior year practicum students entering into practice for the first time, but this year they were compounded by fear.

I have noticed that every day that I enter the office, I become anxious. I used to think that it was because I was nervous to conduct my own sessions with clients, but I realize that it was because I was nervous about the virus.

To others, the reality of losing a sense of normalcy in their learning environment prompted strong negative reactions:

Like most of the world, I experienced a variety of emotions throughout the COVID-19 pandemic. In regards to my field placement, the most prominent emotions I felt were disappointment, frustration, anger, and fatigue.

In addition to getting used to the “new norm” of wearing masks, donning PPE equipment, and temperature checks, we took our own safety measures to try and protect ourselves. This student writes about extensive steps she took throughout each day while she worked in an inpatient psychiatric facility that was experiencing widespread infection rates:

I would wear a tight-fitting mask on my face and would never take it off unless I was in my office alone. I would wipe down my office desk and anything I touched with alcohol wipes and used hand sanitizer frequently after touching doorknobs, items, and just anytime I felt like I needed it. ... Because of how contagious coronavirus is I feel like I have been obsessed with making sure high-touched surfaces are clean and sanitized with Lysol or Clorox wipes. I used to make sure my work clothes were separated from my clean clothes at home.

As if worrying about ourselves and our clients wasn't enough, we were also concerned for our loved ones as we returned home after spending the day at our practicum placements:

I was more concerned about contracting the virus and bringing it home without my knowledge to my family, who are transplant recipients and to the primary supporters of the family.

I live with someone who has an autoimmune deficiency who is extremely susceptible to the virus. If I have a client who has symptoms or has been in contact with someone who tested positive for the virus, I have to isolate myself from my home. It has been a challenge juggling both.

Hecht (2021) reflected on similar experiences by seasoned medical professionals where the staff “was terrified, terrified of getting sick, terrified of not being able to do their jobs. It created a palpable sense of anxiety within the hospital walls” (p. 16). In another example, the psychological impact of healthcare workers in 34 Chinese hospitals was noted to fall on female nursing staff who worried about contaminating family members and negotiating how to balance the responsibility of family members and patients (Lai et al., 2020).

The Inevitability of Getting Sick

Whether it was from a positive test or as a result of exposure to COVID-19, the need to quarantine presented challenges for completing practicum hours and increased worry and anxiety beyond what most of us were already experiencing. Some of the notable feelings consistently expressed were the challenge to stay motivated and the worry of fulfilling the required practicum hours.

Being in quarantine was extremely difficult as I am very extroverted and love to socialize with others. I struggled with finding the motivation to complete school work and felt very anxious about not being able to complete my field hours remotely, as the majority of the day to day tasks asked of me were set up to be completed in person. Although there were remote options set into place by the social work department, I still struggled with earning enough hours. I quickly realized that I struggled with keeping my motivation up while only being able to move around my 1000 square foot apartment.

Even with best practices and precautions in place, it was inevitable some of us would get sick and test positive:

More recently, I tested positive for COVID-19. I had gotten two negative tests on two different days with the testing protocol at [agency] and the third day, I tested positive. This was alarming to me as I had just been working the past two days and was interacting with residents. ... I definitely felt the lingering effects of COVID-19 those first couple days back, with feeling extremely fatigued and worn out, but I was happy to be back.

There was a sense of shame and guilt in testing positive and a strong sense of stigma associated with the virus:

About a month into my field placement, I tested positive for COVID-19. I was upset, scared, and felt like [I was] a disappointment. I even remember feeling embarrassed, fearing judgement from those around me. Navigating remote work for a field placement that was not meant for it, combined with the COVID-19 symptoms I was dealing with, was difficult to say the least. I struggled to keep up with my schoolwork and was counting down the seconds till I would be cleared from isolation ... transitioning back into my field placement was also tough. After about two weeks of remote work and social isolation, I lacked motivation. I felt stuck and struggled to find a routine again.

This was especially true as many of us tested positive despite doing all the right things, but felt others would perceive us as reckless college students:

I felt like I was going to be judged or someone would think I had the virus. There is this negative perception from the public about COVID-19 and that it had to have been the patient's fault they got sick. That the patient was not following guidelines or the patient was being "careless and reckless." Unlike other diseases in which the patient is the victim

such as the flu, or common cold. These perceptions have been put on students especially, due to students being perceived as being party-goers and rule-breakers to society. These stereotypes have added to the anxiety of getting the virus because I do not want my peers to see me in a negative light. I do not want to feel like I am at fault for anyone's death.

Emotional Health and Wellness and the Need for Self-Care

Concerns related to the virus spilled over into emotional wellness, managing academics and fulfilling practicum hours, adjusting to a new living environment, and limiting social relationships. This parallels Bell and Robinson's (2013) description of difficulties with concentration, memory problems, dissociation, flooding, and numbing or avoidance as symptoms experienced from vicarious trauma:

While I tried to manage all of my emotions, I could not prevent my own struggles from affecting my schoolwork. Regarding my field placement, starting the year remotely proved to be extremely difficult. I often felt that I was not contributing to my full potential, and I was not engaging with the clients to the extent of some of my peers. Aside from the content of my work, I felt extremely isolated during my field placement days, as I was constantly in my room and on my computer. When I was finally able to attend Arc of Abilities, I was incredibly behind on hours and my mental state had declined. Towards the middle of the Fall semester, I took a break from school, where I was able to go home and get the rest that I needed. Upon returning to campus, I managed to complete my classes, and I was able to fulfill a majority of my hours.

Layers of extended exposure to trauma led to undeniable feelings of exhaustion. Research by Cohen-Serrins (2021) supports an estimated rate of burnout during the height of the pandemic—and specific to social workers—to be 60 percent, with signs manifested internally and externally, including decreased empathy, depersonalization, increased absenteeism, job turnover, and depression:

To say I have felt a range of emotions is an understatement. I spent the entire first semester isolating myself from friends and family terrified I would bring COVID-19 back to my field placement. I would start arguments with my family when I was home, frustrated they did not take the virus as seriously as I did. I did everything in my power to keep my clients safe and having that safety in mind all the time provided some relief as I went into work. But because my social outlet was very limited I became increasingly and increasingly burned out. I was overwhelmed with school work, field, my on-campus job, and my limited social outlets.

Despite the roller coaster of emotions, we were able to discern meaning as we unpacked the dual trauma felt in our own lives alongside the lives of those we served. Piccolino (2021) talks about this not as the silver lining to an unthinkable time in our history, but rather the reality that pain and loss exists, and through this we can make meaning of suffering and choose how we respond.

In part, we were able to do this through the support of our peers in class and by processing our feelings with our supervisors:

All in all, I learned to give myself grace. I realized that I am a human going through a pandemic and that not everything would be perfect. I focused on only worrying about things I could control while bettering my communication with my professors and supervisor. They say self-care in social work is important, and they are not lying. Remembering that COVID-19 is a traumatic experience that everyone is going through relieved my pending anxiety—it made me feel not alone. I paid more attention to myself and my mental health, and the rest positively followed.

Self-care and self-awareness practice, both vital to the profession, were needed now more than ever. At times, we recognized the vulnerable circumstances in which we found ourselves and were able to remind ourselves to be gentle and kind:

A lesson that I have learned throughout my experience as an intern working during a pandemic is to be gentle with yourself. It is important to recognize that your best before the pandemic will look different during a pandemic and that is okay. Living through a pandemic has its detrimental effects and I have learned that it is okay to let yourself rest when your mind and body [require] it. As practicing social workers, we must participate in self-appreciation. Remember to take care of and love yourself. We cannot serve our clients to the fullest potential if we are constantly worn out and pouring from an empty cup.

The pandemic also brought out the importance of connection with others:

If COVID-19 has taught me anything, it is the importance of having relationships with your friends and family. We as a society before COVID-19 oftentimes were [so] caught up in our own lives and responsibilities that we forgot about the important things in life.

And feelings of gratitude:

Although living through a pandemic has not been ideal, it has made me stronger and more resilient [as] a person. It has made me realize that I took life for granted before the pandemic hit and I now take each day to live in the moment.

Overview of Findings and Discussion

Our compilation of reflections focuses on our experiences throughout our senior practicum placement year, highlighting the impacts we observed on our clients, on our ability to work with clients, on agency functions, and on our own physical and mental well-being. Pulling quotes from practicum seminar journaling, we were able to bring the perspective of 22 students, demonstrating the importance of delivering our personal voices. It was clear to us that, like students who lived through traumatic events like 9/11 and Hurricane Katrina, we have also lived

through a shared trauma. We experienced both direct and indirect impacts of the pandemic (each in our own way) and spent most of the year navigating the ambiguity and ever-changing circumstances wrought by COVID-19.

Many of us reflected on the micro-level disruptions to our practicum placements from COVID-19, including the difficulty of engaging with clients due to wearing masks or, in some cases, full PPE. Having to communicate virtually was especially challenging since clients were often distracted or had difficulty accessing virtual platforms (especially those in long-term-care settings and among those with intellectual disabilities). At the mezzo level, group work was not nearly as effective when carried out virtually and many groups ceased to function. From a macro perspective, we witnessed agencies struggling to deal with both staffing and resource shortages. Many of us were discouraged because we felt we were missing out on the full practicum learning experience, but we also learned a lot about coping with ambiguity and what it means to be adaptable. We watched as our supervisors scrambled to provide critical services in new ways. We learned about the potential for remote service delivery and were optimistic about the ways in which telehealth may fill an important need into the future.

Because of the stresses and anxiety we experienced throughout the year, personal impacts were difficult to relay. Some of us struggled financially; others of us were sick with COVID-19 and struggled with our own health and safety or the added strains of caring for loved ones. We knew our priority was to protect our vulnerable clients and, thus, often faced ethical dilemmas when making basic choices about how we spend our time when not in the field. At times, the year was isolating and confusing but we were able to support one another and identify new ways of coping.

Above all, our reflections demonstrate the strengths we each have within ourselves. We came through the year with a more in-depth understanding of our own capacities for taking care of ourselves, for getting help when needed, and for our ability to learn and grow in spite of tremendous obstacles. This year helped us individually gain a better understanding of the kinds of work environments that fit our needs (in-person v. remote v. hybrid). Further, we gained invaluable insight concerning the way a macro-level pandemic can have impacts that trickle down to the day-to-day functioning of our agencies, our co-workers, our clients, and our own lives.

The future of social work and social work education, especially given the systemic limitations introduced by the pandemic, will depend on our ability to connect with one another—to provide opportunities to listen, to write, to acknowledge and understand shared trauma, and to take seriously the need for active adaptation. Our voices as students are paramount in this process since we represent the lived experiences of social work education. We hope that social work education going forward will include renewed attention to trauma-informed teaching, particularly in the area of practicum education. Macro events like pandemics or recessions or localized traumas will always be with us; with informed supervision, these can be invaluable opportunities for learning, growth, and self-reflection. We recommend more intentional curricula that provide a bridge between what is known about the impacts of traumatic events (of

all types and at all levels) and students' real-time experiences. Further, more work is needed to explore how the pandemic will affect the future of in-person field education, employment aspirations of future social workers, and the landscape of social work practice more generally.

Hope, Caution, and a Renewed Emphasis on Social Work Values

Overall, we expressed hope and gratitude for the opportunity to grow and learn about everything the social work profession has to offer and we look forward to continuing to grow as professionals.

This pandemic also caused me to reflect on how grateful I am that I am entering a profession that esteems compassion, social justice, and dignity above all else. I have never been as proud to be in the social work field as I have been this past year.

Hope is tempered with caution. As of this writing, the percentage of Americans who are fully vaccinated is just over 66 percent and even lower for some populations (Mayo Clinic, 2022). The vaccination rate among frontline workers, including social workers, is not much higher (Kaiser Family Foundation, n.d.), and COVID-19 is still spreading with new strains arriving every few months. Luckily, of course, vaccines have tempered the worst outcomes for most. We would all like to think that the worst is behind us, but this pandemic has made us acutely aware of the need to be ready for what is next while, at the same time, staying present and attuned to the here and now.

This reflection also reminds us of the importance of allowing social work values to guide our work, even when faced with a global pandemic. We managed to serve others and to do so competently, while valuing all forms of human relationships and respecting the dignity and worth of individuals, including caring for their own selves along the way.

Each and every one of us performed an act of social justice as we showed up for work at the hospital or the inpatient psychiatric facility or the nursing home or the homeless shelter or the day program or the school or the Zoom skill-building session or the courtroom or the bedside of someone who was dying.

Every day is just another day on the job, COVID-19 or not ... if there wasn't COVID-19, there would be another crisis ... social workers took it in stride, our clients adapted with grace, and together we found solutions and alternatives that will serve us well for years to come.

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On Becoming a Professional Social Worker: Stressors and Successes

Val Livingston, Helen Merriwether, Carly Marcus, Alijhanae Trower, and Precious Waddy

Abstract: Social work is an honorable profession, but it may also be a difficult profession considering high caseloads, low salaries, and numerous opportunities to experience stress, burnout, and vicarious trauma. The process of becoming a professional social worker at the graduate level requires considerable time, energy, money, and stamina. Four first-semester MSW students and I, their professor, share our lived experiences and challenges during the Fall 2021 semester at a historically Black university in the midst of the pandemic. Time management, work-life balance, coursework demands, self-care, social support, social justice, and advocacy surface as primary concerns. Our narratives suggest that self-care for graduate social work students is as important as self-care for professional social workers. Graduate social work programs are advised to consider implementing courses or programs that teach social work students how to engage in self-care rather than presenting it as a topic for discussion. Implications for research are discussed.

Keywords: social work, social support, resilience, self-care

New technology and new knowledge will equip aspiring social workers with better skills to address problems of the 21st century and beyond. Looking back over our history as friendly visitors with no specific training or educational background other than a desire to help those in need, social work has evolved into a highly respected profession via a standardized curriculum, accreditation, specializations, practicums, certifications and/or licensure, and a varied collection of course offerings. During the infancy of the social work professions, Abraham Flexner (1915) decreed that social work was not a profession because social work lacked the following: decision-making authority in the critical thinking process, a definite purpose, and a purposefully organized educational discipline. The literature today identifies the high educational requirements for the job as a factor contributing to the shortage of social workers (The Realtime Report, 2020). I (Val) have observed the process of becoming a graduate-level professional social worker to be rigorous: one to two years of graduate instruction, 765 hours of internship, two years of post-MSW supervision to sit for the licensure exam, and requirements for continuing education (Ravalier et al., 2022; Wilfong, 2024). Social workers wear many hats and execute a variety of roles at the micro, mezzo, and macro levels while utilizing research (science) to inform their practice decisions (Dubois & Miley, 2019).

Educating the Next Generation (Val)

As a social work professor, I view educating next-generation social workers as an awesome opportunity. Social work is an honorable profession, but it is not an easy profession. There are times when I actually view social work as a tough job. I believe many people are attracted to the profession out of a sincere desire to help disadvantaged populations, but I am also aware that some individuals are attracted to the field due to personal traumatic experiences (Livingston et

al., 2022). In executing our jobs as social workers, we encounter numerous opportunities to experience stress, burnout, and vicarious trauma. Social work practice in the public service arena frequently presents opportunities for unmanageable caseloads with limited resources and staffing shortages (GB News, 2022; National Association of Social Workers [NASW], 2019; The Realtime Report, 2020). And, depending upon what part of the country you live in and whether you have a license or certification for private practice, the salary may not be great. Considering these limitations of the profession, why would anyone want to pursue a career as a social worker? I believe that reverts back to the social work values of service, dignity and worth of the individual, the importance of human relationships, and social justice (NASW, 2021).

Like social work practice, graduate-level social work education can be demanding. Whether students are entering an advanced standing, full-time, or part-time program, the course work is intense for many. Social work education involves a plethora of moving parts: understanding and applying theory to practice, assessing client needs, engaging in critical thinking, conducting and/or evaluating research data, engaging in field practice, developing goals and evaluating outcomes, and completing weekly assignments. These tasks are not accomplished easily, and considerable time has to be devoted to acquiring skills in each of these arenas.

For those interested in a clinical career as a social worker, graduate social work education requires a commitment to learning as well as an ongoing thirst for new knowledge. Social work is not easy because human behavior is not easy. Human behavior does not change simply because we desire it, and our clients probably don't care what we read in a textbook or what research reports about a particular situation. Ingrained behaviors may take as long to change as they did to acquire because change is emotional. Change triggers emotional responses such as anxiety, fear, and stress, and these emotions function as forms of resistance (Forsell & Åström, 2012). But, what does it take to commit to and become a professional social worker? How difficult is the path to the MSW?

In my companion position as the admissions director for our MSW program, I am often asked various iterations of the previously mentioned questions by prospective applicants. I provide an honest overview of the need for time management, the need to make sacrifices in time previously devoted to socializing, the need for self-care, and the need for a supportive social network. Additionally, potential applicants are also advised of the need to adopt and exemplify social work core values such as service, social justice, integrity, competence, importance of human relationships, and dignity and worth of the person (NASW, 2021). Despite the honesty of my responses, I think prospective students prefer to obtain the information directly from students actively involved in the process. Based on that assessment, I decided to ask new MSW students to share their concerns. The publication of the student narratives would provide a hint of what potential students might experience during their quest to become a professional social worker.

I teach a course known as "Social Work Profession" to first-semester MSW students. This course traces the development of the profession from good intentions to professional standards, mission, and values; to licensure and private practice; and everything else in between. During

the first few weeks of this class in Fall of 2021, I could see my students struggling to adjust to the academic rigor as well as the dark cloud of COVID-19. Their energy level was low—some questioned whether they could succeed in a graduate program, and if they should return for the Spring semester. I needed a mechanism to help move my students away from sadness and/or despair to hope and determination. I thought it would be a good idea to have students discuss their experience as first-semester MSW students regarding their challenges and successes. I offered my students an opportunity to share their thoughts and experiences related to their quest to obtain an MSW. Borrowing from the concept of journaling as a self-care tool (Gursansky, 2010), I considered that the simple act of writing about their experience could function as a means of catharsis while also providing helpful information for my students and future applicants considering entry into the field of social work. The following narratives reflect the lived experiences of four first-semester MSW students. The narratives are presented in the students' own words.

Balancing Act: Helen's Narrative

My first week of graduate classes included two online courses and one in-person night class. I remember feeling both nervous and excited to embark on my educational journey. Two years had elapsed since my last classroom experience as a student. I remember the start of my online courses feeling anticlimactic. I have always held a preference for in-person learning, and receiving my assignments virtually made me feel slightly disconnected. My first in-person class was a different story entirely. Suddenly I was surrounded by a room full of students who shared my passion for helping people. We went around the room and talked about our backgrounds and our goals, and it felt as though we all had one mission to make the world a better place. After my first week of classes, I felt reinvigorated and motivated to further my education. My in-person class had to go virtual twice as a result of someone in the class testing positive [for COVID-19]. The switch back and forth between in-person and virtual was not ideal. Initially, I did not want to take online courses, but I realized after the first week that they fit into my life more effortlessly. Working 10-hour shifts and attending a three-hour night class directly after was exhausting. When I started school, I did feel slightly behind because my bachelor's degree was in neuroscience and not social work. However, after a month, with the ongoing support from my peers and professors I felt up to date on the information I needed to comprehend about social work. While I was very optimistic, it is pertinent to mention the workload for my three classes did feel daunting.

My friends were a huge source of support for me during my graduate experience. Even though they could not lighten my workload or solve my scheduling dilemmas, the listening ear they provided was very therapeutic. I was also blessed to find a very close friend in one of my new classmates that semester. It was nice to speak with someone who was experiencing the same trials and tribulations. I also found studying and doing work with her made it far more enjoyable for me. Additionally, I was able to speak with my graduate advisor about my concerns. She listened actively to my predicament and provided empathetic and helpful advice. She recommended an internship I could apply to that might work with my schedule and emphasized the importance of self-care. This was a breath of fresh air in comparison to some of the

professors I had for my undergraduate degree in neuroscience. I expected her to emphasize putting education first, but she prioritized my well-being, which was greatly appreciated.

There were many extraneous factors this semester that impacted my experience. COVID-19 definitely added additional stress for me. It made seeing my family and getting social support more difficult. My family lives in New York and the multiple visits planned had to be cancelled due to a rise in COVID cases. At the time of writing, I have not been able to see my family in almost a year, which impacts the social support I felt during this experience. The pandemic also simply sat in the back of my mind as a looming source of continuous worry. Were my elderly grandparents going to be okay? If my family got sick, how would I support them when they lived in New York?

COVID also caused constant changes that required flexibility at work. The prison at which I worked would go on lockdown, and all my classes would be cancelled. It also created additional stress and more work at my job. I had to continuously re-write my curriculum or take on extra work to teach correspondence classes to my students during outbreaks. The added stress of fearing for my students, friends, and family members' safety had a negative impact on my ability to focus. Overall, I have been lucky to have immense sources of social support to get through these stressful times.

The most challenging aspect in the pursuit of my MSW has been balance and managing stress. My current job as a workforce development specialist is very demanding. I have to manage about 50 clients every month and ensure they have employment and resources. Additionally, I am teaching six different classes. I often found myself worrying about work when I should have been focusing on school. On top of that, I generally work 10-hour shifts and my job is 45 minutes from my apartment. It was very challenging mentally for me to come home and then immediately do schoolwork. This often resulted in my staying up very late into the night and only sleeping a couple of hours. When I prioritized my career and my education, I was not able to spend enough time on my personal life or doing self-care. This was very challenging for me mentally because I did not feel I had a release during the semester.

Political unrest was also a source of stress for me. I actively followed and supported Black Lives Matter 757 of Hampton Roads, Virginia, and the feminist movement. While it was great to be a part of groups I felt made a difference, it was eye-opening and alarming to see how much opposition those groups encountered. I remember learning about critical race theory in class and then the next day hearing on the news it may be banned from schools. It seemed like all the evidence-based practices and tireless work of social workers wasn't being supported. Regardless it was comforting to be surrounded by others who were fighting for ethics and equality.

I was very excited about how closely my classes related to my professional interests. My goal for my career is to help reduce recidivism and end discrimination within the prison system. I was permitted to write multiple papers and presentations that were directly related to this goal. I also learned valuable knowledge about related theories of development, research methods, and social welfare policies. I found it very rewarding to be surrounded by professors and other

students who shared my same interest in making the world a better place. Overall, I felt a lot of pride to be a part of the social work profession and to be learning and improving over the semester.

I think my main positive self-discovery was simply that I can do what I put my mind to. I was really worried about returning to school after a two-year gap. There were multiple days or specific assignments that felt impossible to complete. But I always managed to come out on the other side. I don't think I could have done this without my friends and support system. It really helped having friends in my classes that understood what I was going through. I also learned that I liked online classes. I had previously been very opposed to taking classes online, but I found that asynchronous courses were much easier to manage time-wise.

While graduate school is stressful, it is also very rewarding. I feel much better now about my ability to balance my schoolwork, social life, and career than I did at the beginning of the semester. I definitely needed ongoing assistance from my friends, professors, and classmates to reach this point. I can say quite confidently that I feel I have what it takes to be a social worker. Having "what it takes" to be a social worker does not mean you have to be the smartest person or even the most experienced or knowledgeable person. The best social worker is the person that is willing to continuously learn and keep a non-judgmental disposition and an open mind. I would have significantly more anxiety and stress about this situation if it weren't for my graduate advisor. Overall, I was very proud of myself this semester. While I did spend a good part of my first semester stressed and overwhelmed, I learned that I could do it, and the sense of accomplishment I felt at the end far outweighed the temporary stress and sacrifice.

Find Time to Believe in Yourself: Carly's Narrative

I would describe my reaction to the first day of graduate classes as overwhelming, anxiety-inducing, and filled with self-doubt. I felt disadvantaged because I did not have an undergraduate degree in social work. My professors helped me gain confidence in understanding the social work values, mission, and philosophy because it was constantly integrated into our class assignments and discussions. In addition, interning at an agency significantly influenced my confidence because it allowed me to implement the values, mission, and philosophies. At the beginning of graduate school, it was very challenging for me to tell my family and friends that I could not spend as much time with them or to decline attendance at certain events. My time during the week was consumed with classes and my internship, so my weekends were allotted for completing assignments.

I knew going into graduate school that I would be spending the majority of my time doing schoolwork. However, I underestimated just how much time I would actually be spending. In the beginning, I wrote everything down in my planner to ensure no deadlines were missed. It is essential to know when assignments are due, but it is more important to ensure you have enough time to complete them adequately. Honestly, some days it was a challenge to find the energy to complete my assignments after coming home from a long day in classes or my internship. If I did not complete my work during the week, my weekends were consumed with schoolwork. I

spent less time with family and friends and more time focusing on my assignments, because this degree was important to me.

I spoke with my family about my concerns regarding my time constraints. My family began to understand that graduate school would be my top priority for the next few years. However, it was hard for them to fully understand what I was going through because no one in my immediate family continued their education through to graduate school. I also spoke with a few of my friends about my concerns. I was the friend who always said yes to hanging out and going to new places. However, it was an adjustment for all of us because a lot of my free time was now spent studying. Therefore, I could not see my friends, especially the few that lived out of town, as often as I usually did. It was nice to make friends in the program that had been experiencing the same challenges. I planned out my week in advance to allow time for school, friends, and family. However, some of my weeks were busier than others, so it was nice to have the support and understanding of my friends and family when I had to reschedule.

I learned how important it was to have a good support system of family, friends, and colleagues when handling stress. There were good days and bad days, but I was comfortable expressing my feelings and worries to my friends and family. I have developed a good group of friends in the program who have been tremendously supportive of one another. It is nice to know that you are not the only one stressed out and to be able to learn from one another about different ways to handle stress. Personally, I tried to prioritize self-care to help relieve some stress. It was important for me to take some time for myself and not sit at my computer all day, every day, completing assignments. I learned how important it was to prioritize my own mental health regarding multiple priorities. I quickly realized that some things that I thought were a priority in my life were less important than focusing on what I needed to do in order to earn my degree.

The most exciting aspect of pursuing my MSW has been my time at my internship. In the beginning, I was hoping to be placed at an agency that worked with children and families. Honestly, I was a little disappointed when I found out I would not be working with children. My past experiences had been with at-risk youth, so I was looking forward to working with the same population. However, I began to enjoy my time at the homeless shelter and looked forward to spending time there each week. A positive self-discovery experienced that semester was my ability to work with the homeless population. I had previous perceptions about this population based on the people I had interacted with on the street. My internship allowed me to try new things and better understand the problems this population faces daily. I was able to identify my abilities and biases, which helped confirm that I chose the right career path. I am thankful that the semester challenged me to step outside of my comfort zone and gain new experiences.

As a white, Jewish female, I did not foresee any challenges regarding my decision to attend an HBCU. I understood I would be the minority on campus, but as a social work student, I was looking forward to the new experiences and relationships this opportunity would provide. However, I occasionally felt like I had to prove that I belonged on this campus and in this specific program. My feelings could have influenced the way I experienced my first semester in the MSW program compared to my African American classmates. I believe privilege was a

protective factor and positively affected my progress throughout the MSW program because my parents provided me with emotional and financial support which helped influence an environment that was conducive to learning.

I Really Need Self-Care: Alijhanae's Narrative

On my first day of graduate school I was nervous; however, I was confident that I would be able to succeed as this was something that I wanted to accomplish. In undergrad, I was able to maintain five classes, work, and complete an internship so I believed that I would be successful with maintaining such a schedule in graduate school as well. After my first few weeks of classes, I began to doubt myself as the workload was much different than undergrad. I was also juggling trying to make time for self-care because it is extremely important, especially when your life becomes busy. At times it was very overwhelming; however, time management was a major factor in completing assignments and still having time for myself. Using a planner helped keep me on the right track during this difficult time.

My confidence is high when it comes to understanding the social work values, mission, and philosophy. I felt like I had a slight advantage because I did have my bachelor's degree in social work while other students in the program had their degrees in other fields. This allowed me to be familiar with some of the topics being discussed in my classes. However, I believe that I need to continue enhancing my knowledge and skills in order to become a better social worker: the main reason why I made the decision to further my education.

I believe the most challenging aspect of my graduate education was trying to have a social life outside of school, work, and internship. It was an adjustment for me. I tried to remember that self-care was important. Also, adjusting to a new school environment, new professors, and the expectations they had for their papers and other assignments was a challenge. Having the support of my family, friends, and coworkers encouraged me to keep striving for greatness and put my health first. In undergrad, I believe COVID had a large effect on my learning, but I do not think it had much of an effect in graduate school. The only struggle I had was wearing masks in class. At times it was difficult to wear a mask for three hours straight. As time progressed, I adjusted to new restrictions and daily updates on hospitalizations and COVID-related deaths.

I believe the most challenging aspect for me in the pursuit of my MSW was adjusting to classes, handling a different school setting, and learning time management skills. At first, when I started the program, I thought my time management skills were pretty effective; however, I slowly started to realize they needed work. I learned that at times the workload was overwhelming for me; I also learned the importance of taking time out for myself and allowing myself to have a self-care day. This is important when balancing school, internship, homework time, work, and time for yourself. I only had one day to myself throughout the week, and that was a Saturday. Each Saturday my goal was not to look at, think about, or do homework and to take that day to do something I enjoyed. During stressful times I think it was important for me to remember to

take a deep breath and calm down. Also making a list of assignments was very helpful for me as I was able to see the progress I was making when completing my assignments.

I did experience a few disappointments, such as not doing as well I thought I did on some of my assignments, like papers. I believe I need to work on my procrastination; however, at times I do feel like I work better under pressure. With that being said, I do not like having the feeling of that anxiety rising when I'm rushing to do an assignment the day of the deadline. Within my next semester, I plan to prioritize my assignments better and not procrastinate as much.

What I found exciting was being able to meet new people and being able to connect knowledge learned previously in my undergrad to learning in the semester. Being able to understand how information learned in class compared to my experience within the field made me feel as though I was actually learning, thus increasing my confidence in becoming a great social worker. Other positive self-discoveries during the semester included just being motivated and determined. There were times I doubted my capabilities, but seeing how well I performed this semester despite everything that had been going on around me has really made me feel proud of myself. Overall, the semester taught me a lot. It was challenging for me, but it enhanced my ability to go into next semester knowing what improvements I need to make, as well as the strengths I already possess.

The Personal Unfolding When Obtaining Your MSW: Precious' Narrative

My initial reaction on the first day of graduate school was that of being overwhelmed. I experienced intense anxiety, self-doubt, self-manipulation, guilt-tripping, and imposter syndrome when attempting to balance my schoolwork and social life. I felt this way because I was not sure of what to expect. I questioned whether I was equipped and prepared. Everything was new to me. Like many other students in my program, I was new to the university, and to Hampton Roads as a resident; I was carrying the stressor of adjusting to a new living environment along with entering an intense graduate-level program. My move and transition were huge challenges and adjustments for me, along with the difficulty of balancing being active, attentive, and present in all five classes and an internship that required maximum effort.

As the semester progressed, I started to feel at ease because I found a pattern that helped me to balance and complete my assignments without cramming or interfering with the work from my internship. For example, I dedicated four to five hours on Monday and Tuesday afternoons of each week to begin and/or complete my lengthiest and most significant assignments and readings. Taking these two afternoons at the beginning of the week allowed me to focus on the minor assignments as well as my internship later in the week without the worry of being behind on my most important assignments.

My professors and cohort contributed a lot to my confidence because I felt a sense of belonging. My professors offered an open-door policy for questions and concerns, which not only made it comfortable for me with any rising concerns that I had, but it was also reassuring to know that they were present and reachable. Within my cohort, we formed a community and established a

support system. I credit my classmates along with myself and professors for my perseverance this semester. While I still had moments of uncertainty and doubt, I intentionally practiced affirmations daily to help motivate and build my confidence.

The greatest difficulty I faced daily was my lack of time-management skills. I found it very difficult to balance my personal life and the many assignments, discussion boards, and projects that my professors assigned. Throughout this semester, it often seemed as though all of my assignments and responsibilities were being thrown at one time; the due dates for all of my classes were usually compiled into the same week. Meanwhile, I was trying to manage my workload and maintain my inner peace and a positive mindset. Due to the many stressors of graduate school, I talked to family, friends, peers, and professors about my personal concerns and my exhaustion. I was told to stay positive, work hard, and strive to do my best no matter the circumstances. I noticed that when they would say, “You got this, just hang in there,” that did not bring any comfort or peace; instead, it brought added stress and pressure. Also, I saw this statement as a discredit to how I was feeling at the time because instead of helping me process my feelings, I was told, “You got it.” However, given this and other advice, I took it upon myself to continue facing my adversities and striving to excel in the program. I decided to stay positive and push through.

I learned that I am hardworking and determined, despite the overwhelming feelings of stress and doubt. I learned that it is vital to be organized when having to apply yourself to multiple things like an internship, a job, and school; it can be very overwhelming, resulting in burnout and lack of motivation. I learned that it is essential to show self-compassion and practice self-care. As I advance through the program, I have to make sure that I am being intentional about the time and love that I give myself because I discredited my abilities, confidence, and faith academically and personally throughout the Fall semester. I also learned that it is vital to build and have a support system in place while in graduate school.

I found it very exciting to attend an HBCU for its culture, community, and familiarity. It was comforting to know that the majority of my professors and staff look similar to me. I not only felt comfortable but safe and secure when expressing my concerns, especially when having in-class discussions on complex and controversial topics and matters. Lastly, I felt understood and related to by my professors and peers. I discovered that if I really put my mind, heart, and time into something, then I could obtain it despite the challenges.

Prior to entering graduate school, I had a lot of family and friends attempt to prepare me for the lack of time and opportunities to socialize while being in graduate school, but I underestimated all that they were telling me. All that was said in preparation for me was very accurate, and I struggled with balancing both organization and time. This first semester showed me how unsettled I was and its impact on my ability to perform academically and socially. Although we all still have concerns due to the persistence of COVID-19 and other societal factors such as racism and inequalities, this semester was just the first successful stop on a long, rewarding journey.

Lessons Learned (Val)

A number of students reported feeling ill-prepared for graduate-level work compared to undergraduate work. This may suggest that students could benefit from some type of bridge program between the undergraduate and graduate years. Graduate social work education is demanding. Learning about theory is one thing, but applying theory to actual cases requires a thorough understanding of the theory in question. A number of students were unable to manage their time well, suggesting the need to provide students a variety of practical techniques for managing their time. As the time demands for academic success increased, students' feelings of well-being appeared to decrease. Under difficult environmental conditions, faculty are advised to conduct student wellness checks at the start of each class. The opportunity for social comparison allows students to know they are not alone in their journey and promotes the development of peer support networks.

Social work education can be very intense, but the practice of social work is even more demanding (Ravalier et al., 2022; Wilfong, 2024). As previously mentioned, social work is not easy, and social workers will have a number of opportunities to experience burnout, vicarious trauma, disappointment, and earnings that may influence pecuniary instability. The social and/or professional life of a social worker is unlikely to be filled with glamour, fame, or fortune, but that was never the goal. Some things are more important than a six-figure salary. The average inexperienced social worker will likely enter the public social service arena via local departments of social services (Ravlier et al., 2022; Wilfong, 2024). These new social workers will likely encounter large caseloads and unrealistic demands on their personal and professional time as well as disappointments in the types of services and resources available (Ravalier et al., 2022). Such conditions may lead to burnout and a high social worker turnover rate for local departments of social services. Where are the incentives to retain and develop new social workers? Where is their return on investment?

My moment of enlightenment came as I drafted the implications for this discourse and reconsidered the question, "Why would someone want to pursue a career as a social worker?" Indeed, the commitment to social work values, mission, and philosophy provides considerable motivation for students to pursue this profession despite challenges. A strong commitment to social justice and the opportunity to "right some wrongs" provide additional fuel for many social workers. But, are good intentions and a good heart sufficient to buffer the adversities social workers may experience? Is it selfish for social workers to expect favorable working conditions, manageable caseloads, and a salary commensurate with the importance of our work? Are schools of social work adequately training their students on how to engage in self-care?

Implications (Val)

During my thirty years in the field, I have always held the belief that social workers talk about self-care but do not always engage in self-care. If we truly believe there is a need for self-care, I think all schools of social work should provide a course that teaches students what self-care is and how to actively, not passively, engage in a variety of self-care initiatives. Self-care should

not be a topic for periodic discussion but should be infused throughout the curricula and other school activities. The danger of vicarious trauma exists. Burnout is real and has real mental and physical health consequences.

The student narratives have implications for practicum supervisors, MSW program directors, student success administrators, and faculty. The narratives suggest the need for institutions of higher education to routinely solicit feedback from their students regarding factors impacting their mental health: such feedback is particularly helpful under unusual environmental conditions such as COVID-19. Most of the students reported value in having faculty periodically check on how they were coping during the pandemic. This suggests an opportunity to conduct research with students regarding the need for and value of student wellness checks during class not as an afterthought but as an intentional act.

While I don't believe the average social worker expects to get rich helping the disadvantaged, I do believe we should be advocating for higher salaries in the public sector to help mediate some of the financial stress these social workers may experience. I believe our self-care should include advocating for salaries commensurate with our skill level and duties. We are working to enhance, protect, develop, and maybe even save the lives of those individuals who appear confined by a social structure that does not permit everyone equal access to resources and services. In this vein, social workers could be viewed as not having equal access to a wage commensurate with our contribution to society, hence the need for self-advocacy.

Social work is a traditionally female occupation, and salaries are reflective of this, suggesting gender-wage discrimination (Data USA, n.d.). According to The Realtime Report (2020) the median pay for social workers across the country is \$50,390 per year. The United States is currently experiencing a shortage of social workers despite an increase in the need for social workers (Social Work Resource, n.d.; NASW, 2019). The need for social workers is also present on an international level as the United Kingdom reported that their children's social worker shortage reached a five-year high in 2022 (Local Government Agency, 2022). The Bureau of Labor Statistics (2022) projects a seven percent increase in the need for social workers between 2020 and 2032. These conditions reflect a call-to-action to address salary inequities, working conditions, and the current shortage and projected future need for social workers. NASW launched the Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act/H.R. 1532 (2019) to support the recruitment, retention, and enhanced compensation of current and future social workers. The bill was introduced to the 116th Congress on March 5, 2019 but was not passed. Social workers are good at providing a voice for the voiceless; we must now advocate for the social workers of today and tomorrow by promoting enhanced working conditions and pay for those individuals willing to make the personal sacrifices necessary to complete graduate level education in order to help make the world a better place. It is important for current social workers, professional social work organizations, and social work students to mount a collaborative effort in securing Congressional support for the passage of bills similar to H.R. 1532 in 2019 (<https://www.socialworkers.org/Advocacy/Policy-Issues/Social-Work-Reinvestment-Act>).

Conclusion (Val)

There were several common themes among the students: time management, need for self-care, excessive work demands, self-doubt, and the importance of support systems. Time management was a huge factor in terms of meeting academic deadlines and work obligations, practicing self-care, and socializing with family and friends. Most of the students experienced difficulty adjusting to multiple tasks as well as the academic rigor required for graduate-level work.

In addition to the stress of pursuing a graduate degree, COVID-19 and new variants were frequent topics of concern. Over time, it became clear that students had to mobilize their resources and access their social and familial capital in order to achieve academic success (Bottrell, 2009; Strayhorn, 2014; Van Breda, 2018; Yosso, 2005). The student narratives provide an additional research opportunity with regard to assessing the value of social support, including the source of that support and the frequency of that support, as well as the nature of that support: institutional, instrumental, or emotional.

Faculty played an important role in encouraging students to engage in self-care and students appeared to appreciate this expression of concern regarding their mental health especially during this time of COVID-19. The pursuit of the MSW certainly required juggling skills, huge amounts of determination, a considerable amount of mental stamina, and unlimited wells of resilience. Students' methods of successful coping were supported by social and familial capital (Yosso, 2005). Both forms of capital appeared to facilitate students' ability to be resilient (Palmer, 2014; Reddick, 2017; Strayhorn, 2014). Most importantly, students were able to exercise agency in how they responded to the stressors associated with graduate social work education.

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Reflecting on Fear and Relationship

Sean Carr

Abstract: This reflection is by an MSW early on in my career on the ways social work has made me more afraid, and how fear can undermine and erode relationships. Ultimately, I conclude that unconditional positive regard and relationship-centered practice are the heart of social work. I hope to cultivate kinder, gentler, and friendlier social work practice throughout my career.

Keywords: unconditional positive regard, relational, empathy, learning, education

I didn't used to be afraid of very much. When I started my MSW program, I didn't have any big phobias. Now, I'm afraid of car crashes. I'm afraid of being paralyzed—I don't even bike on the road anymore; I miss cycling, but there are no paved bike paths nearby and I can't bring myself to go in the street now. I'm afraid of some lurking chronic illness that will invade my body and debilitate my life. I'm afraid of degenerative cognitive diseases, widow-maker heart attacks, and aneurysm strokes. I'm afraid something could happen to me—a brain injury or something—and make me a more violent person—someone who hurts and traumatizes. I'm afraid of those things because now I know people they've happened to. They feel a lot closer—a lot more real and possible—than they used to.

I think the hardest part of social work is that we get battered, constantly, by the worst things that ever happen to people, by the worst things we ever do to each other. Then we get home and turn on the news. We try to keep up with even more terrible things—war in Ukraine, genocide in Yemen, some cop murdering a black kid and some white news pundit ranting about all the ways he deserved it. Because we're supposed to do something about that, too—or at least care about it. It's like watching this constant stream of horror, misery, and despair. I think maybe seeing all that suffering all the time can hurt. It makes you sad. It makes you cynical. It makes you afraid.

Fear must be one of the most unpleasant adaptations that have evolved in humans. It convinces us not to trust, not to help. It drives us apart, permeates our lives—makes us wonder if that black kid *did* do something to deserve it—you know, because he's different than me. I remember seeing a Far Side cartoon or something similar years ago, but I can't for the life of me find it now, of cavemen cautiously jabbing a piece of fruit with sticks and then running away in fear. On a second panel, an exasperated God watches on a TV and yells at the screen, "WHAT THE %@!# ARE YOU DOING, YOU'RE SUPPOSED TO EAT IT!" Maybe something similar happens in social work; maybe we get afraid of things, we get afraid of people, and we poke at them with sticks to see if they're going to attack or explode—to see if they're as volatile as we suspect they might be. We keep a safe distance while we pull out manuals to label all the things wrong with them—to put names to the diseases we think are floating around in their minds, the disorders that might be embedded into their personalities—and we do all this despite knowing

more than anything else in our field that it's unconditionality and relationship that heal. I think maybe that cartoon that takes on an all-knowing deity would be yelling at us, "What are you doing? You're supposed to be their friend."

Nolan the Terrifying

In nearly a full year working in his elementary school, I've never successfully gotten a planned intervention off the ground with "Nolan." He just won't have it. Nolan is precocious and playful. He's wickedly smart in all the ways that exasperate his teachers most. If Nolan thinks he's in the right, he's not about to give in just because you're an adult and he's nine. But, as an impartial observer, I've got to say, when Nolan thinks he's in the right, he's usually in the right. On three separate occasions I've seen this precocious, incisive third grader back teachers into argumentative corners where their only recourse is to admit they're wrong or pull the "I'm right because I'm the adult" card. All three times, the teacher has picked the latter. Bad choice. Both because it's just a mean and senseless thing to do, but also because it inevitably leads Nolan to a nuclear-level meltdown. Evacuate the classrooms, close off the hallways, call in the national guard, etc. etc. etc.

Nolan is brilliant, funny, perceptive, and genuinely kind. He's also carrying a burden of trauma beyond my ability to even begin to comprehend. His dad viciously beat him and everyone else in his family from the time he could walk until the day his dad went to prison, when Nolan was six. A year later, his mom remarried. Her new husband regularly attacked her, hit Nolan, and sexually abused his sister—right up until *he* went to prison for trying to kill Nolan's mom. After his stepdad's arrest, Nolan's mom couldn't take care of him or his sister anymore—she dropped them at their grandma's house for a "weekend sleepover." They haven't heard from her since.

Nolan's traumatic experiences (obviously) manifest in his behavior, to the exasperation of his teachers. It's predictable stuff—he's a kid with severe developmental trauma, he can be easy to upset, it can take a lot to help him calm down. He doesn't respond well to threats or ultimatums (but let's be honest, who really does?), and he's just begging the adults around him to care about something, *anything*, other than simply his obedience and compliance (Perry, 2017).

For the third straight week, I introduce an idea for a session. For the third straight week, Nolan's response: "Why are we doing *that*?"

"Well, I think it might help us learn more about each other, and maybe it'll help you think and talk more about some of those tough things that happened at your house you've been telling me about. That could help you feel a little better, and I'd really like to help you feel better. What do you think?"

Nolan draws his knees to his chest, wraps his arms around them, and contorts his mouth into a steep frown, “There’s only one thing that’ll make me feel better.”

I lean in; I can just *feel* that Nolan wants to tell me something important. “What would help?”

“If you play Chromebook games with me.”

I mean, I *did* say I wanted to help him feel better...

After that session, Nolan started getting more excited every time he saw me in the hallway. Now, without fail, if we pass by each other, he jumps out of his class line, stops me, and says he has to tell me something. I squat down to listen. They’re always just little updates about whatever cool thing he’s recently done, seen, or learned. I excitedly agree with how awesome it is that he got to hold an iguana, or whatever it is that day. We bump fists and walk our separate ways.

Nolan’s behavior remains inconsistent. He gets upset, he melts down, he yells and screams and says things so wildly inappropriate they would make my grandmother faint. It triggers something in the adults around him. Teachers wonder what it means about their proficiency if they can’t keep Nolan calm and productive in class. They’re afraid it makes them bad at their jobs. I’m afraid too—I’m afraid that my coworkers resent me for not “fixing” Nolan fast enough. I’m afraid that administrators at their wits end are wondering why they bothered hiring this social worker when nothing ever changes. I’m more afraid of what this all might mean about our lives, though. I’m afraid that I’m lurking a little closer to tragedy, despair, and horror than I ever knew before—if it can happen to Nolan, after all, it could happen to anyone. And what if there’s no fixing it? What does it mean if our deepest wounds never fully close, or will always bear jagged, messy scars?

Holding all that fear and uncertainty, seeing up close profound pain and suffering, I think social workers find themselves at a crossroads. Turn one direction and maybe we try to convince ourselves we can control more than we thought we could—it’s reassuring to believe we *can* bring order to chaos. How? Well, we could invest in our own authority, heap on restrictions, punish harshly, stamp out every symptom, and force the jagged piece back into line through raw power and brute force. Or perhaps we lean on the promise and cold rationality of modern science, research, and evidence-backing. If we can convince ourselves that the right interventions, objectively, must bring about healing, that must mean that no one, including ourselves, is ever sentenced to suffer forever. But maybe instead, we should turn the other way, refuse to indulge in some delusion that we are in control of anyone or anything, and instead just seek solace in connection and simple, human kindness.

Nolan still hurts in ways more painful and profound than any injury I've ever suffered. He still goes home and wonders where his mom is, when she'll come back for him, if his dog is okay with her, if she still loves him. I don't know how to heal pain that deep—I don't think anyone does. I don't think the secret is in a diagnosis or ten sessions of the perfect manualized intervention. I just think it's always going to hurt. But maybe it hurts a little bit less if there's someone there you like spending time with, who you know and trust likes you too. Someone who isn't there to force your obedience—and who can say, “Screw it, let's play Chromebook games”—when you feel like it's the only thing in the world that'll make you feel any better.

It's the Relationship that Heals

The unconditional therapeutic relationship is the biggest change factor in social work practice. That's not a controversial opinion—it's been intuited, documented, and (somehow) even quantified (Lambert, 2013). Helen Harris Perlman (1979), one of the most brilliant thinkers our field has ever produced, wrote an entire book on it that she titled *Relationship: The Heart of Helping People*. It's one of the most knowable truths our intensely ambiguous field has. Irvin Yalom and Carl Rogers have spent careers seemingly begging us to just accept and integrate that truth more centrally into everything we do. When asked in an interview to give his biggest piece of advice to the therapy field, Yalom (2018) said,

Well, I'm afraid that I'm going to have to defer to Carl Rogers on that. As he always said, the important thing about psychotherapy is the relationship and the empathy, the genuineness, and the unconditional positive regard that the therapist brings to it. These days people talk a lot about empirically validated therapy, but there's nothing that's more empirically validated than Rogers's assumptions about the therapeutic relationship. (para. 21)

The Courage of Relationship-Centered Social Work Practice

I wonder if fear might be what most often gets in the way of unconditionality and relationship. Whatever field you're in, everyone's perspective gets skewed. If you work as a violent crime scene cleaner, a murderous death probably feels a lot more likely. If your job is surprising people with those giant Publisher's Clearing House sweepstakes checks every day, you'd never guess that the odds of winning their jackpot are 1 in 7.2 billion (Publisher's Clearing House, 2024). To you, it's just something that happens all the time! If you spend your day trying to help people navigate the fallout from the worst things they've ever experienced—profound childhood trauma, a devastating car crash, the infinite pain of losing the one you loved most—the world can start to look like a chaotic, violent, frightening place. That is, unless you can find a way to keep the chaos at arm's length. Maybe by telling yourself they're different than you. They didn't work hard enough, they made mistakes you would never have made, there's a moral defect in play that's being karmically punished. But if you want to do this job well—if you want to do the

job that people seeking social work service deserve—maybe you just have to spend some time being afraid. Because the alternative, the distance, is unacceptable, unhelpful, and just wrong. Maybe then relationship-centered, unconditional social work practice is an act of more profound courage than we give it credit for.

I don't claim to be some brilliant expert social worker, and I don't claim to be someone so smart you ought to take my advice. But I'll tell you what I'm going to do next. I'm going to ride my bike in the road. I'm going to turn off the goddamn news for a little bit. I'm going to read something heartwarming instead of gut-wrenching. And every day, I'm going to try to be a little bit kinder, gentler, and friendlier to every person who walks into my office than I was the day before. There are decades of knowledge building in front of me, a thousand evidence-based practices to learn, hundreds of continuing education credits to earn. I know so close to nothing it's laughable. But I do know that if I can do those things, I'll be a better social worker for it. And I think if you do them too, so will you.

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