REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

"Interconnected" crayon on paper 6.5"x6.02" P. L. M-M. (age 10) 2022

Artist's Statement: PLACEHOLDER

General Issue

Volume 31 (2025) Number 4

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

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

ISSN - 1080-0220. Published PLACEHOLDER 2025 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.

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REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

Reflections from the Editorial Team: Empathy as Strength, and Celebrating Reflections' 30th Anniversary

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

Abstract: In Volume 31(3) we begin by expressing our gratitude to the volunteers who make *Reflections* possible. We then focus on empathy as a strength that supports the narratives and creative expressions highlighted in this and every issue of the Journal. We highlight 10 articles in this Issue that reveal challenges encountered in engaging in the critical and creative thinking necessary to prepare and support helping professionals to navigate and negotiate their work and study across a variety of community, therapeutic, healthcare, and educational arenas.

Keywords: empathy, interdisciplinary, diversity, resilience

Welcome & Appreciation

We owe a special round of thanks to three of our previous Section Editors who are responsible for shepherding the articles in this Issue from submission and review into the process of copyediting and production. Our deepest appreciation goes to **Arlene Reilly-Sandoval** (Department of Social Work at Colorado State University Pueblo) for the Teaching and Learning Section; **Beth Lewis** (Graduate School of Social Work and Social Research at Bryn Mawr College) for the Practicum Education Section; and to **Crystal Coles-Quander** (James Bell Associates, Inc.) for the Research Section. While, as we noted in our last Issue, each of them has retired from their very, very long service to Reflections, as we can see from this Issue, the impact of their talents remains to the great benefit of us all!! Thank you and the reviewers listed at the end of this editorial for your dedication and commitment to the Journal.

We are excited to share that we are onboarding new volunteers who have joined us as Section Editors and whose names you will see as you submit new manuscripts. **Cathy McElderry** (newly retired from the Department of Social Work at Middle Tennessee State University) is our new Section Editor for Teaching and Learning. **Ahn Ngo** (School of Social Work at Wilfrid Laurier University) has joined Pat Gray (Silverman School of Social Work at Hunter College) as co-Editor of our Practice Section. **Brie Radis** (Department of Social Work at West Chester University) is our new Section Editor of the Practicum Education Section. Most recently, **Tiffany Baffour** (newly appointed Director of the School of Social Work at East Carolina University) and **Kenya Jones** (Clark Atlanta University) will serve as the new co-Editors of the Research Section—truly wonderful!!

We are delighted that Salem State University continues to be the publisher of *Reflections* under the able leadership of **Beth Massaro** (Associate Dean of the School of Social Work). As of July 1, 2025, our publisher has signed a Memorandum of Understanding with the *Special Commission to Advance Macro Social Work* to assume responsibility for the fiscal management of the Journal. This means that any donations made to *Reflections* will be directed to the Special Commission's website and that your contributions are still tax-deductible since the Special Commission is a nonprofit organization.

Our lead copyeditor **Jack Pincelli** (Pillbug Editorial) continues to amaze us with skill, attention to detail, and insight in working with authors to finalize their work. We are happy to have had **Keegan McGowan**, who stepped into the copyediting team this summer, and to report that Salem State University has hired **Kelsie Monheims** as the 2025–2026 Graduate Assistant to assist in copyediting this fall.

Reflections Editorial and Publishing Teams are so incredibly fortunate to have each and every one of these folks aboard, especially as we celebrate our 30th year!!

Empathy

In the spring of this year, national news outlets reported that a public figure had declared, "The fundamental weakness of Western civilization is empathy" (Wolf, 2025, para. 10) because empathy makes us more prone to manipulation. Given that empathy is one of the keywords in this Issue of the Journal, we have to ask: How much of the narrative is controlled by persons in power or the choices made by others? And, if there are powerful people who believe that empathy is a weakness, what does that say to the helping professions?

As some of you know, the word "empathy" did not appear in the English language until 1908; derived from the German term used to describe the emotional connection people felt with works of art or nature, the term was adopted by German and American psychologists to mean feeling one's way into the experience of another (Lanzoni, 2018). In light of the original definition of empathy in which the aesthetics of nature or art move us to tears, we listen to music, hear the lyrics of favorite songs, appreciate the beauty of nature, photograph a flower, read a poem, hear a story, smile at a stranger, watch a movie, see images on the nightly news, or walk through a gallery. Getting in touch with our emotions and feelings can be a strength that can spur self-awareness, creativity, imagination, and curiosity—and put us in touch with our humanity (Maibom, 2020).

Imagine what would happen in the world if we had a pandemic of empathy. It has certainly been a popular topic from psychology to education, from neuroscience to philosophy, from literature to advertising. From the days when we put Vaseline on our glasses to simulate others' blurred vision to today's "age suits" complete with heavy helmets and "empathy bellies" for fathers-to-be, there are empathy boxes and empathy maps one can order online (Lanzoni, 2018, p. 4).

In *The AI Mirror*, Shannon Vallor (2024) writes that AI gives us the values of those humans who have historically had the power to shape the dominant patterns now engraved in our recorded data. To suggest that AI systems reflect humanity, Vallor argues, "is to write the lived experience of most people out of the human story" (p. 49). Vallor's words reinforce our thinking as editors of *Reflections* that there are thousands of stories of empathy and connection that make us human and that have not been recorded. How much of our lived experience, of our interactions, relationships, and interpersonal encounters from which we learn about one another remain unshared, unspoken, or unwritten? Yet they define who we are, and they illustrate empathy in action as well as the ethics of care (Gilligan, 2023).

In building an empathic community, the organizational culture literature helps us understand the artifacts, values, and underlying assumptions in those groups and organizations in which our daily professional and personal lives are incubated (Berardi et al, 2020). Artifacts can be tangible—such as the beautiful photographs of centenarians and caregivers at the local agency on aging or home delivered meals to schoolchildren who without them would go hungry.

Yet, the primary artifacts of an empathic community are our human relationships—the ways in which we relate to one another, our behaviors, our interactions, even our body language and nonverbal cues. Our interactions aren't just passing artifacts; they are remembered by others, and we leave footprints along the way. We have incredible power in what we pay attention to and, just as importantly, in what we do not pay attention to.

As reviewed by Bailey and Tice in 2024, the book *Assessing Empathy*, written by Segal et al. (2017), deconstructs the physiological and cognitive aspects of individual, interpersonal, and social empathy. Their analysis led them to the development of validated instruments: the empathy assessment index (EAI) and the social empathy index (SEI).

Nonetheless, when we are working with an individual, organization, or community we must keep in mind that an assessment today is only an assessment today—that everyone has a unique story, and respecting the dignity and worth of the person means listening and responding to that story in context. When we are working with an organization to design and develop community-based programs we must recognize that an understanding of the needs of people in that community will drive the intervention and no two communities are exactly the same. To make change happen, we have to understand the system that we want to change. We have to embed empathy into the cultures of our systems of care and turn that empathy into compassion.

As we advocate for any policy, we must recognize that even though generalities may be made in order to address many needs, we are only pretending that everyone's needs are the same or similar. We sit at the crossroads of uncertainty and ambiguity, using our best judgment to navigate the roadways. We know that every choice, every change, every decision, every action is riddled with values and has implications for people's lives. And without empathy that motivates us to intervene, our actions (or lack of action) can become inhumane or unfeeling.

Empathy is the glue that holds the narratives and poems together in the issues published in *Reflections*. We offer a counter argument to all who accuse empathy of being a weakness—knowing that without empathy, we would relinquish our humanity.

Highlights of This Issue

In this issue we begin with two very thoughtful articles that focus on interdisciplinary ways of knowing. Matthew writes about environmental justice and features the artwork of her ten-year-old daughter P. L. M-M. (our cover artist!) whose empathy for trees and animal life is paired with the critical need for a trans-disciplinary perspective to rethink the future of our world. Calling readers to engage in eco-criticism, Matthew's narrative is ripe with a mother's

storytelling that unfolds into deeply philosophical questions about the future of people and the planet.

As broad as Matthew's article is on the world, Saks pulls us into the complexity of truth and subjectivity within the joining of human beings in clinical relationships. Raising questions about the assumptions of therapeutic relationship building, Saks digs deeply into the interdisciplinary literature in which a never-ending exploration of the joining process offers insights into the potential for creating new ways of re-imagining clinical practice.

Both narratives require our undivided attention as the experiences of these authors are framed within the insights of multiple disciplines and reveal the power and promise of empathy, connection, and growth individually and worldwide.

Our next three articles bring readers into the domain of healthcare settings as organizations that host a variety of helping professionals.

Robinson recounts experiences within a major hospital system in which the author managed an office of diversity, equity, and inclusion. Recognizing that Asian Americans and Pacific Islanders were experiencing high rates of hate and trauma, Robinson seized the opportunity to advocate for the inclusion of this population group within the hospital's scope of service.

Similarly, Cunningham writes about the experiences of African American and Latina women, including her own, within the medical system in the United States. Calling for research about perinatal care and advocating for preventive services to save black and brown birthing women, Cunningham brings incredible insight into what needs to happen in the name of birth equity and the provision of mental health services for women who need high-quality medical care.

Hamler's article reveals the author's experiences in an inpatient hospice unit in which confronting death and dying is exacerbated when hospice care, pain management, and communication is not culturally humble. Telling the story of a close family friend offers context for the author's advocacy for Black women and their families who struggle to access end-of-life care when systems are not built to honor the values and practices of racially minoritized groups.

All three articles reinforce the need for lifelong learning in which helping professionals continue to expand their knowledge about integrated healthcare, trauma-informed care, and the effects and history of racism and historical trauma.

The next three articles focus on the importance of self-care in educational and caregiving settings.

Livingston and six undergraduate social work students share their experiences in becoming part of an "unusual" sister circle in which they engaged in living out the concepts of cultural proficiency, self-awareness, and self-regulation in preparation for professional practice. They recommend how to use circle-like groups to minimize isolation and support resilience in the educational process.

Scott, Hogan, and Sabatini's narrative highlights the mental health challenges faced by college students as they navigate the vicissitudes of their educational journeys. Their interventions include the red folder campaign and class syllabi health and wellness resources that engage instructors in supporting the emotional health of their students.

Blackman joins the chorus in promoting self-help by using poetry to promote self-care. Blackman's poem is a testament to resilience when confronted with the emotional journey of providing care for a family member diagnosed with Alzheimer's disease.

All three articles are tributes to empathy, connection, and resiliency in narrative and poetic verse.

Our final two articles are written by helping professionals who share their community-based research experiences.

Baksh details the delicate balance and friction between the Muslim religion, child welfare organizations, and academic institutions, causing the author to continuously re-evaluate whether the voices of respondents will impact change in entrenched systems. Baksh grounds her narrative within the sociocultural context of being Muslim and the quest for translational research.

Davis recounts the process of attempting to recruit educators to share how they are equipped to support diverse elementary and secondary students, only to encounter barrier after barrier in gaining access to anyone willing to share their inclusion journeys. Both authors illustrate in words the complexity of navigating across educational, social, political, and religious institutions when they attempt to engage in research designed to ask hard questions.

The articles in this Issue reveal challenges encountered in engaging in the critical thinking necessary to prepare and support helping professionals to navigate and negotiate their work and study across arenas. 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 multiple professions, educators, practitioners, students, and others alike. Once again, we look forward to hearing from you!!

References

Berardi, K., White, A. M., Winters, D., Thorn, K., Brennan, M., & Dolan, P. (2020). Rebuilding communities with empathy. *Local Development & Society*, *1*(1), 57–67. https://doi.org/10.1080/26883597.2020.1794761

Gilligan, C. (2023). *In a human voice*. Polity Press.

Lanzoni, S. (2018). *Empathy: A history*. Yale University Press.

Maibom, H. (2020). *Empathy*. Routledge.

Segal, E. A., Gerdes, K. E., Lietz, C. A., Wagaman, M. A., & Geiger, J. M. (2017). *Assessing Empathy.* Columbia University Press.

Vallor, S. (2024). *The AI mirror: How to reclaim our humanity in an age of machine thinking*. Oxford University Press.

Wolf, Z. B. (March 5, 2025). *Elon Musk wants to save Western civilization from empathy.* CNN. https://www.cnn.com/2025/03/05/politics/elon-musk-rogan-interview-empathy-doge

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With Gratitude...

We would like to recognize and thank the reviewers who contributed their time and invaluable assistance to *Reflections* Volume 31(3):

Rosemary Barbera, Shena Brown, Nathaniel L. Currie, Elba Figueroa, Nanette I. Fleischer, Steven Granich, Sarah Louise Hessenauer, Anthony J. Hill, Katherine Mary Kranz, Jane Isaacs Lowe, Kanako Okuda, Arlene Reilly-Sandoval, Jerry Reynolds, Johanna Slivinske, Cardia Swift, Tracy R. Whitaker

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

R.I.S.E.: An Intercampus Collaboration and Strategies to Re-Imagine Social Work Education

José Paez, Marissa C. Hansen, Melissa Herandez, and Angelica Reyes

Abstract: During the summer of 2020, the COVID-19 pandemic and national protests in response to police brutality and institutional racism created intense feelings of anger, pain, and isolation. With the effects manifesting in our classrooms, we realized the need to re-establish connection and community. This paper is our story about how faculty and students from two schools of social work in southern California built an intercampus collaboration—R.I.S.E. (Re-imagining Social Work Education)—to address the seen and felt gaps in current social work education models. Nami. We share strategies, activities, and an analysis of reflective conversations about our experience which revealed four thematic categories (1) connection led to community building, (2) acknowledgement led to healing, (3) critical consciousness led to empowerment and accountability, and (4) taking action led to tools for change. Findings support the importance of intercampus collective actions to make multi-level systematic changes in social work education.

***Keywords*:** critical consciousness, accountability, empowerment, pedagogy, social work

> "Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it." (Roy, 2020, para. 46)

Introduction

The year 2020 brought the chaos of the COVID-19 pandemic, massive protests in response to systemic racism manifested by police violence and murder, and highly polarizing and tense electoral campaigns. It was a time, as the great novelist and political activist Arundhati Roy (2020) described so vividly, where "the tragedy [was] immediate, real, epic and unfolding before our eyes" (para. 8). As social work educators and students, what unfolded in our classrooms was a shared and overwhelming sense of grief and loss, disconnection, and isolation. Though we were grateful for the technological advancements allowing a rapid shift to online classroom settings, the abrupt transition accompanied by the ongoing chaos caused significant distress within the personal, professional, and political domains of our lives. We further felt constrained by pressures to maintain some sort of normalcy and to conform to the rigid expectations of course competencies, assignments, and grades. Within the context of chaos and tragedy, such academic expectations seemed much less important and relevant. For us, what seemed most pressing were the very real threats impacting our personal and relational safety, health, and well-being. Thus, we relied on classroom time to prioritize and process our frustrations, anxieties, anger, and growing disillusionment with institutions and cultural norms that lacked the necessary critical leadership, analysis, and language to help.

On a weekly basis, we looked to one another for support in trying to make sense of what we were experiencing. We also turned to our sages for guidance and hope. One particular sage was Arundhati Roy (2020), whose deft analysis of the pandemic provided the contextual social-political-historical factors and power dynamics simultaneously interacting to cause great devastation and inequity. Roy (2020) pointed out that despite the harrowing conditions, the pandemic could be imagined as a portal to a new world, offering us choices for how we would like to move forward. Her words reminded us that even in the most challenging of times, there was still hope through action, meaning making, and finding purpose.

It was in this spirit of searching for a portal to a new world of hope that we—two social work educators and ten MSW students from two accredited social work programs in southern California—came together to create a space for intercampus collaborative dialogue we named R.I.S.E. (Re-Imagining Social work Education). R.I.S.E began in Fall semester 2020 and concluded in Spring semester 2022. During that time, our goal was to address the real-time impacts of the pandemic on our well-being, to build our critical consciousness about critiques of social work education, and finally to learn alternative ideas for transforming curriculum to address institutionalized oppression more effectively. In this paper, we tell our story of creating R.I.S.E and discuss how this effort can support continued calls for challenging current social work education models while advancing the profession.

R.I.S.E. Collective

Though not all members of R.I.S.E. participated in the writing of this paper, we would first like to acknowledge their contributions, creativity, and leadership in helping to establish R.I.S.E. The authors in this paper are José (MSW educator), Marissa (MSW educator), Melissa (MSW alum), and Angelica (MSW alum). Melissa and Angelica were alumni at the time of this writing and thus share their experiences in R.I.S.E. when they were students. To begin, we offer a brief statement of positionality, to introduce ourselves to readers, and to share how we became involved in R.I.S.E.:

José, MSW educator

I identify as a cisgender, heterosexual, male, multi-ethnic person of color (Mexican/Filipino/Italian/enrolled member of the Confederated Tribes of Siletz), upper-middle income, hearing, temporarily able-bodied, U.S. citizen with advanced educational degrees. I am in my 14th year as a faculty in the department of social work. My interest in seeking out others to dialogue and collaborate with stemmed from many conversations I had in the classroom. Following the murders of Ahmaud Arbery, Breonna Taylor, George Floyd, and Rayshard Brooks, students consistently expressed feelings of sadness, anger, outrage, and disbelief at what we were collectively witnessing. Our class discussions offered us an opportunity to reconsider and re-evaluate so-called foundational theories in social work, such as person-in-environment, systems theory, and other long-held perspectives in human behavior and social developmental courses. What became glaringly and painfully clear was that these theories did not contain the language or analysis to help us account for the brutality of white supremacy, nor the effects of

capitalism, genocide, enslavement, and cis-hetero-patriarchal norms. In other words, the gaps in our curriculum caused frustration—as well as a positive energy that drew the class to seek other theories and communities to better prepare us. I began to reach out to colleagues and was fortunate to connect with Marissa, who was also experiencing something similar. From here, we decided to bring our students together into dialogue.

Marissa, MSW educator

As a female-identifying, cisgender, bicultural Latinx faculty in a school of social work, I was fortunate to have conversations over the past 11 years in academia where students would bring forward concerns and frustrations in their learning experiences and struggled in their identities as social workers. With current events as they were (between community protests combating the ever-present systematic racism of the US, discourse on police brutality ignited by the murder of George Floyd, and simultaneous management of the practical and emotional effects of the worldwide COVID-19 pandemic), students talked pointedly about the conflicts they felt between the academic side of social work and their real-life professional practice. Specifically, students called out the inadequacy of the acknowledgment and action of social work as a profession in correcting the historical experiences of oppression among the populations and communities it proposed to serve. In sharing these conversations with students and with colleagues, I was able to connect with others to create collaborative spaces for inter-campus dialogues and actions to address the growing gap in our education models. This was guided by the desire to positively impact responses to the racial and social injustices being fought in real time and unpack how to move forward within social work education as my part of that system.

Melissa, MSW alum

I identify as a cisgender hetero female, first-generation educated Xicana, hearing and temporarily able-bodied. During the initial assembly of the R.I.S.E collective, I found myself in need of community and connection. Desperate for a space to discuss and process the recent racial and social injustice occurrences, I eagerly sought room to make sense of the violent images, stories, and personal accounts broadcasted in the media. As a part-time student, I felt compelled to compartmentalize my feelings and reactions. Despite the anger, frustration, and anguish building inside me and many of my peers, the educational institution was not equipped to address the societal complexities we were all witnessing. The spaces I typically engaged in didn't know how to hold space for collective healing to begin. The social work department attempted to acknowledge the tragedies, but many lacked depth, materializing performative. I received an invitation from José to join a community with fellow MSW candidates and educators in conversation about what was missing and left out from the social work field academia. Coming together outside the traditional classroom, we birthed a space that honored the human experience and needs for connection we had all been seeking. This experience ground my understanding of the disconnect between higher education textbook knowledge and community based relational, intuitive, experiential learning.

Angelica, MSW alum

I identify as a cisgender, first-generation Mexican-American, Latina, MSW alum. I was fortunate enough to get to know my colleagues through my participation in a social work student organization. What started off as a conversation, discussing the feelings and thoughts towards the events taking place at the time (global pandemic, killings, and protests) led to the development of a space where students like myself shared how all of these events impacted our education and views of the world and educators were open to hearing us. We wanted a space where we could openly discuss how we wanted our respective programs to give us more, more than just writing papers, reading books and articles, and be given the opportunity to learn how we can apply what we learn to our lives and profession. I became intrigued learning about what it means to be disruptive—challenging and decolonizing social work practices and engaging in meaningful discussions with students and educators. I am grateful for the learning experience and hearing our guest speakers share their story and how they have become organizers in their professions and community.

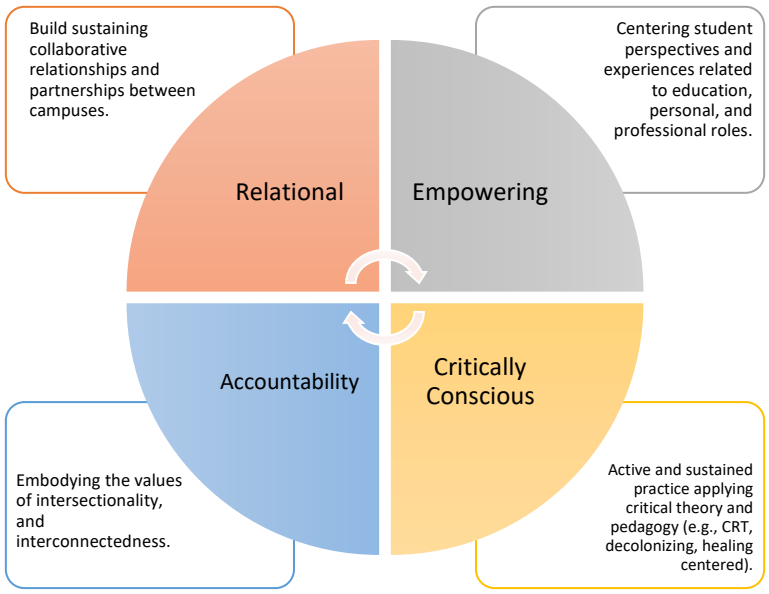
An Intercampus Collective Response: The Formation of R.I.S.E.

From the outset, we were intentional in creating a space to support sharing stories of personal and professional struggles—as well as individual desires for community building and change—to directly address the many challenges facing our communities and society in general. Further, following the lead of generations of community and education activists who called for a radical transformation in education, our collective began to earnestly question and interrogate social work curriculum, theories, clinical strategies, and policy practices as part of the regular discussions and plans for action. From these powerful conversations, our collective formed a shared purpose—namely, to re-imagine social work education. In other words, through our dialogue we felt empowered to R.I.S.E. As a collective, R.I.S.E. reflected a commitment towards finding ways to shape the future of social work education by disrupting systems of oppression and eradicating white supremacy, capitalism, and patriarchy from social work curriculum. We further created the following mission statement to anchor our work:

> R.I.S.E. is an intercampus collective of MSW students invested in shaping the transformative future of social work education. Working together to disrupt systems of oppression and build bridges toward liberation through the integration of an intersectional lens that invokes critical consciousness and transformational community healing by eradicating white supremacy, capitalism, and cis-hetero patriarchy from the social work curriculum and practices.

Rooted in an iterative process of community building and organizing, and guided by an intersectionality analysis, our approach included relationship-focused efforts that centered members' perspectives and experiences. As our collective continued to meet, we developed a framework to shape our conversations and activities. Specifically, we focused on our relationships (e.g., taking care of ourselves and one another through partnerships between campuses); empowerment (e.g., centering student experiences in and out of the classroom); critical consciousness (e.g., learning to apply the tenets of critical theories and pedagogies); and accountability (e.g., applying intersectionality and maintaining awareness of our interconnectedness; see Figure 1).

Figure 1



Through this framework we were able to generate options for community-based actions that supported learning and healing using education and community connections to ground critically conscious practices. Platforms were created where healing and repair could be openly processed and informed. R.I.S.E. designed, organized, and facilitated four intercampus events which invited practitioners who focused work on liberatory and anti-racist models of social work and emphasized social justice through an anti-oppressive lens. Events were held via Zoom and attended by faculty and students across schools of social work in southern California. Intercampus events held over a two-year period focused on two main topics: supporting community organization (e.g., intercampus dialogue, student-led state-wide collaborative initiatives) and critical examinations of social work education (e.g., review of current models, innovations, and alternatives).

R.I.S.E. students created a logo (Figure 2) that we used as a symbol to represent our collective—and that we hoped would encourage and inspire others to get involved. We used the logo on our outreach materials to promote the events we hosted.

Figure 2

Method and Analysis

In this section we describe our method of analysis based on reflective conversations we had at the conclusion of R.I.S.E. Our conversations occurred over a two-month period with iterative communication on decisions relating to relevant focus of the review and themes. These personal accounts on the experience with R.I.S.E. allowed us to think critically and consider our feelings at the outset as well as our action steps and processes toward facilitating intercampus events. Given the reflective structure of our writing using personal accounts of our post the experience with R.I.S.E., our project did not meet the requirement of Institutional Review Board approval. All information shared in the paper is identifiable, and we did not collect data outside of the personal narratives presented.

We selected a reflexive analysis of our conversation using three phases: preliminary, thematic, and interpretation (Durdella, 2018). José and Marissa separately reviewed and analyzed conversations, followed by meetings to discuss findings during each phase. The preliminary phase consisted of reviewing for a primary overt phrasing around the group's activities and aims that included repeated words, ideas, and feelings to generate a list of themes. During this phase the most prominent expression was how joining R.I.S.E. served as a meaningful way to build community, especially during a time of immense disconnection and isolation. Coming together to form a collective helped to address feelings of grief and uncertainty and simultaneously generated a sense of hope for proceeding within the social work classroom and profession. Following the preliminary narrative review phase, José and Marissa shifted to a more systematic thematic phase of analysis in which patterns illustrative of the overall R.I.S.E. experience were identified. We created the following four thematic categories:

1. Creating connection led to community building.
2. Acknowledgement led to healing.
3. Critical consciousness led to empowerment and accountability.
4. Taking action led to creating tools to make change.

In our final phase of analysis, José and Marissa debriefed to create consistent interpretations of each theme to support connective threads of the reflective narratives collected on the R.I.S.E. experience. Finally, José and Marissa shared descriptions of the thematic analysis with Melissa and Angelica for review. Melissa and Angelica reviewed and offered feedback, which José and Marissa integrated.

Based on our collective analysis, the primary narrative that emerged suggested that building connections between students and faculty for the purpose of acknowledging pain and anger contributed toward community building, healing, and empowerment among R.I.S.E. members. Further, once a connection was established, members identified an increase in their critical consciousness related to efforts toward making social work education accountable and responsive to realities of the moment. Our interpretation aligns with a science-based understanding of how healing from trauma and oppression occurs, specifically that healing is not done in isolation but rather in community (Pica-Smith & Scannell, 2020). The following section highlights each of the four themes, including excerpts from our reflective conversations.

Creating Connection Led to Community Building

The theme of creating connection was centralized on the concept of both alumni and faculty seeking connection as a commonality and expressed personal and functional need.

> Melissa: I felt a disconnect having to compartmentalize the anger, rage and heartache I was experiencing from my role as a student to continue on as if nothing had changed.

On a personal level, the we talked about this emotional power of the collective as a way to build identity in a time when many in the group expressed a sense of loss: loss due to the pandemic and frustration around the lack of response by their academic institutions on the killing of George Floyd, subsequent socio-political movements across the country, and the perpetual racism and oppression students felt themselves within the social work educational, work, and community contexts.

> Melissa: My idealist soul was feeling crushed, depleted, and hopeless. I knew that while what I was feeling was new to me, I was not alone in feeling lost. I joined R.I.S.E. in an effort to find and build community. What I found was a space to sort and make sense of my grief.

> José: While we were certainly disappointed, angry, and frustrated by what we view as a social work education and educators protecting the status quo, we also realized that the current moment opened the door of new critical consciousness.

From a functional perspective the collective experience brought forth the need for community building with ties to empowerment and feeling seen in a moment where their educational institutions were not providing that base. Central also were discussions of the need to feel

acknowledged and guidance on how social work educational settings could and should support students with real life connections to the learning environment.

> Angelica: My experience of organizing with other students around the mission of RISE was impactful. Throughout my time with RISE I was able to develop meaningful relationships with other peers and faculty. It was rewarding to see students coming together who shared a common view and wanted to learn how they could become involved and develop skills to support them in their journey as social workers.

As we continued these conversations, the emphasis aligned with the need to maintain the power of connection externally to colleagues and professors within their schools of social work in order to mobilize the expressed frustrations and find a home for the internalized needs for action.

> Melissa: The R.I.S.E. collective fostered a sense of safety and acceptance, which offered me ease in openly sharing my input, but it also emboldened me to speak up in other spaces.

Acknowledgement Led to Healing

An important ingredient to what made R.I.S.E. successful was the intentional act of taking time to acknowledge the range of feelings we expressed. All of us described how we were impacted emotionally, physically, spiritually, and cognitively in trying to deal with a myriad of concerns. Angelica and José summarized what many of us experienced:

> Angelica: There was so much chaos from experiencing a pandemic, social injustices, navigating online school, and personal issues.

> José: While the election of Donald Trump in 2016 brought exposure to the foundations of what settler colonialism thrives on, it was the onset and chaos of the pandemic, the continued and highly visible police brutality waged on Black and Brown people, occurring within one of the most hostile, mean, and divisive elections in recent history, which contributed to my difficulty maintaining a sense of hopefulness about our future.

While living within this chaos left us in a state of overwhelm about our present and future, what also emerged was a growing recognition that social work education was disconnected from the reality of the moment. Melissa articulated what she observed that resulted in a questioning of the curriculum:

> Melissa: As a student, the demands of academia remained the same in spite of all the civil unrest, and social and health disparities amplified by the global pandemic … This separation felt unnatural and unrealistic. I understood that what was taking place in the outside world was directly connected to the field of social work, so why weren't we talking about it more explicitly?

It was vitally important to address our personal needs by ensuring that everyone felt seen and heard. Our action focused on taking care of ourselves through taking care of others.

> José: Our meetings often felt like spaces for venting, receiving validation and acknowledgement, while understanding that things could be different; we also spent time building relationships, sharing about our experiences in social work openly, honestly, and sincerely. We worked well together, creating roles, sharing responsibilities, and always encouraging one another in supportive ways.

In finding ways to take care of one another, we created a space of healing where we learned to deal with our feelings of overwhelm. Some of the ways we accomplished a caring space were encouraging direct and honest communication, reminding ourselves of how learning from others keeps us humble, staying open to learning, and avoiding the dangers of single-storying[1] (Adichie, 2009) people's experiences. Further we applied a practice of expressing and normalizing vulnerability through example, which helped us learn to be comfortable with struggling in front of others. For José and Marissa, we were aware of the power and privilege we held as educators, and thus we made a clear effort to share openly and sincerely. We realized that students may not have felt comfortable sharing in front of us if we were not also willing to join the conversations in an authentic way. In effect, as educators our action was to counter perfectionism, and other dominant norms that define outward expressions of emotion and struggle as weakness and lack of professionalism. Angelica noted the effect this had on her.

> Angelica: I felt welcomed and heard by faculty who were interested in wanting to hear how we as students want change in the curriculum to make us better practitioners … R.I.S.E. gave a safe space for students to share their thoughts on the education they were receiving.

In turn, the commitment to sharing openly and with care inspired us each to want to contribute more towards the efforts to make a healing space. Addressing this functional need through validation and acknowledgement allowed us to honor student experiences throughout. Acknowledgement of distress allowed for meaningful discussions to begin re-imagining social work education.

> Marissa: Those conversations lead us to see a need for meaningful conversations between faculty, students and practicing social workers around how gaps that existed in moving through the status quo of social work programs and curriculums we were delivering in the classroom and the world outside the classroom … where our students were struggling and demanding answers that social work as a profession was not prepared to answer.

Finally, Melissa pointed out how through this process of acknowledgement, healing was possible, which breathed life and purpose into the R.I.S.E. mission statement.

[1] Described in Adichie's (2009) TED Talk, this refers to allowing a stereotype or "single story" (such as one encounter or societal, collective idea of an "other") to shape one's opinion of a person or group of people.

> Melissa: Coming together with my peers and being encouraged and supported by our professors helped me recognize the power and significance my voice has in a space. Working in a collaborative effort meant that all of our voices mattered and gave our mission life through action.

Critical Consciousness Led to Empowerment and Accountability

Having established a space rooted in care, encouragement, acknowledgement, and healing, we were able to simultaneously expand our critical consciousness about histories and current issues of systemic oppressive dynamics within social work education. Angelica called attention to the power of an intercampus collective discussion in widening her perspective of social work.

> Angelica: I believed I knew so much about social work when I entered my program back in 2019, but when I became a part of R.I.S.E., I realized that the profession itself needs support in dismantling the systems of oppression it's rooted in.

Examples of a shift in critical consciousness emerged as members introduced language and analysis informed by critical race theory (CRT), intersectionality, feminists, and LGBTQIA+ activists and organizers; there was an explicit and intentional effort to center the experiences of people of color, their histories of resistance, as well as the generational effects of oppression that they have endured. R.I.S.E. members were clear that in order to deal with the current issues of violence, it was important to have a language and analysis that accurately described things.

> Melissa: Openly naming the root causes of the social injustices society faces allowed us to envision a path to repair the harm done by white supremacy, capitalism, and cis-hetero patriarchy.

Learning from others helped ignite a process of re-thinking and unlearning about the dominant narratives within social work education that promote more siloed learning and less mutuality in practice. However, the process toward developing a critical consciousness is challenging because it requires a willingness to interrogate what may have been considered normative while maintaining an openness to accepting new ideas. In this case, being in a collective with a shared purpose allowed members to lean into the struggle of unlearning.

> Marissa: There was a need to recognize and struggle in a very open way and state that there may not be immediate answers but that there was a space to dialogue and be ok with the struggle as part of the commitment to activism and social change.

Struggling with a purpose within an affirming space allowed members to realize they were not alone in their thinking, and that others had similar questions.

> Marissa: I was fortunate to find an outlet for the ideas and questions running through my head and that was conversations with a social work educator colleague who also was asking similar questions of the social work education system we were both operating in as academics and social workers.

Marissa's comment reflects a sense of empowerment through the power of collectivity. R.I.S.E. served as an essential antidote to the isolation, worry, and fear that had been building throughout the year. Melissa echoed a similar comment, noting a sense of empowerment through collective dialogue helped her feel she could influence change.

> Melissa: The experience of being a part of an inter-campus collective was validating; it reaffirmed a sense of strength and power we had as a collective to influence change within the social work community.

Expanding our critical consciousness led to feelings of empowerment as well as a desire to hold ourselves accountable to the power and privilege that we held. Additionally, we felt a need to hold social work education accountable to its stated values and ethics. As we continued to meet and deepen our relationships with one another, we began to imagine ways we could take action toward accountability.

Taking Action Led to Creating Tools to Make Change

The work of R.I.S.E. served to support the realities of the student's lives and move to formulating actions to address expressed areas of change for social work curricula and professional practice guidelines. Members created tools for this effort and those that challenged the dominant narratives of the field that no longer served their truths as emerging practitioners. Tools included organizing regular meetings that prioritized open spaces for sharing and processing of emotions that ranged from frustration and gratitude. Tools also came in the form of activities that allowed for action plans informed by faculty and community experts to guide schools of social work on doing better and differently at integrating critical and anti-racist pedagogies into daily classroom activities and curriculum.

> José: This was a moment to try out new ideas, to bring people together into conversation, to review our current education platforms and curriculums, and generate new ideas.

We designed, organized, and facilitated four intercampus workshops inviting social work educators, students, activists, and community organizers to share insights and strategies to re-imagine social work education. These workshops brought together students and faculty from California State University's Long Beach and Northridge campuses into dialogue, connection, and resource-sharing. The events challenged the status quo experienced in the classroom and extended the knowledge for workshop attendees, to connect ideas in more formal ways within their personal networks. For example, faculty shared having discussions in faculty meetings, students talked about bringing the topics to student groups they participated in, and R.I.S.E. as a whole worked to outreach to other schools of social work to broaden the conversations and reach of the change process in motion.

> José: I knew [cross-campus collaboration] was how to help restore hope, connection, and change especially within social work education.

Though the work was ongoing, our path reflected an experience where we felt we had gifted one another the skills of vocalizing one's lived experiences and understanding it as a crucial part of the learning process, promotion of self-advocacy and collaboration as a model for social change, and ultimately the progress one can make in shifting the status quo with those efforts.

Discussion of Findings

Based on our analysis, we learned how powerful it is to build meaningful connections between students and faculty during difficult times, which is something we believe can benefit many communities. First, coming together with the intention to openly acknowledge the various feelings of outrage, sadness, and isolation allowed for us to begin a healing process. Through our conversations, we realized that the factors that led to healing included developing our critical consciousness about the social-political-historical context. Sharing personal experiences alongside theories and actions from activists and revolutionaries gave us new language and analysis for interpretation and validation. We felt empowered to name the systems of dominance that operate within social work education. Energized through collective dialogue, we learned the importance of finding ways to get involved and be responsive to the realities of the moment.

Choosing to Walk Through it Together

As Arundhati Roy (2020) reminds us, the pandemic is a "portal," (para. 48) an opportunity for us to shed the social work theories and practices that no longer serve us (or maybe never really served our interests to begin with). Roy (2020) challenges us to critically reflect on the dominant perspectives we have normalized while also learning to apply our imaginations to design something different. By making a choice to come together into dialogue, we were making a choice to walk through the portal together—shedding the traditional norms of power where teachers are viewed as the holders of true knowledge. R.I.S.E. became an active choice to discard those dominant beliefs of power in favor of finding commonality, validation, acknowledgment, and connection between people.

Melissa and Angelica remarked how when they were students, social work education often left them feeling in a "one down" position, noting experiences of teachers using paternalistic tones, having their ideas dismissed, and feelings minimized. Melissa and Angelica explained that R.I.S.E. gave them an empowered space to share their experiences. As faculty, José and Marissa had an opportunity to review the traditional norms and expectations prevalent in social work education. Choosing to intentionally form an intercampus relationship between students and faculty helped articulate contradictions in a social work profession that values the importance of human relationships, but that simultaneously upholds a top-down professor-over-student hierarchy, resulting in students' feelings and experiences being dismissed. José and Marissa often debriefed separately from R.I.S.E student members so as to assess and evaluate areas of power and privilege. José and Marissa openly shared those tensions and struggles with R.I.S.E. students, seeking out feedback as well as pointing out areas where learning and growth could occur. Ultimately, all of us felt that walking together into an intercampus journey of critical self-reflection was invaluable in establishing safety for people to share openly about their lived experiences. Our experience encourages the possibility for more social work programs to

explore building and organizing intercampus experiences around solidarity movements, transformative justice, and liberation-based healing.

Implications for Social Work Education and Professional Development

Rooting our learning environments in use of trauma-informed pedagogy through healing-centered engagement (Ginwright, 2018) supports social work education grounded in fostering student and faculty well-being and a person-centered approach to learning. This accounts for the unique lived experiences we all bring to the educational environments and communities in which we work. The question remains, though, for the academia of social work—how do we disentangle the dominant pedagogical approaches rooted in the "'authority' over knowledge" (Arday, 2018, p. 145) approach to higher education and hegemonic norms?

The answer lies in supporting communication and vulnerability by faculty and students alike (Pica-Smith & Scannell, 2020). Allowing for spaces to acknowledge biases along with positions of power held is key to this process. Facilitating a dynamic of learning not only in the classroom but with intercampus and community dialogues where representation of multiple narratives is possible allows for the reflection of marginalized experiences of students and communities. With this approach, educators and students create a learning community that dismantles the inherent power dynamics held within traditional educational models. Fostering such connections acknowledges the sociocultural identities and political contexts that we each uniquely exist within openly and directly (Bozkurt & Sharma, 2020). Building in training and reinforced support for educators and students to competently talk about race and racism, to talk about the role of social work in historical experiences of oppression that impact marginalized communities, and to honestly allow for true safe spaces with students where they can express dissent in opinion without fear of educational repercussions is central to this effort (Arday, 2018; Pica-Smith & Scannell, 2020).

This work towards a healing centered learning environment can also support social work education that builds on the National Association of Social Workers Code of Ethics (NASW, 2017) that requires social workers to promote dignity and self-worth while practicing social justice in and out of the classroom (Barros-Lane et al., 2021). At the center of this is the primary skill needed for all levels of social work practice: empathy. Empathy as a tool is commonly disassociated as a clinical skill faculty impress upon students in their training, but empathy as an educational practice is one that can change the dynamics of learning. It can support the essentials of critical, positive learning environments which allows for openness, flexibility, and humility without judgment (Friedman, 2022). It promotes a sense of safety for students within the immense vulnerability of the learning environment. Further, such efforts can support persistence in the face of adversities in the change process, especially when anchored in collaborations across systems within the social work education and practice community. Fostering these connections promotes co-produced solutions across student groups, faculty, and the profession to create more sustainable and equitable change.

Conclusion

Considering how to allow for interpersonal relationships to be forged in and out the classroom can only serve to humanize us as we work together and create mutuality within social work education systems with students, university administrators, and communities in which we work (Barros-Lane et al., 2021). Future research can support a better understanding of how to formalize such educational models within higher education and more specifically social work programs. Qualitative research that delineates the intersections of the personal, professional, and political experiences of students and faculty can inform pedagogical approaches to learning that connect community and clinical practice in the classroom and practicum experiences. R.I.S.E. serves as an example of what can be learned from in that effort, where intercampus collaborations extend the strength in how the needs to reimagine social work education models are actualized in a meaningful way through connections and dialogue.

References

Arday, J. (2018). Dismantling power and privilege through reflexivity: Negotiating normative Whiteness, the Eurocentric curriculum and racial micro-aggressions within the academy. *Whiteness and Education*, *3*(2), 141–161. https://doi.org/10.1080/23793406.2019.1574211

Adichie, C. N. (2009, July). *The danger of a single story* [Video]. TED Conferences. https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story/transcript?language=en

Barros-Lane, L., Smith, D. S., McCarty, D., Perez, S., & Sirrianni, L. (2021). Assessing a trauma-informed approach to the COVID-19 pandemic in higher education: A mixed methods study. *Journal of Social Work Education*, *57*(sup1), S66–S81. https://doi.org/10.1080/10437797.2021.1939825

Bozkurt, A., & Sharma, R. C. (2020). Emergency remote teaching in a time of global crisis due to coronavirus pandemic. *Asian Journal of Distance Education*, *15*(1), i–vi. https://doi.org/10.5281/zenodo.3778083

Durdella, N. (2018). *Qualitative dissertation methodology: A guide for research design and methods.* SAGE Publications.

Friedman, Z. (2022). Signature pedagogies versus trauma informed approaches: Thematic analysis of graduate students' reflections. *Pedagogy in Health Promotion*, *9*(1), 17–26. https://doi.org/10.1177/23733799221118575

Ginwright, S. (2018, June 1). *The future of healing: Shifting from trauma informed-care to healing-centered engagement*. Medium. https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c

National Association of Social Workers. (2017). *Code of ethics*. NASW. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Pica-Smith, C., & Scannell, C. (2020). Teaching and learning for this moment: How a trauma-informed lens can guide our praxis. *International Journal of Multidisciplinary Perspectives in Higher Education*, *5*(1), 76. https://doi.org/10.32674/jimphe.v5i1.2627

Roy, A. (2020, April 3). The pandemic is a portal. *Financial Times*. https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca

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On Joining

Matthew Saks

Abstract: In this piece, I explore the concept of joining, and utilize this concept to spark a broader conversation about potentially oppressive power dynamics prevailing between clinicians and clients in modern practice settings. I contend that the profession of social work needs to revise and deepen our understanding of foundational person-centered principles to limit possibly iatrogenic outcomes. I offer a proposed definition of joining as "meeting someone as an equal with the intention of co-creating truth." In my discussion of oppressive therapeutic practices, I explore the concept of paternalism and use theoretical frameworks developed by the philosopher and analyst Franz Fanon. The article concludes with a discussion of what it might mean to "co-create truth" in the therapeutic context and proposes an epistemological model grounded in dialogue. I propose that the social work professional adopt this epistemological model.

***Keywords*:** truth, therapy, therapeutic models, paternalism, person-centered care, iatrogenesis

Case Study

"I pursue something other than life … I do battle for the creation of a human world—that is, of a world of reciprocal recognition." (Fanon, 1967/2008, p. 218)

I opened my office at 8:15 am, about 15 minutes before my first client was scheduled to arrive. I was bone-tired. The night before had been a sleepless one—for too many reasons to count—and it was a Friday. I took stock of my internal resources. Mental lucidity: 5 out of 10 … Warmth/empathy: 6 out of 10 … Openness: 4 out of 10 … And no time for a cup of coffee. "Adrian" knocked on my door at 8:30 sharp. We greeted each other cordially and he sat down. He began by sharing that he was still struggling with ruminations and feelings of worthlessness. As he tended to do, he quickly shifted into intellectualizing his struggles, offering theories about why people ruminate in general. Any other day, I would have re-directed the flow of conversation back to his direct emotional experience, but instead I let myself intellectualize with him, offering my views on all of the subjects he wanted to discuss. Lazy! The session continued in this way for the next 40 minutes, with him sharing views about the nature of anxiety, or the self, or society, or life, and me periodically chiming in to affirm his views or offer my sage opinions as a professional knower of things. How dull, how bleak! There was nothing of the vital explorations of his emotional life or thoughts of our prior sessions. I was still holding space for him, in a way, but perceived that I was largely talking at him. I was revolting myself but couldn't summon the energy to break out of the role of the expert advice-giver. I was—temporarily—the kind of clinician I most despised.

Introduction

In this piece, I want to offer some thoughts on the subject of how clinicians join—or do not join—with clients, and utilize the concept of joining to spark a broader conversation about the potentially harmful power dynamics prevailing between clinicians and clients in modern

practice settings. A discussion about joining may seem obvious or elementary. The person-centered approach is a foundational element of contemporary graduate curricula; no student can likely escape clinical skills training without being encouraged to join with their clients. What more needs to be said? The difficulty is that what it means to join with someone is both obvious and opaque, self-evident and mysterious. Asked to define it, we tend to free-associate related skills such as rapport-building, collaboration, taking a nonjudgmental perspective or "meeting the client where they're at." But these do not get at the heart of joining.

I would like to make an effort, then, right off the bat, to define more clearly what it means to join. Tentatively, I propose that *joining is meeting someone as an equal with the intention of co-creating truth.*

Note first that this definition does not include the major aspects of person-centered counseling: empathy, unconditional positive regard, realness—in short, fostering connection. Rather, it is even more preliminary, something belonging to the initial engagement with a client. Joining precedes the formation of the therapeutic relationship; it is, perhaps, the necessary precondition of the therapeutic relationship.

How simple: We merely must meet our clients as equals. This exhortation of equality is another platitude that, at first glance, seems obvious but presents an infinite degree of difficulty when we scratch beneath the surface. As we will explore further, a plethora of factors militate against seeing our clients as equals. A few of them: the implicit power position that the clinician occupies vis a vis their clients, internalized stigmatization of mental illness and substance use, and the fact that therapists often occupy a higher socioeconomic bracket than their clients. We could also imagine a host of more individualized, psychodynamic reasons why a clinician might end up one-upping a client in session. We need to admit as a profession that it is not, it turns out, a simple matter to see another human being as having equal dignity and worth. The deeper one looks, the more questions spring up. Can we teach our students to view their clients as equals, or is this belief an immutable characterological trait? Are there strategies we can offer to nurture this conviction of fundamental equality? This essay will suggest that the primary risk of failing to join is oppressing our clients through what I will call the "paternalistic gaze." In unpacking this concept, I will rely heavily on the work of post-colonialist thinker and psychiatrist Franz Fanon. I will conclude my discussion of the paternalistic gaze by offering an anti-oppressive intervention.

Joining as I have defined it is much more, however, than a mere belief in equality. It is also a *setting of intentions to collaborate equally in the pursuit of truth*. This aspect of joining reflects that successful therapy typically not only involves a therapeutic *experience* but also generates useful or enabling *insights*. The truths produced in a good session might really be anything, so long as they enable growth. The intention might be to unearth a client's true self (hidden for too long under the cloak of a false self), to clarify the truth of a life situation the client is going through, or to re-write a maladaptive narrative through a more realistic lens. It could be discovering together truths about existence, suffering, loss, love, and mortality. What is critical, however, is that joining is an intention to co-create these truths, together. This definition would specifically exclude a modality of lecturing at clients or offering unsolicited advice. Few

clinicians might intentionally aim to lecture at clients, but—as the harrowing case scenario above illustrates—lecturing is the nearest refuge of the tired therapist's mind. How easy it is to rationalize away lecturing to a client as psychoeducation or interpretation … This essay will seek to explore further what it might mean to co-create truth and to deepen our conviction as clinicians that any wisdom we offer—if we're in the mode of delivering monologue—is limited and incomplete. I will propose an epistemological model that is grounded in dialogue and suggest that we adopt such a model as a profession.

The Paternalistic Gaze

We may be familiar with the basic Rogerian thesis. In Carl Rogers' (1995) writings, he proposed three "core conditions" that the therapist must satisfy to facilitate the growth of the client: congruence, unconditional positive regard, and accurate empathy (pp. 61–62). When these conditions are met, the client "feels released. He wants to tell me more about his world. He surges forth in a new sense of freedom. He becomes more open to the process of change" (Rogers, 1980, p. 10). Ultimately, alongside other benefits of successful therapy, the hope of the person-centered approach is that the client becomes their most authentic self, their "real self" (Rogers, 1995, p. 111).

Implicit in the core conditions is a felt sense of equality between the therapist and client; the therapist must believe that they are on the same level, and the client must feel the respect of the therapist. Equality is inherent in unconditional positive regard and in the dignity and worth of the client. We do not merely respect specific attributes of our clients—their intelligence, or courage, or sense of humor—but, more vitally, we respect their very being, their humanity. Humanity is something we all possess in equal measure. Asked to define "humanity," I would define it as the experiences that make us all human: We all seek happiness but suffer; we all love and lose love; we seek control but feel helpless; we seek self-security but feel shame; we all experience the brilliant presence of life and confront the inevitability of death. It is on the basis of these profound commonalities that we ground our respect for our clients, our care, and our compassion. But is this recognition of common humanity even teachable? Does it not rather point to spiritual insight rather than anything that could be conveyed in a clinical setting?[2]

Worse, despite the best intentions of our profession, a host of forces militate against relations of equality. Most obviously, therapists—particularly, clinical social workers—often occupy a higher socioeconomic status than their clients. On a more systemic level, as the "medical model" makes inroads into our field, clinicians are increasingly riveted into the role of "expert" or professional knower. We can find power differentials on even subtler levels. Having undertaken clinical training confers upon the therapist great power; where the client is stumbling through the thicket of the therapeutic alliance, the clinician walks with much more confidence. Clinicians may experience unconscious stigma towards their clients and unwittingly enact a one-upping dynamic. Most insidiously, we must admit the probability of clinicians enacting their own unresolved desires for domination within the therapeutic frame. Just a brief survey of

[2] In the Buddhist tradition, for instance, there are many training exercises intended to cultivate *metta*, a quality of friendliness and care for all beings. In one such exercise, the trainee spends a period of time imagining that every person they encounter is the Buddha himself.

power relations, then, suggests that without a substantial and ongoing amount of care and self-awareness on the part of the therapist, their very presence in the therapy room may be iatrogenic. The power differential between therapist and client becomes most overt, and perilous, when there is a question of involuntary hospitalization.

Let us assume, however, that the clinician does not wish to overtly dominate their client. We can capture what is potentially oppressive in the therapeutic alliance with what I term here the "paternalistic gaze." By focusing on the "gaze" of the clinician I intend us to expand our view beyond the more overt microaggressions that one could imagine and to include as well the world of non-verbal cues and somatic expressions of paternalism. Imagine a therapist who is well-trained in the person-centered approach. He dresses in approachable clothing (an earth-toned cardigan, perhaps?) and offers his client a glass of water upon their meeting. He engages his client warmly and, as the session begins, projects an attitude of non-judgement and positive regard. He listens deeply as the client begins to unburden herself. He conveys accurate empathy. The client feels comfortable enough, safe enough, heard enough, and is able to share several thoughts and feelings that are quite vulnerable.

The scene above should be a textbook session, a masterclass in the foundational elements of clinical practice, but there are important details we've neglected to notice. The therapist's diploma is prominently displayed on the wall; the client didn't finish school. The cardigan the therapist is wearing cost more than the client would ever spend on clothes. The therapist's office is located in an office building for a variety of health professionals, a fact that emphasizes for the client the specialized training and knowledge of the therapist. What cuts most against the therapist and client being able to feel equal, however, is something in the therapist's gaze … It doesn't emerge in the awareness of either the therapist or the client because, frankly, it already feels normal. The therapist has long gazed at clients in this way, and the client has long been seen as such. Nonetheless, they both experience it on the level of sensing. For the client it is an un-nameable twinge; for the therapist, a subtle sensation of distance and self-satisfaction. With a good deal of skill, self-awareness, and rapport, a therapist might be able to unearth it (we will explore what such an intervention might look like at length). What we are pointing to is, in therapist's eye, the most barely perceptible glint of superiority.[3]

To explore the paternalistic gaze further, it will be helpful to incorporate the work of Franz Fanon (1967/2008), the postcolonial thinker and psychiatrist. His visionary writing captures incisively the crushing psychic effects wrought by the superior gaze, in his case the White gaze. Fanon (1967/2008) was steeped in the early psychoanalytic tradition, and he applied his psychoanalytic training to the oppressive post-colonial situation of mid-19th century Europe. In referencing Fanon, I do not mean to make adequate in any way the harmful effects of modern therapeutic paternalism with the vast oppressions of colonialism. I do mean, however, to suggest a qualitative likeness in the gaze of any oppressor, regardless of context. I mean to caution that, if we are not aware of the subtle ways inequality can present itself in the therapy room, we might be unwittingly reiterating the precise systems of oppression we are committed to defeat.

[3] We could also speculate that the inherent status differential emerges from the assumption that one person in the room is "sick" and the other "not sick." As the late critic Susan Sontag (1978) has demonstrated, we are not so far removed from pre-modern views portraying illness as a moral failing or expression of inadequate character.

Fanon (1967/2008) carefully details the mechanism of the paternalistic gaze, and then elaborates further the "massive psychoexistential complex" (p. 12) that emerges. As we proceed, I will quote Fanon liberally as no summary can do justice to the richness and urgency of his language. He begins:

> The black man among his own in the twentieth century does not know at what moment his inferiority comes into being through the other … And then the occasion arose when I had to meet the white man's eyes. An unfamiliar weight burdened me. The real world challenged my claims [to equality]. (p. 110)

The formative psychic moment for Fanon here is not an overt expression of racism, but the colonialist's *visual recognition* of him as Other. He continues:

> "Look, a Negro!" I subjected myself to an objective examination, I discovered my blackness, my ethnic characteristics; and I was battered down by tom-toms, cannibalism, intellectual deficiency, fetichism, racial defects, slave-ships, and above all: "Sho' good eatin." … What else could it be for me but an amputation, an excision, a hemorrhage that spattered my whole body with black blood? But I did not want this revision, this thematization. (pp. 112–113)

The visual recognition of the colonialist accomplishes a psychic violence, both imposing a new self on the subject and shattering it. Fanon continues to focus on the visual field:

I move slowly into the world … I progress by crawling. And already I am being dissected under white eyes, the only real eyes. I am *fixed*. Having adjusted their microtomes, they objectively cut away slices of my reality. I am laid bare. I feel, I see in those white faces that it is not a new man who has come in, but a new kind of man, a new genus. Why, it's a Negro! (p. 116)

Just as the result of the person-centered approach is to "become a person," the result of the paternal gaze is that the subject becomes *less real*. Fanon refers to this depersonalization as a "zone of non-being" (p. 8). Fanon is writing here from a firmly relational orientation, where it is understood that our self-concept is organized by its relations to others. Likewise, he makes clear how oppressive or abusive social interactions are profoundly disorganizing.

For Fanon, neurosis develops inexorably from the initial encounter between black and white. It results not from any specific aggression or assault, but rather from original situation of socioeconomic disparity between the two. The colonized subject internalizes this power differential immediately, and an inferiority complex forms (Fanon, 1967/2008). The inferiority complex of the colonized then metastasizes into narcissism. Again, I must quote Fanon (1967/2008) at length:

> The negro is comparison. There is the first truth. He is comparison: that is, he is constantly preoccupied with self-evaluation and with the ego-ideal. Whenever he comes into contact with someone else, the question of value, of merit, arises. The Antilleans have no inherent value of their own, they are always contingent on the presence of the

> Other. The question is always whether he is less intelligent than I, blacker than I, less respectable than I. Every position of one's own, every effort at security, is based on relations of dependency, with the diminution of the other. It is the wreckage of what surrounds me that provides the foundation for my virility … The Antillean is characterized by his desire to dominate the other … The object is an instrument. It should enable me to realize my subjective security … The Other comes on to the stage only to furnish it. I am the hero. Applaud or condemn, it makes no difference to me, I am the center of attention … I am Narcissus, and what I want to see in the eyes of the others is a reflection that pleases me. (p. 211)

Here, Fanon's capacity for both realness and clinical insight generates an incredibly vivid description of how an oppressive relationship results in characterological dependency and narcissism.

In Fanon's description of the narcissistic symptomatology we can largely locate our contemporary understanding of narcissistic personality disorder. What renders Fanonian narcissism unique, though, is that his account of its psychogenesis does not generally include depictions of the overt traumas, aggressions, and violences endured by the oppressed; that would seem obvious. The psychogenesis of colonial neurosis includes these woundings but does not require them. Fanon takes pains to convey that the mere *presence* of the white power structure is sufficient. The power relation prevailing between the post-colonial subject and the European is implicitly understood, straightaway. This power relation then finds expression or, perhaps, is weaponized in the figure of the "white man's eyes," the paternalistic gaze. The gaze bears within it the entire socioeconomic situation, and it delivers in one glance the entire psychic wound of the imperialist enterprise.

Fanon's work can be now supplemented by recent research into the cumulative impact of microtrauma (which we can define even more narrowly as microassaults, microinvalidations, etc.). Margaret Crastnopol (2015) has defined *microtrauma* as a series of injurious actions or communications resulting in a "skewing in one's sense of goodness, efficacy, or cohesion" (p. 4). As Crastnopol explains, "because one hasn't seen the cuff coming or registered its full impact, one hasn't defended oneself adequately[, nor] taken either the reparative or protective steps that might ease the injury in its aftermath or guard against reoccurrences" (p. 4). What is especially insidious about microtrauma is that it can occur in what also may be a beneficial or positive relationship: a relationship with a "good enough" caregiver—or a relationship with a therapist, for instance. I would argue that the figure of the "white man's eyes" is slightly distinct from a microtrauma, however. The colonial gaze for Fanon is not really an action so much as it is the locus of all the existing material conditions of oppression, a site where every pain and violence crystallizes and is communicated.

The position of the colonial subject is untenable. The racist system that the colonial subject is steeped in conveys a destructive psychic demand: "Turn white or disappear" (Fanon, 1967/2008, p. 100). Confronted with this double bind, the colonial ego withdraws but cannot remain stable

in itself.[4] How is this neurosis resolved? Fanon proposes, first, that these conflicting motivations must be "brought into consciousness" so the subject can recognize the "real source of the conflict … the social structure" (p. 100). Once the internal conflict has been surfaced (presumably in analysis), then the subject must "choose action" with respect to the social structure (p. 100). Insight, therefore, is only half of the cure; the subject must also take valued action and demand recognition from the society that has conspired to negate them. In this way, the Black person's individual liberation is bound up with the dismantling of systemic oppressive forces or, rather, the taking of valued action towards that goal. For Fanon, it is in *praxis*—the taking of political action—that the oppressed subject fully becomes human again.

We would seem to be far afield from our original theme of how clinicians do—and do not—join with clients, the question of the inherent difficulty of meeting clients as equals. The post-colonial world of Fanon—Martinique and France in the 40s and 50s—is, indeed, far away in many respects. It barely needs mentioning, however, that multifarious systems of oppression continue to haunt our present day, too many to detail in this space. In the current moment, oppression seems to be taking an even more overt, or intentional, aspect. During this writing of this essay, the US President urged governors of states where there are protests to "dominate" peaceful demonstrators protesting the murder of George Floyd (Liptak et al., 2020, para. 2); he said further, "it's a movement, if you don't put it down it will get worse and worse … The only time [it's] successful is when you're weak" (para. 8). In an age where object-relations increasingly assume a character of overt domination, our most militant commitment must be to facilitate relations of mutual recognition and equality. To be clear: There could not be a more urgent time to uproot remaining traces of paternalism in the therapy room.

This process requires not only attention to the obvious ways that therapists may oppress their clients, but also a deeply personal investigation of one's own gaze which, as Fanon indicates, bears within it the personal and social history of the oppressor and delivers in a single glance the entire reality of the power differential. On a Sunday night, for instance, I sit at home in my armchair drinking a vintage port (one of my most cherished activities); on Monday morning, I meet with my client who can scarcely afford bus fare. This fact presents inexorably in the gaze, irrespective of my best intentions. I completed my undergraduate work at an elite college; I have only one current client who has finished college. Into the gaze. I am a White male and, therefore, a part of past and present systems of oppression. Into the gaze. I am a trained clinician and believe myself to possess specialized and important knowledge that my clients do not possess. Into the gaze. My deepest convictions here are no good. It makes no difference that I truly believe—as deeply as I am able to sense—that I am better than no one. Every material fact of my privilege expresses itself through me, and does harm.

The most obvious treatment for this apparently intractable situation would follow the two-part protocol suggested by Fanon. Where appropriate, clinicians should help to make overt any

[4] I am unsure whether Fanon was aware of the work of W. E. B. Du Bois, particularly his concept of "double-consciousness" (p. 8), which would seem to prefigure Fanon's thinking. Du Bois (1903/2008) described it as such: "This sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his twoness" (p. 8).

perceived or real power differentials in the therapeutic alliance. Likewise, the clinician should aim to be aware of any ways the client may feel "one-upped" during treatment and help to make these feelings overt as well. An exploration of power might be broached with some of the classic open-ended process questions ("How are we today?" or "How are you experiencing the space between us?") but will be aided more so with direct questions such as "Do you feel that we're collaborating as equals here?" or "How are you experiencing your power in the room right now?" The goal of this approach is to make explicit any power differentials and to clarify the systemic nature of those differences. The client, then, may be able to find the source of any feelings of inadequacy in the broader systems that the therapist and client are participating in, rather than in any personal failing on the client's part.

Once the question of the relative status of the clinician and client has been surfaced, the clinician should facilitate the empowerment of the client. Non-directive approaches may be relevant here. Many therapists are already skilled in promoting client autonomy. Specifically, though, clients should be urged to take action to oppose oppression as they proceed in therapeutic journey of healing. In questions involving treatment, medication, hospitalization, and diagnosis, clients should be encouraged to take actions that assert their agency and comport with their inherent dignity. Clients should even be encouraged to take active steps *within* the therapeutic alliance to assert themselves and demand recognition as human beings where it is denied. This could involve explicitly inviting the client to speak up about ways in which they feel oppressed or harmed in the therapeutic alliance. Lastly, clinicians can and should help clients understand their own private struggles within broader contexts of privilege and oppression. Where oppressive political policies—housing policies, tax policies, civil rights policies—are relevant to the experience of a client, therapists can offer clients that critical context.

Co-Created Truth

One of the favorite, slightly shopworn statements that the person-centered therapist often utters to clients is that they are the experts of their own lives. I have uttered this phrase myself more times than I can count! If we are rigorously honest, however, I think we must admit that there is a part in every clinician that does not quite believe it. A part of every clinician, I submit, believes that they possess a unique wisdom that, if imparted to the client and properly heard, might change the client's life for the better. There is no need to pathologize this secret hunch. Surely, believing oneself to possess unique insights that might be applicable to others is part and parcel of a healthy self-concept.

The difficulty is this healthy faith in our own wisdom can come to be at odds with the person-centered injunction to facilitate only the inner wisdom of the client. Indeed, we generally view our role as to provide a nurturing holding environment that might enable the spontaneous growth of our clients. I continue to trust that every being has an innate tendency towards growth and freedom. Humans are plants that bend to the light. Very often when the "core conditions" are fully in place, that is sufficient for clients to blossom. Once again, however, the difficulty with this perspective is that it does not fully do justice to how most psychotherapy is actually practiced (with clinicians liberally offering their own wisdom), and it does not address the normal instinct of the clinician to participate in the production of wisdom. The key question is

when a clinician offering insight transforms from being therapeutic to potentially microtraumatic. Crastnopol (2012) articulates the microtrauma of "connoisseurship," where a "hyperdiscriminating person trumpet[s] his or her special knowledge" (p. 425). This microtrauma may result in envy and humiliation on the part of the party receiving the "gift" of this knowledge, quite the opposite from the empowerment we seek.

As a way of escaping this apparent bind, I want to propose the epistemological view that wisdom is not the product of any individual but rather is something more like an event generated in dialogue. The value of this perspective is that it offers to dissolve the problem of where to locate truth in the therapy room. Truth is no longer paternalistically handed down by a therapist playing the role of the professional knower. Truth is also no longer the sole product of the client; the clinician has a vital new role and must remain in relationship for the therapy to succeed. On an intuitive level, of course truth would be relational. If I as a therapist offer an insight that rings true, it is only because the client is ready to receive it in the right way. If a client has an enabling insight, it is likely because I provided the fertile ground for that insight to emerge.

A few words on truth. Contemporary American culture has tended to view the truth as both *abstract* (detached from the material conditions of life), *disembodied* (purely intellectual), and *individual* (springing from the minds of individuals rather than within a social field). We could take this article itself as an example. An exploration of the material conditions of this article might take into account the fact that it was written on a MacBook Air (and not by hand, for instance), that the reader is likely reading it on a computer. An understanding of the embodied nature of this article might take into account how much of the propositions of this piece have relied on my sensing and feeling, and how the responses of the reader rely on sensing and feeling. We could note that this piece was written by a human body, a body who utilized the aid of a strong cup of coffee each day, who oscillated between states of sleepiness and alertness, etc. Lastly, to see how this article is a social product is, perhaps, the easiest of all. The ideas expressed here are really fragments of an ongoing conversation, between me and books I read; my supervisor and me; my friends and me; everything I have ever read, seen, and heard. The ideas here do not stand on their own but exist in a dynamic, interdependent relationship. One is led to wonder whether in academic circles, there is a kind of collusion to repress this living, dynamic, bodily, social aspect of knowledge-production. Stated differently, in most academic articles, there is a pretense of abstraction, intellectuality, and individuality.

This extremely limiting way of understanding truth did not arise in a vacuum but is part of a long philosophical tradition of understanding truth as a fundamentally autonomous process. At one of the beginning points of Western philosophy, Kant (1781/2010) locates truth in a noumenal world that may not be subjected to empirical or situational consideration. The tradition of 19th century idealism instituted dichotomies delineating on one side truth and on the other side the material, the somatic, the irrational, the animalistic. The 19th century also inaugurated the image of the solitary genius. Think of Byron's poem "Manfred" (1817), or the paintings of Caspar David Friedrich (Artchive, 2023). The idea of the solitary intellectual lives on in the popular imagination. Important ideas spring from lonely minds of John Nash in *A Beautiful Mind* (Nasar, 2001), or individualist risk-takers like Steve Jobs or Bill Gates. Wisdom here emanates from the minds of individuals (and only their rational minds!). We revere

individual thinkers and devalue the extent to which their productions arose through dialogue with others.

There is an alternate strain of philosophical thinking, however, that takes a more dialogical approach, grounding knowledge in our fundamental material and social reality. In Plato's *Phaedrus* (ca. 370 BCE/2005), Socrates, in search of truth, leaves the city and wanders through the countryside with his pupil in search of inspiration. Socrates eventually puts forward the idea, in that dialogue, that truth emerges only through the erotic confrontation with the Other. Another key guidepost along the way would be Marx's materialism, stated most succinctly in *The German Ideology*. He opines that "the production of ideas, of conceptions, of consciousness; is at firstly directly interwoven with the material activity and the material intercourse of men" (Marx & Engels, 1932/1975, p. 32). Ideas are "from the very beginning a social product" and are derived from "the immediate sensuous environment" (p. 37). Here Marx turns on its head the presumptions I began by highlighting—that truth is individualistic and abstract—here instead it is "social" and "sensuous." In our era, psychologist Kenneth Gergen has advanced this idea trenchantly in his work, arguing that all meaning is generated from "coordinated action" (Gergen, 2009, xxviii).

For me, however, the philosopher whose work seems most clearly relevant to what happens in the therapy room is Alain Badiou (2001). His epistemology centers on the concept of the *event*, which he defines as a radical break in the established order or knowledge. Events are "irreducible singularities" (p. 44) that occur within history but also structure it. Some examples of events that he cites in his work include the French Revolution, Galileo's "creation of physics" (p. 41), the Cultural Revolution in China, and Einstein's texts of 1905. When an event occurs, it catalyzes a new truth-process. A truth is generated when people have "fidelity" (p. 41) to an event. As Badiou (2001) puts it, a truth "compels the subject to *invent* a new way of being and acting in the situation" (p. 42). After Einstein's theory of relativity, for instance, it was impossible to think of physics without reference to his work; so the field of physics practiced a kind of "fidelity" to Einstein's discovery. Interestingly, Badiou argues that it is not really human subjects who produce events, as our subjectivity is produced and structured by the event itself. Events produce us, and then we humans are the key actors in the ensuing truth-process, bearing fidelity to the event and generating the new truth.

I would like to propose that one of the critical tasks of psychotherapy is to facilitate events. What we seek with our clients are these kinds of radical breaks, a radical shift in thought or in behavior, such that afterwards everything looks different. If one of the oldest debates in the field is whether clients benefit most from the interpersonal *experience* of being with the therapist, or the *insights* gained in therapy, Badiou's framework dissolves the question itself. We would define the healing experience as a kind of new truth; alternately, it seems clear that any insight or truth derives from the event of the interpersonal experience between the therapist and client. It doesn't really matter whether we label what's happening in the therapy room an experience or an insight, because what's always happening is an event (the successful therapeutic encounter is demanding that the client live in a new way or view themselves, others, or the world in a new way). The event leaves both the therapist and client changed.

Badiou's work gives us a new way of seeing relational psychotherapy, but relational psychotherapy supplements Badiou as well with the insight that events—these radical breaks in the order of things—always occur within a relational context. Relational therapist Mark Fairfield (2013) expresses the convictions of our field well when he says that "perceptions and feelings are constructed out of a web of corresponding, interpenetrating conditions (i.e. the field). At some level, all experience is co-action, so we need a reorientation to understanding perception as something we are doing together" (p. 30). The generation of truth for Badiou is firmly situational, and historical ("sensuous," as Marx might say), but we would supplement that by adding that it is always social.

What is intriguing, then, is that while for Badiou events are mystical occurrences that defy conceptualization (they precede the subject itself), we could think of relational psychotherapy as a quest to bottle the genie, to understand better the conditions of an event to facilitate their generation more readily. Return to Rogers' core conditions of growth. We cannot make any client change at our will—we lack that kind of power (important to remember!). But we do know from decades of practice and research that when these conditions are present—congruence, unconditional positive regard, and accurate empathy—that very often something happens within the space between the therapist and client. That something is spontaneous and not quite within our control, but also something that would not have occurred in the absence of the therapeutic intervention. What are we doing but generating events? Attempting to facilitate something that does not really come from us alone (but from the situation, the relationship, the field) and that will inevitably change both the therapist and client the moment it occurs.[5] I often remind my interns that we are not experts in any particular content (we don't have any special wisdom), but we are experts at process. Part of the process we are responsible for may be this truth-process that we both shepherd, and which exceeds us.

Let's return to my tentative definition of joining: "meeting someone as an equal with the intention of co-creating truth." What I wanted to suggest with the second half of the definition is that joining requires a certain humility and openness when it comes to the idea of truth. In addition to seeing our clients as equals (and surfacing and addressing power imbalances), we need to go into the therapeutic encounter understanding that any insights that occur will not stem from us alone. We can certainly call on our ingenuity and wisdom and experience (clients can and should benefit from that!), but those truths will only sink in if they proceed from a genuine therapeutic event. The truth is going to happen between us or not at all. Understanding that any insights will be co-created, and proceeding with that intention, reorients us to the relationship and offers a caution against any unwarranted lecturing or experting. A mantra for the practitioner might be this: Attend to the process, and to the relationship, and the truth will come on its own.

While it would be tempting to try to unite some of the disparate strands of this somewhat shaggy essay, it might be best to recognize simply that this essay identifies a multitude of areas for further research. Further research is warranted into the paternalistic gaze, its place in the therapy

[5] We could think of trauma as well as a kind of damaging "event." It is a historical, relational event that fundamentally introduces a new order or knowledge in the subject.

room, and how therapists can therapeutically address power differentials with clients. My ardent contention is that the ideals of the person-centered curricula—particularly, the value of unconditional positive regard—need to be examined in a more scrutinizing way so we can understand how to better train new clinicians, as well as what is actually happening when we sit with clients (versus what we *hope* is happening). Our field should continue to be more open and searching about the many ways clinicians can and do harm clients.

Beyond these considerations, it seems clear that the philosophical discussion explored above—concerning truth, subjectivity, and the event—is only a starting point for further examination. There is fertile ground to be broken where philosophy can provide helpful language to psychology and where the more practical insights of our field can guide theory. The view I have proposed is that successful psychotherapy is a fundamentally creative act; the therapist and client are both its producer and its product. In joining successfully, we can help facilitate a radical break in the established order of things, creating something (an insight, a worldview, a belief, a behavioral change, a personality) that did not exist before. This understanding of how psychotherapy may work is akin, however, to the understanding of ancient peoples who found their clothes clean from washing them in a certain part of the river. It is not clear at all how joining successfully with clients helps to produce these radical events. The relational approach to psychotherapy is understood to be foundational in our field, but in labelling it "foundational" we imply that it is essentially understood. The incisive lines of T. S. Eliot (1943) are relevant: "We shall not cease from exploration / And the end of all our exploring / Will be to arrive where we started / And know the place for the first time" (p. 49).

Closing Note

This essay was written primarily in the last week of May, 2020, and, as such, I cannot resist noting the parallels between the demands for recognition articulated by Fanon and the urgent protests taking place across America in our own time. To those questioning the usefulness of aggressive protest, Fanon's (1963/2005) words in the *Wretched of the Earth* seem prophetic:

> At the individual level, violence is a cleansing force. It rids the colonized of their inferiority complex, of their passive and despairing attitude. It emboldens them, and restores their self-confidence … Totally irresponsible yesterday, today they are bent on understanding everything and determining everything. Enlightened by violence, the people's consciousness rebels against any pacification. The demagogues, the opportunists and the magicians now have a difficult task. The praxis which pitched them into a desperate man-to-man struggle has given the masses a ravenous taste for the tangible. Any attempt at mystification in the long term becomes virtually impossible. (p. 51)

References

Artchive. (2023, April 11). *Caspar David Friedrich biography and artwork.* https://www.artchive.com/artists/caspar-david-friedrich/

Badiou, A. (2001). *Ethics: An essay on the understanding of evil*. Verso.

Byron, G. G. B. (1817). *Manfred, a dramatic poem*. Van Winkle and Wiley. https://www.loc.gov/item/48042426/

Crastnopol, M. (2012). Connoisseurship gone awry: A micro-traumatic style of relating. *Contemporary Psychoanalysis*, *48*(4), 423–450. https://doi.org/10.1080/00107530.2012.10746514

Crastnopol, M. (2015). *Micro-trauma: A psychoanalytic understanding of cumulative psychic injury.* Routledge. https://doi.org/10.4324/9780203878897

Du Bois, W. E. B. (2008). *The souls of black folk* (B. H. Edwards, Ed.). Oxford University Press. https://doi.org/10.1093/owc/9780199555833.001.0001 (Original work published 1903)

Eliot, T. S. (1943). *Four quartets.* Harcourt, Brace and Company.

Fairfield, M. (2013). The relational movement. *British Gestalt Journal*, *22*(1), 22–35. https://doi.org/10.53667/HYKT5223

Fanon, F. (2005). *The wretched of the earth* (R. Philcox, Trans.). Grove Press. (Original work published 1963)

Fanon, F. (2008). *Black skin, white masks* (R. Philcox, Trans.). Grove Press. (Original work published 1967)

Gergen, K. J. (2009). *Relational being: Beyond self and community.* Oxford University Press.

Kant, I. (2010). *The critique of pure reason* (J. M. D. Meiklejohn, Trans.). Pennsylvania State University. (Original work published 1781)

Liptak, K., Nobles, R., & Westwood, S. (2020). *An agitated Trump encourages governors to use aggressive tactics on protesters.* CNN. https://www.cnn.com/2020/06/01/politics/donald-trump-race-police/index.html

Marx, K., & Engels, F. (1975). *The German ideology*. In *Science and society* (pp. 19–581). International Publishers. (Original work published 1932)

Nasar, S. (2001). *A beautiful mind: The life of mathematical genius and Nobel Laureate John Nash.* Simon & Schuster.

Plato. (2005). *Phaedrus* (C. Rowe, Trans.). Penguin Classics. (Original work published ca. 370 BCE)

Rogers, C. R. (1980). *A way of being*. Houghton Mifflin.

Rogers, C. R. (1995). *On becoming a person* (2nd ed.). Houghton Mifflin.

Sontag, S. (1978). *Illness as metaphor.* Farrar, Straus & Giroux.

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Experiences of Enhancing AAPI Healthcare as a DEI Manager and Licensed Social Worker

Christopher Robinson

Abstract: This personal narrative conveys my lived experience as a licensed social worker who served as a diversity, equity, and inclusion manager at a major hospital system in the American Mid-Atlantic/Northeast region. Recognizing inequities in best meeting the needs of Asian American and Pacific Islander patients and clients, this narrative explores a personal account of lessons learned and implemented in a diversity, equity, and inclusion healthcare setting. Topics such as racism, historical trauma, health insurance, mental health, and assistive technology are explored.

***Keywords*:** diversity, equity, healthcare, inclusion, macro practice, medical social work

During the first year of the COVID-19 pandemic, I was hired in a leadership capacity to serve at one of America's most prominent academic healthcare systems. In this role, my primary tasks were coordinating, implementing, and overseeing strategic cultural competence and diversity efforts within the system's Office of Diversity, Equity, and Inclusion (DEI). While in this capacity, I immediately recognized various areas of concern that I knew firsthand would make my work and this role more complex.

While immersed in this experience, I specifically recall multiple local and national news reports discussing increased rates of trauma and violence toward the Asian American and Pacific Islander (AAPI) community and how this diverse community of color is often forgotten about regarding their historical challenges in the United States and across the globe. Unfortunately, no public statement of allyship was written on behalf of our system or the DEI office. I found this quite surprising, considering that the increase of Asian hate and trauma in the United States was so high that it spearheaded the creation of the COVID-19 Hate Crimes Act (2021), also known as the Anti-Asian Hate Bill.

As I grew in this position, I better understood the critical need to effectively advocate for and support our diverse clients, particularly those who identify as international and non-English speaking patients. One year into this role, I realized that much of our attention toward DEI work primarily focused on health disparities impacting Black, Latinx, and LGBTQIA+ communities. As important as each of these populations are, I grasped that very little attention had been geared toward the cultural and immediate needs of AAPI patients and communities. I found this true in regions outside California, New York, and Texas, where each state has an AAPI population between 1.6 million to 6.7 million (Budiman & Ruiz, 2021). As an African American male social worker with various intersecting identities, I find it quite unethical to solely devote strategic DEI initiatives to the exclusive needs of Black and Brown people of color. In fact, doing so is counterproductive to social work's mission, values, and vision, as well as the DEI profession. As the needs of AAPI populations—and the populations themselves—continue to grow in the United States, social workers and DEI professionals must also continue exploring

best practice solutions to meet needs and celebrate their unique culture, their distinct heritage, and—most importantly—their humanity.

Recognizing a Growing Patient Population

Working in a DEI leadership role first required me to check my own understanding of the broader AAPI community. Therefore, I decided to take a deep dive into better learning the current trends of this population in the United States and our local metropolitan region. I must say, prior to further research, my knowledge of understanding the AAPI community was relatively intermediate. This process assisted me in better understanding demographic trends in the United States and worldwide. Here is what I discovered:

The Asian American population in the United States comprises people from East Asia, Southeast Asia, and the Indian subcontinent (Jayaram, 2021). According to the 2020 United States Census Bureau (2021), over 20 million AAPI individuals live in the United States. The AAPI population is one of the fastest-growing diverse groups in America, and this trend continues to rise; between 2010 and 2019, the AAPI community in the United States increased by more than five million people, or an increase of 27 percent (Jayaram, 2021). This diverse community accounts for over five percent of the nation's population and has a bi-coastal distribution between the west and east coasts of the country (Jayaram, 2021). This population also represents one of the nation's most culturally diverse community groups, comprised of over 100 speaking languages from 30 countries (Asian Pacific Institute on Gender-Based Violence, 2021). Nationally, states such as California, Hawaii, New Jersey, New York, and Texas are home to over half of the nation's AAPI population (Jayaram, 2021).

In Pittsburgh, the demographics are changing rather quickly. Previously referenced as one of the Whitest metropolitan regions in the nation, the Asian (+47.4 percent), Native Hawaiian, and Pacific Islander (+26.3 percent) populations in our city have increased by nearly 75 percent between 2010 and 2020 (Wolfson, 2021). Statewide, the AAPI community represents four percent of our total population (Asian Pacific Institute on Gender-Based Violence, 2021). Over the past 10 years, this demographic shift has directly correlated with the increase of AAPI patients across our healthcare system. Therefore, our system has encountered a rising need to recruit more culturally competent providers with expertise in meeting the healthcare needs of diverse AAPI populations. This need is not just abstract; as part of Pittsburgh's health system, I have observed personally that our number of employees self-identifying as members of the AAPI community is lacking, particularly in contrast to the number of bedded patients who self-identify similarly (which, in logical turn with our demographic shift, is high and growing higher).

Unfortunately, some patients and employees I've worked with have reported striking accounts of bedside discrimination and racism, which can adversely impact patient care and health outcomes. I clearly recall an incident where a self-identifying AAPI patient and their family reported experiencing blatant racism while receiving care at one of our largest hospitals. Such reports are often investigated with DEI leadership to assess strategies for improving the patient experience related to DEI goals, internal policies, and law. As a part of my responsibility, our

team would review these incidents to see how we can best provide supportive services for patients and staff from a DEI lens. After co-investigating this incident and many others, I unexpectedly determined four recurring themes frequently found as ongoing challenges: health disparities and their various root causes; racism and historical trauma; lack of health insurance; and low English proficiency. As a result of these findings, our team decided to leverage our current strengths and strategies to better assist our healthcare system in meeting the health equity needs of our AAPI patients.

Rethinking Health Disparities Training

Our first course of action included reexamining our current training modules to include more information about health disparities and how they impact diverse cultural and ethnic groups such as the AAPI community. According to the Centers for Medicare & Medicaid Services (n.d.), health disparities are defined as "differences in the incidence, prevalence, mortality, burden of diseases, and other adverse health conditions or outcomes that exist among specific population groups" (para. 1). The second commonly known definition of health disparities comes from the Agency for Healthcare Research and Quality (2021), which identifies a health disparity as "a difference between population groups in the way they access, experience, and receive healthcare" (p. D-1). The third prominent definition is provided by the American Psychological Association (n.d., as cited in Olden & White, 2005), which describes that "health disparities are caused by a complex interaction of multiple factors, including individual, genetic, and environmental risk factors" (para. 1). For training purposes, we agreed to consider all three definitions, emphasizing how health disparities often display complex, systemic inequalities that can be defined in several ways. We also discussed how substantial barriers to accessing consistent and quality healthcare exist in the AAPI community, which can significantly impact individual, family, and community health outcomes. Such significant barriers may include consequences of discrimination (in the form of xenophobia and/or racism) leading to stigma, denial of care, or violence; limited English proficiency or knowledge of local healthcare options and procedures; limited or absent health insurance; and intersections with mental illness, transgender identity, or nonheterosexual orientation and how those may strain community and family ties, among other social determinants of health.

Our DEI team also incorporated the value of fostering a strong sense of mental health and well-being among the AAPI population and all diverse communities. This information is critical to increasing awareness of this community's needs among healthcare professionals. As the American Psychological Association discusses, prevalence rates of mental illness among AAPI individuals are believed to be comparable to other American patients (Iwamasa, 2012). Nevertheless, type of psychopathology, ethnicity, generational status, acculturation, and cultural background may influence the manifestation of psychological distress among AAPI groups. For instance, rates of depression are similar among AAPIs and White Americans, while the prevalence of substance abuse is lower among AAPI populations. In contrast to domestically born AAPI individuals, immigrants who experienced violence, war, or economic oppression before their arrival to the United States often appear to suffer more psychological distress (Iwamasa, 2012). This, too, is important to acknowledge and recognize as our system continues to serve AAPI patients from around the world. Integrating more trauma-informed care strategies

into required employee training has been critical for us to intervene in such traumatic encounters when most appropriate.

Recognizing Racism and Historical Trauma

The topics of racism and historical trauma—especially in an environment where both social problems may exist—are typically challenging to discuss among employees. Therefore, as a diversity team, we had to acknowledge that various definitions exist and that we are responsible for thoroughly defining these terms. For example, the American Medical Association (2021) recognizes racism as an urgent threat to public health and lack of health equity as a barrier to excellence in delivering healthcare. Since this definition is accurate and bold, we incorporated this perspective on racism into our training. As we continued to update our training approach, we also included general information regarding select historical policies and social movements involving the AAPI community in the United States. In one of our Zoom sessions, I recall a nurse discussing the bigotry and discrimination she witnessed in her unit regarding the physical presentation and ethnic features of individual AAPI patients. I could relate to this discussion because I have witnessed such bigotry in a work environment. For example, although the AAPI community is vastly diverse regarding physical characteristics and presentation, I have encountered clients who appear Japanese and are often misidentified and misrepresented as Chinese. However, their nation of origin may be Korea or Vietnam. Unfortunately, similar stereotypes and examples of bigotry and miseducation perpetuate unconscious bias and the misrepresentation of AAPI communities. Not recognizing AAPI individuals or anyone according to their preferred identity completely discredits their culture, heritage, historical challenges, and unique experiences that their ancestors and resilient communities have experienced. I find this true, as I would be offended by a healthcare worker not acknowledging my ethnic and racial identity as an African American or young Black male. Therefore, incorporating such topics into our training has been critical to working towards dismantling the effects of historical trauma, implicit bias, and unconscious bias in our system.

As a person of color, social worker, and DEI professional, I often think about the community and health effects of historical trauma, racial hate, and their connection to current and historic public policy practices in the United States. In graduate school, I recall learning about the Chinese Massacre of 1871 and other historic policies formed by our government as prominent examples of Asian hate. This horrific event was an act of racial genocide that occurred on October 24, 1871, when approximately 500 White and Latinx individuals entered Old Chinatown in Los Angeles and bullied, robbed, attacked, and murdered innocent residents who appeared to present as Chinese (Grad, 2021). Due to this hateful event, 10 percent of Los Angeles' Chinese immigrant population was lost (Grad, 2021). Unfortunately, additional discriminatory policies continued to form, such as the Page Act of 1875, the first restrictive federal immigration policy in the United States, which banned the immigration of Chinese women (Rotondi, 2021). As an extension of this policy, the Chinese Exclusion Act of 1882 prohibited all immigration of Chinese laborers. This Exclusion Act was the first federal law to prevent all members of a specific race or ethnic group, such as Asians, from immigrating to the United States (History Channel, 2019). Another discriminatory policy included the Johnson-Reed Act, commonly known as the Immigration Act of 1924 (United States Office of the

Historian, n.d.-a), which established quotas on the number of immigrants from the East and provided federal funding and legal enforcement to maintain the longstanding ban on Asians and other international immigrants. The Magnuson Act, known as the Chinese Exclusion Repeal Act of 1943, permitted Chinese immigrants to become naturalized citizens in the United States (United States Office of the Historian, n.d.-b). Nonetheless, the Magnuson Act supported the ban of Chinese Americans and other Asian immigrants from owning property and establishing new businesses. I passionately believe that each of these policies are rooted in institutional racism, and the effects of such policies can be found in the current social conditions of today. Contemporary forms of racism are also connected to hate crime incidents resulting in severe injury or death. Between 2019 and 2020, the overall hate crime rate in the United States witnessed a steady decline of seven percent (Yam, 2021). However, hate crimes targeting Asians increased from 3 to 28 people in New York City and from 7 to 15 in Los Angeles (Yam, 2021). Considering the impact of COVID-19, over 3,800 Anti-Asian-American acts of violence have been reported since the beginning of the pandemic in 2019 (Stop AAPI Hate, 2022). With the increasing levels of discrimination experienced by the AAPI community, social workers and DEI professionals in healthcare are responsible for protecting clients and patients from harm by formally reporting and following up on patient care and community protection incidents.

Access to Mental Healthcare and Adequate Insurance

According to our team's assessment and internal institutional data, we recognized an increased need for more culturally competent mental health providers with expertise in serving AAPI patients. Such culturally competent providers must be conscious of interethnic differences among AAPI communities due to the manifestation of mental disorders influenced by cultural, generational, and acculturation factors. These treatment providers must also assess these cultural factors while working with diverse patients, and they must understand the role of cultural values such as interpersonal harmony, loss of face, and filial piety on their AAPI patients' beliefs about psychological distress and the implications for mental health services (Iwamasa, 2012).

Often, mental healthcare and general healthcare are associated with adequate medical insurance coverage, and ensuring this coverage exists is essential to improving and sustaining health equity for all. In 2020, the National Asian Pacific American Women's Forum (NAPAWF, 2021) surveyed over 3,537 adult AAPI women, producing the largest nationwide poll ever conducted among AAPI women in the United States. It is interesting but unsurprising that survey results revealed healthcare was the primary concern and political issue for AAPI women voters in 2020. According to NAPAWF's Medical Expenditures Panel survey data analysis, approximately 17 percent of Asian, Native Hawaiian, and Pacific Islander women who immigrated to the United States less than five years ago reported being uninsured in 2019. This uninsured rate is 10 percent higher than White Americans born in the United States during the same timeframe (NAPAWF, 2021). It is also estimated that the COVID-19 pandemic significantly increased uninsured rates among non-United States citizens in 2020 due to rising national unemployment rates (NAPAWF, 2021). As a diverse team, we understood that uninsured and underinsured access to quality healthcare could exacerbate all populations' current, future, and underlying health conditions. Creating better access to care, providing affordable health insurance, and eliminating language barriers continue to be our primary goals for improving health equity.

Utilizing Technology to Assist in Limited English Proficiency

Throughout my experience, I learned to appreciate the importance of incorporating technology into patient care to better meet the needs of non-English speaking or limited-English speaking patients. I found that integrating such technology is vital to addressing equity gaps where language misinterpretations are barriers to patients' general understanding of their care and services. I was fascinated to learn that for over 25 years, CyraCom Language Interpretation Services has been the leading provider of language interpreter services in the healthcare industry. Healthcare technology platforms such as CyraCom offer telephone and video interpretation, translation and localization services, on-site interpretation, and assessment resources for all types of clients. CyraCom has been valuable in connecting our diverse patients to highly proficient and skilled interpreters who provide high-quality interpretation services in over 25 languages, including American Sign Language. This technology's most impressive feature is that all services are provided virtually on a tablet built into a mobile kiosk. Our diverse patients tend to appreciate the accessibility and mobility of the kiosks, which can be moved into any room to meet the patient's needs. Conveniently, this technology operates 24 hours a day, seven days a week, as a critical resource for our employees and patients who require language interpretation services. I specifically recall when one of our patients had the opportunity to use this technology for the first time. The excitement that filled the room was incredible as the grandchild of this patient was glad that she no longer had to translate basic conversations between the doctor and her grandmother any longer. I often think about how this service has impacted the lives of many of our AAPI patients and their families by connecting them to critical internal and external resources throughout our network.

Final Thoughts

At the intersection of DEI and the social work profession, I firmly believe that part of our ethical responsibilities include a better understanding of advocacy and equity gaps that may impact the lives of diverse clients and patients. Frequently, I tend to reflect on my formal social work training and think about how my BSW and MSW programs shaped my lens for advocacy, DEI, and social justice work. As professional social workers, our formal training acquired at Council on Social Work Education–accredited programs is designed to readily equip us to meet the needs of various diverse clients through our competency-based education and our Code of Ethics, which guides our professional core values and ethical standards.

I occasionally reflect on how this training differs from other career fields, including DEI and various healthcare professions. As social workers, we hold an ethical responsibility to continue to educate ourselves about various cultures, customs, social justice movements, traditions, values, and demographic trends associated with diverse patient groups. However, through lifelong learning and professional development, we must continue educating ourselves, our communities, our social systems, and the broader society to sustain such advocacy and equity efforts. Like social workers, DEI professionals in healthcare understand complex social problems related to diverse client populations. Yet, most DEI professionals in healthcare typically emphasize their work achieving strategic plan goals and supporting initiatives in human resources departments.

In closing, I recommend that all healthcare social workers and DEI professionals continue to expand their knowledge on integrated healthcare, assistive technology, trauma-informed care, and the effects and history of racism and historical trauma in America and worldwide. Doing so will assist all of us in best understanding the needs and history of emerging and diverse patient groups, such as the broader AAPI community, to best prepare for a more equitable, healthy, and inclusive future.

References

Agency for Healthcare Research and Quality. (2021). *National healthcare quality and disparities report [Internet].* U.S. National Center for Biotechnology Information, U.S. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK578532/

American Medical Association. (2021, January 7). *What is structural racism?* American Medical Association. https://www.ama-assn.org/delivering-care/health-equity/what-structural-racism

Asian Pacific Institute on Gender-Based Violence. (2021, September 12). *Language access, interpretation, and translation.* https://www.api-gbv.org/culturally-specific-advocacy/language-access/

Budiman, A., & Ruiz, N. G. (2021, April 29). *Key facts about Asian Americans, a diverse and growing population.* Pew Research Center. https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-americans/

Centers for Medicare & Medicaid Services. (n.d.). *Health disparities.* https://www.medicaid.gov/medicaid/data-systems/health-information-technology/health-disparities

COVID-19 Hate Crimes Act, Pub. L. No. 117–13, S. 937, 117th Cong. (2021).

Grad, S. (2021, March 18). *The racist massacre that killed 10% of L.A.'s Chinese population and brought shame to the city.* LA Times. https://www.latimes.com/california/story/2021-03-18/reflecting-los-angeles-chinatown-massacre-after-atlanta-shootings

History Channel. (2019, September 13). *Chinese Exclusion Act.* https://www.history.com/topics/immigration/chinese-exclusion-act-1882

Iwamasa, G. (2012). *Recommendations for the treatment of Asian-American/Pacific Islander populations.* American Psychological Association. https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/psychological-treatment

Jayaram, G. (2021, September 12). *Working with Asian American patients.* American Psychiatric Association. https://www.psychiatry.org/psychiatrists/diversity/education/best-practice-highlights/working-with-asian-american-patients

National Asian Pacific American Women's Forum. (2021, May 12). *AAPI immigrant women and access to health care*. https://web.archive.org/web/20210914170751/https://www.napawf.org/our-work/content/2021/5/12/aapi-immigrant-women-and-access-to-health-care

Olden, K., & White, S. (2005). Health-related disparities: Influence of environmental factors. *Medical Clinics of North America*, *89*(4), 721–738. https://doi.org/10.1016/j.mcna.2005.02.001

Rotondi, J. P. (2021, March 19). *Before the Chinese Exclusion Act, this anti-immigrant law targeted Asian women.* History. https://www.history.com/news/chinese-immigration-page-act-women

Stop AAPI Hate. (2022, March 4). *National report (through December 31, 2021).* https://stopaapihate.org/2022/03/04/national-report-through-december-31-2021/?utm_source=chatgpt.com

United States Census Bureau. (2021, September 12). *QuickFacts: United States.* https://www.census.gov/quickfacts/fact/table/US/PST045219

United States Office of the Historian. (n.d.-a). *The Immigration Act of 1924 (The Johnson-Reed Act). Milestones in the history of U.S. foreign relations, milestones: 1937–1945.* United States Department of State. https://history.state.gov/milestones/1921-1936/immigration-act

United States Office of the Historian. (n.d.-b). *Repeal of the Chinese Exclusion Act, 1943. Milestones in the history of U.S. foreign relations, milestones: 1937–1945.* United States Department of State. https://history.state.gov/milestones/1937-1945/chinese-exclusion-act-repeal

Wolfson, C. (2021, August 13). *2020 Census: Pittsburgh's slight decline came with 'massive' demographic shifts in 2010s.* PublicSource. https://www.publicsource.org/pittsburgh-allegheny-county-census-2020/

Yam, K. (2021, March 9). *Anti-Asian hate crimes increased by nearly 150% in 2020, mostly in N.Y. and L.A., new report says.* NBC News. https://www.nbcnews.com/news/asian-america/anti-asian-hate-crimes-increased-nearly-150-2020-mostly-n-n1260264

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Creating Culturally Competent Perinatal Spaces for African American and Latina Women to Address Mental Health Challenges Resulting from Birth Trauma

LaCresha Cunningham

Abstract: The need for more research and implementation of risk prevention interventions in perinatal mental health is immediate. More research is needed to fill the gaps and shift medical care for African American and Latina women. As one of the most developed countries in the world, the United States must develop a protocol to directly address the disparities that women of color face within the current medical system. This protocol starts with policy changes reinforcing a woman's inalienable right to autonomy over her body, implementing a community-based health model, developing more patient-designed interventions, instituting freedom of cultural practices, and eliminating structurally racist systems.

***Keywords*:** mood disorders, pregnancy-related mortality, morbidity, patient-designed interventions, cultural competence

Women of African descent in America have been stripped of autonomy over their bodies for centuries. As an African American woman in America, my experiences with the medical system have been traumatic, disheartening, frightening, and angering. As a practicing mental health clinician, I have helped clients navigate experiences akin to mine. The experiences vary in severity, as some were nearly fatal. In this article, I endeavor to impress upon the reader that African American women are not disposable in medical spaces or in general. African American women deserve high-quality medical care, the ability to make their own decisions regarding their bodies, and the ability to give birth without unnecessary trauma resulting from racial bias and insufficient care. Access to culturally supportive care is the first step to early detection and possible prevention of perinatal mood disorders, perinatal anxiety disorders, and pregnancy-related deaths among African American women.

Achieving health equity requires shifting the structures that support the ecosystem of racism that Black, Brown, and Indigenous birthing people must navigate before, during, and after childbearing. These structures extend beyond the healthcare system in which clinicians operate day-to-day. However, they cannot be excluded from research endeavors to create the actionable evidence needed to achieve perinatal health equity. (Headen et al., 2022)

Since the unethical kidnapping and transport of African people to the United States, African American women's bodies have been considered a commodity in the marketplace and the development of Western medicine. Owens (2017) detailed how dating back to the enslavement period, women of color have suffered ill treatment and deliberate disregard of fundamental human rights by white physicians in the American health system. For example, enslaved African women were the subject of unconsented medical experimentation, were denied anesthesia, and were frequently over-drugged with morphine so white male doctors could perform surgical procedures on their reproductive systems (Owens, 2017).

Hundreds of years later, we still see the same disregard in medical spaces for the opinions, needs, and desires of women of color (specifically those African American and Latina)—for example, Howell (2018) explains how significant racial disparities in perinatal morbidity and mortality are prevalent in the United States. Disheartening data shows that pregnancy-related death is three to four times more likely in African American women than in white women (Howell, 2018).

My personal experience with the current medical system during my perinatal period left me traumatized and in need of mental health support that was not offered or readily available. At 41 weeks pregnant, I was coerced into an induction because I was "overdue." My midwife stated that the supervising obstetrician "would not allow" my pregnancy to extend another week. For 62 hours, I experienced almost every labor induction intervention. Without consent, an induction medication was intravenously introduced while I slept, despite my verbal and written objection. The medication caused my and my baby's heart rates to skyrocket, creating more stress and fear. Around hour 58, I agreed to receive an epidural, which was done incorrectly twice by a medical student from whom I did not consent to receive treatment. The failed injections caused my nervous system to malfunction, resulting in minimized feeling on one side of my body and heightened feeling on the other.

Finally, my provider stated that my baby was at risk of dying, and I needed an emergency cesarean section. I was told an alternative anesthetic was required due to the epidural failure. The provider explained that this method offered "two hours to get the baby out and get me back together." Hence, it was possible that I would be "very uncomfortable with some pain" until the after-procedure medication took effect. We survived, but I could not hold my baby without assistance because my body was shaking heavily from the excessive medication. Three days later, I took home my perfect new baby and moderate post-traumatic stress disorder (PTSD). I found myself completely unstable. I lived in a mental space where PTSD intersected with joy and fulfillment. I had no tools to help balance the extreme spectrum of emotions I experienced. I entered a second pregnancy, still heavily impacted by PTSD. It was four years and three therapists later before I understood what had happened and how I was affected.

As a clinical social worker, I specialize in perinatal mental health for women of color, primarily African American women. My own experiences during my perinatal period led me to this work. During a morning shower meditation on the day of my master's degree graduation, I had an epiphany. I was frustrated, tired, and felt like I ran into so many roadblocks. I did not feel I was prepared for the postpartum period with either of my children, as they were both difficult yet different births. I remember feeling that no one prepared me for the depression, anxiety, or PTSD I took home with my babies. As a new clinician and mother, I realized that my best service to the community would be in the perinatal space, where I had learned to swim in the midst of drowning. Thus, I attended certification classes, conferences, workshops, and anything perinatal I encountered. My purpose was clear; this work was for them and me.

My clients seek assistance for various challenges concerning pregnancy and parenthood. Due to my personal and professional experience, I can assist clients with mostly all issues they present. This is the strength and the challenge of my duality in my work. On occasion, there may be

client situations that may be a trigger for me. In a few situations, I have decided to refer to another practitioner. The main point of balance is working without ego and always centering the best interest of my clients while maintaining healthy self-care for myself. As a professional, I have check-ins with myself to evaluate my capacity. All therapists should have a therapist as an outlet for balance and release. This strategy has served me, my family, and my clients well.

A common theme for women who give birth in hospitals is not feeling heard by providers. For one client, "Kee," her experience was almost fatal. Kee is an African American woman in her 30s. She had private medical insurance and selected a widespread, predominantly white obstetrics practice. Kee also selected an African American woman doula to support her during her pregnancy. Throughout her prenatal appointments, Kee's blood pressure was frequently elevated. Kee's doula expressed concern, but her medical team repeatedly said there was not much need for concern. Finally, one afternoon Kee left work due to a migraine and feeling ill and called her doula to update her. The doula suggested she report to the hospital emergency department immediately. Kee listened and was admitted to the hospital that day.

Kee had preeclampsia and was several weeks early. The weeks of elevated blood pressure had matured, and Kee was induced to ensure the safety of both her and her baby. During labor, a Caucasian nurse refused to listen when she stated she was ready to push. The nurse ignored calls to come to the room. Kee's doula had to find an obstetrician in the hallway to come assist. The doctor found that Kee had crowned, and her baby was coming out.

Because Kee had preeclampsia, a precautionary set-up was required to receive the newborn in case of complications; unfortunately, the doctor failed to look at the staff notes on the board and started the delivery process. At the doula's insistence, the physician stopped to review the notes and sent an emergency call to the Neonatal Intensive Care Unit (NICU) team. After a successful delivery, the doula discovered that the placenta was missing a few pieces. The physician located a small piece and insisted there was nothing else to recover.

A week later, Kee went to the emergency room due to feeling ill, having a high fever, and a foul vaginal odor. Retained placental fragments cause sepsis, which is a high contributor to maternal mortality. It is important to note that Kee's doula urged her to go to the hospital after a primary care nurse instructed her on postpartum hygiene and rest. Kee struggled with mental health challenges resulting from the traumatic birth, having a baby in the NICU, and a near-fatal medical experience that was likely preventable. She repeatedly said, "If they had just listened to my doula or me, my story would be different, and I probably wouldn't even be in your office." Kee's case is not uncommon.

African American and Latina women have publicly discussed mistreatment from medical providers. Surviving family members also publicly advocate for their transitioned loved ones, demanding change in the quality of care that African American women receive in medical spaces. Charles Johnson, a key leader of black maternal health justice and founder of 4Kira4Moms, openly discusses how his wife Kira was a victim of medical neglect and maternal mortality due to birth inequity from a medical system that ignored the family's pleas for help post-cesarean. Cox et al. (2016) provided data that detailed women of color—specifically Black,

Hispanic, Indigenous, and Asian women—were two times more likely than white women to report that their providers ignored requests for help, ignored raised concerns, or failed to provide necessary assistance within an appropriate timeframe. The fight for birth equity in the United States is led primarily by those impacted by the lack of birth equity; thus, those whose families will be forever changed by largely preventable deaths.

Research proves that perinatal mental health challenges impact more than the child-carrying person. Griffen et al. (2021) acknowledged how treatable yet untreated perinatal mental health disorders lead to damaging, long-term, multigenerational effects for birthing women. The need for more research and implementation of risk prevention interventions in perinatal mental health is immediate. More research is needed to fill the gaps and shift medical care for African American and Latina women. Howell (2018) revealed that the risk of pregnancy-related death for birthing black women in the United States is comparable to pregnancy-related risks for women in developing countries. As one of the most developed countries in the world, the United States must develop a protocol to directly address the disparities that women of color face within the current medical system.

This protocol starts with policy changes reinforcing a woman's inalienable right to autonomy over her body, implementing a community-based health model, developing more patient-designed interventions, instituting freedom of cultural practices, and eliminating structurally racist systems. In a cross-sectional analysis, McKee (2020) evidenced racial disparities in mental health diagnoses among women of color and Medicaid-insured women. The analysis indicated that black women were disproportionately diagnosed with serious mental illness compared to all women of other races. Howell (2018) cites structural racism, implicit bias of providers, and political policies as contributors to maternal health complications, comorbidities, and mortality. The National Birth Equity Collaborative (NBEC, 2022) directed that reviewed data indicates that inequity in the medical discipline results from interpersonal and structural racism. Federal policies that grant full-spectrum perinatal care to all birthing people are one step towards eliminating maternal health disparities.

In a pilot study, Morain et al. (2022) determined that system-level barriers contribute to the perinatal mental health crisis, as patients must navigate restrictive healthcare systems limiting providers, advanced-level services, and high-quality support resource tools. A community-based model would include partners dedicated to the health and wellness of birthing people, despite social determinants such as income that have served as barriers to treatment. Finally, having culturally sensitive providers is necessary. The birthing person should feel heard and understood. Medical protocol requiring cultural humility training—that includes practice simulations with culturally competent providers—should be required for all medical practitioners working with marginalized populations.

A recent study by Matthews et al. (2021) introduced five significant pathways to equitable maternal mental healthcare: specified training for practitioners; the expansion of Black women in the mental health workforce; Black women–led, community-grounded organization; valuing, honoring, and investing in traditional cultural healing practices; and promoting integrated care

and shared decision-making between providers and patients. Each pathway addresses an intricate, individual aspect of care designed to be addressed jointly.

The literature presented highlights a recurring theme: perinatal mood and anxiety disorders, along with maternal mortality, are preventable among women of color. To save the lives of birthing women of color, more clinical research is needed. Creating space at the helm for those most affected by this social issue is vital to remedying the black maternal mental health crisis.

Birth equity contributes an understanding of how structural and social determinants affect birthing outcomes and the well-being of pregnant and postpartum people, particularly Black people, who are most burdened by adverse outcomes because of racism, sexism, classism, and other systems of oppression. (Matthews et al., 2021)

Both reproductive justice and birth equity require centering and valuing the expertise of the people who are most marginalized within systems. Introducing more patient-designed interventions, instituting freedom of cultural practices, and eliminating structurally racist systems are imperative. As one of the most developed countries in the world, the United States must create a new protocol to save black and brown birthing women.

References

Cox, E. Q., Sowa, N. A., Meltzer-Brody, S. E., & Gaynes, B. N. (2016). The perinatal depression treatment cascade: Baby steps toward improving outcomes. *The Journal of Clinical Psychiatry*, *77*(9), 1189–1200. https://doi.org/10.4088/JCP.15r10174

Griffen, A., Mclntyre, L., Belsito, J. Z., Burkhard, J., Davis, W., Kimmel, M., & Meltzer-Brody, S. (2021). Perinatal mental health care in the United States: An overview of policies and programs. *Health Affairs*, *40*(10), 1543–1548. https://doi.org/10.1377/hlthaff.2021.00796

Headen, I. E., Elovitz, M. A., Battarbee, A. N., Lo, J. O., & Debbink, M. P. (2022). Racism and perinatal health inequities research: where we have been and where we should go. *American Journal of Obstetrics and Gynecology*, *227*(4), 560–570. https://doi.org/10.1016/j.ajog.2022.05.033

Howell, E. A. (2018). Reducing disparities in severe maternal morbidity and mortality. *Clinical Obstetrics and Gynecology*, *61*(2), 387–399. https://doi.org/10.1097/GRF.0000000000000349

Matthews, K., Morgan, I., Davis, K., Estriplet, T., Perez, S., & Crear-Perry, J. A. (2021). Pathways to equitable and antiracist maternal mental health care: Insights from Black women stakeholders. *Health Affairs (Project Hope)*, *40*(10), 1597–1604. https://doi.org/10.1377/hlthaff.2021.00808

McKee, K., Admon, L. K., Winkelman, T. N., Muzik, M., Hall, S., Dalton, V. K., & Zivin, K. (2020). Perinatal mood and anxiety disorders, serious mental illness, and delivery-related health

outcomes, United States, 2006–2015. *BMC Women's Health*, *20*(1), Article 150. https://doi.org/10.1186/s12905-020-00996-6

National Birth Equity Collaborative. (2022). *Want to make birth more equitable? Adopt a framework for respectful maternity care.* Ovia Health by LabCorp. https://www.oviahealth.com/blog/nbec-respectful-maternity-care/

Morain, S. R., Fowler, L. R., & Boyd, J. W. (2022). A pregnant pause: System-level barriers to perinatal mental health care. *Health Promotion Practice*, *24*(5), 804–807. https://doi.org/10.1177/15248399221101373

Owens, D. C. (2017). *Medical bondage: Race, gender, and the origins of American gynecology.* University of Georgia Press. https://openresearchlibrary.org/viewer/5271c428-741f-482e-9174-4c2d86854697

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Before I Let Go: An End-of-Life Narrative

Tyrone C. Hamler

Abstract: This writing was inspired by the loss of a long-term family friend. In the research on hospice and end-of-life care, there is little focus on the lived perspectives of Black individuals who are involved with hospice services, and even less work that focuses on this experience for Black women and families. I wrote this from the perspective of an academic who works primarily with health inequities and a social worker who spent much of my direct practice experience working with individuals who were critically ill and often making decisions near the end of life. Through this piece, I implore us as a profession not to lose sight of who we are and why we do this work.

***Keywords*:** hospice, African Americans, health, social work practice, racism

Walking into an inpatient hospice unit to see a loved one is never easy. Having a practice background in medical social work and previous experience with hospice in both my personal and professional life can make walking into these spaces fraught with anxiety and fear. For me, this fear does not stem from confronting death and dying, but from the knowledge that I will likely witness disparities in care and pushback against patient and family wishes at the end of life. This fear is compounded by the fact that I am a PhD-level Black academic who is a health equity scholar with an abundance of experience in direct practice social work in healthcare settings. Sometimes I want to scream with frustration and other times I resolve to use enough jargon so that medical professionals see that I have some understanding of the medical system and that my humanity will then be recognized in these spaces. Even this takes a toll over time, but I have seen the results of hurried care and rushed decision-making—and have felt invisible when seeking medical care for myself and others. I often feel hyper-aware of my identity when I am in healthcare spaces. I have the education and the ability to advocate for myself and others, but I also understand that my being Black, large, and vocal may cause me to be treated and regarded in a specific way that diminishes my voice and agency in these spaces. Previous research has posited that Black individuals struggle to access care at the end of life due to factors such as cultural mistrust, having values in conflict with hospice philosophy, and a lack of awareness of hospice services (Cort, 2004; Washington et al., 2008), but that is not the only reason I want to tell this story. This story centers around the importance of cultural humility in hospice care, pain assessment, pain management, and communication at the end of life. I want to talk about one experience—why it matters to me, and why it should matter to you.

Again, to start from the beginning, walking into an inpatient hospice to see a loved one is never easy. The unit I am speaking of was located within a nursing facility in which an entire floor was contracted out to be used by this hospice. I was visiting home to see my mother who wanted to see a close family friend (we will call her Janice) who was now residing in this hospice unit. "Janice" was a 58-year-old Black woman with a terminal illness at the end of her life. I have known Janice and her family my entire life. I had seen Janice a year ago at her home and at that time it was clear that she was very ill. Even back then, she had been gaunt, and when I had hugged her, I had felt all the bones in her body as I embraced her. It was good to see her then,

but it also made me feel sad to see a once loud, sassy, unapologetically free Black woman whose personality was so big now seem so small.

My mother informed me that Janice was now in the inpatient hospice unit and that she wanted to visit her. I did not hesitate to say yes. I wanted to see her again, but I knew that she would not look like the person I had known for most of my life and that this would be a tough experience. My mother and I walked side by side on a Sunday into the main entrance of the building and were greeted by an empty front desk with a sign affixed to it that said, "Please use the phone to call the floor to speak to staff." This building seemed empty, and I could hear the echo of our footsteps bounce against the walls as we walked through the hallway. In addition to the hospice inpatient unit floor, the building housed a skilled nursing floor and a rehabilitation floor. As my mother picked up the phone to find out which room Janice was in, a man in a hospital gown wheeled himself outside of the main entrance alone. I scanned the area behind the front desk and saw a set of buttons underneath a small glass pane that said, "Only security personnel may touch." It almost felt as if the building had been abandoned. My mother hung up the phone and told me to which floor and room number we were headed. We stepped off the elevator onto the inpatient hospice floor. I noticed the inconsistent overhead lighting as we stepped through the first set of doors that led to the hospice floor. Once we arrived on the hospice floor, the lighting was much dimmer in these hallways. I thought to myself, "Maybe this is to project some type of calmness here—it ain't working." The next immediate thing that I noticed was that in every room and sitting area all the patients were Black, while most of the staff were White. This alone, is not surprising, but it took me off guard and I wondered to myself, "Why?" I thought to myself that this is exactly what I study, and I began to wonder if this was just a coincidence—and if not, why are Black people being disproportionately referred to this hospice company and ending up in the inpatient unit instead of engaging with hospice services at home? Racial concordance in care is a topic that I have thought about often but seems particularly salient in advanced care planning and end-of-life care (Ejem et al., 2019). I have found that wondering if any of your medical team will look like you—and knowing that it is unlikely—is a normal part of navigating healthcare while Black.

We walked up to Janice's closed door and knocked. We entered just as a nurse was exiting the room. Janice's room was large and vacuous; her sister sat on a couch covered in a white hospital-issued blanket, and her daughter sat in a chair directly next to her, one hand on her mother's side with her body almost leaning into her. Music played in the background softly, but insistently. Janice lay under a mass of blankets. Her body was not visible, only her head and neck. She did not look like herself. Even across the room, I could hear her faint breathing as her mouth was flung open. She was skeletal, and what little weight I had seen on her a year ago was gone. My mother had seen her less than a month ago. She was still walking and talking then. I had seen this before; I knew that she did not have much time left. There was nothing else that needed to be said about Janice and her condition. Just as my mother and I sat down, Janice's daughter stood up to follow the nurse to continue a discussion. We sat in Janice's presence and chatted with Janice's sister. Although she could no longer respond to us, I hoped that she knew that we were there and that we cared for her. Our families have known each other for many years—we had experienced several difficult losses together, and without saying it aloud we knew that were on the brink of losing another person. Although we were in the Midwest, Janice

and her family had strong ties to the South and even spoke with colorful, lively Southern accents. These accents always made me feel comfortable, but I recognized that many people assumed that Janice and her family were poorly educated because of the way they spoke or presented themselves. This made me angry. I wondered if they were being treated well in the hospice unit.

My mother and I sat and chatted with Janice's sister. Her daughter came back into the room, and you could understandably feel a certain heaviness that accompanied her presence as she reentered the room. She said, "Well, the nurse wants me to agree to up my Mom's meds because she is in pain and that likely Janice will let go [die] if her pain is under control," and she continued to say, "The social worker came in earlier to say that the medical team believes that Janice is uncomfortable and that she should consider upping the medication so that she won't be in pain anymore." I felt for Janice's daughter, who was not yet thirty and had to make complicated decisions about the end of her mom's life with the support of her family. I thought about the confluence of factors that made this situation difficult. First, it was a Sunday, so the regular physicians and nurses were unavailable, and Janice's care was managed by a physician who was not as familiar with her. Janice's daughter felt the decision to increase Janice's medications was akin to giving up on her mom, and she just was not ready to let her go even though she acknowledged that her mother was actively dying. In addition to the unfamiliar staff on duty, there were no Black staff to communicate with Janice and her family. You may read that statement and wonder, "Why is that important?" I will tell you why it is: Janice's family, like many other Black families in the United States, have a unique lived experience. Racism and discrimination are factors that influence how Black people navigate medical systems. The ability to communicate with your care providers and for those providers to value your lived experiences is critically important, especially at the end of life. Black people's lived experiences are not only centered around oppression and racism. Our narratives include resilience, perseverance, and living our truths with courage and dignity. To truly know us is to appreciate the complexity of our culture and the nuances within it that make us who we are today.

Janice's daughter shared her concerns with Janice's sister, my mother, and me, and she said, "I know what my mom would want, but I don't know if I can do what she would want me to do." I wondered to myself if she had been this open with the unfamiliar staff who had known Janice for only three days. Just as that thought ran across my mind, someone knocked on the door. It was the physician rounding that weekend. He was a tall White man with a bright countenance who said, "How's Janice doing today? I'm doctor so-and-so, and I'll be working with you since your regular doctor is on vacation this weekend" as he walked through the door. My mother tapped my knee, and I knew that it was time for us to go. I knew that I would never see Janice again. I wondered how she would have felt about all of this—I knew that she would have wanted to be at home and not die in a hospital or hospice facility. I later found out that Janice's own mother was conflicted about her dying in their family home because she believed in the spiritual world and that her daughter's spirit may be trapped in their home. For many of us scholars and scientists, this would be regarded as a magical belief at worst and a check in a checkbox next to spiritual beliefs at best. For Black Americans, spirituality is particularly important at the end of life and should be at least considered in how hospice services partner with Black families (Dillon et al., 2012). I wondered to myself, "How did Janice get here and

why did the medical system direct her and her family to this place? If she was a 58-year-old White woman, would the same thing have happened?" As my mother and I walked back to the car, I felt no relief. I knew that this was not what Janice would have wanted. I also knew that it was her time and I wondered if she could hear us talking while we were in the room visiting her. I hoped Janice would find the strength to let go.

For me, the personal and professional are inextricably connected. These health inequities are not just theoretical or examples that exist out in the world that are separate from my life. This is a reminder that many social work scholars live and directly experience these inequities in their homes and amongst their families and friends. As my career progresses, I strive to bring the wisdom, hope, and knowledge instilled in me through my ancestors and lived experiences—both in practice and in my own life.

References

Cort, M. A. (2004). Cultural mistrust and use of hospice care: Challenges and remedies. *Journal of Palliative Medicine*, *7*(1), 63–71. https://doi.org/10.1089/109662104322737269

Dillon, P. J., Roscoe, L. A., & Jenkins, J. J. (2012). African Americans and decisions about hospice care: Implications for health message design. *Howard Journal of Communications*, *23*(2), 175–193. https://doi.org/10.1080/10646175.2012.667724

Ejem, D. B., Barrett, N., Rhodes, R. L., Olsen, M., Bakitas, M., Durant, R., Elk, R., Steinhauser, K., Quest, T., Dolor, R. J., & Johnson, K. (2019). Reducing disparities in the quality of palliative care for older African Americans through improved advance care planning: Study design and protocol. *Journal of Palliative Medicine*, *22*(S1), S-90–S-100. https://doi.org/10.1089/jpm.2019.0146

Washington, K. T., Bickel-Swenson, D., & Stephens, N. (2008). Barriers to hospice use among African Americans: A systematic review. *Health & Social Work*, *33*(4), 267–274. https://doi.org/10.1093/hsw/33.4.267

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Embracing Diversity via an Unusual Sister Circle: The Pursuit of an Undergraduate Social Work Degree at an HBCU

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Abstract: The pursuit of a college degree is often accompanied by opportunities to experience stress, and institutions of higher education are challenged to address the various personal or mental health barriers to degree completion. HBCUs have often been described as supportive of student needs, but does that include white students who become minorities for the first time? The extant literature indicates that white students report concerns of being discriminated against and often feel isolated, leading to an important question: What supports might mediate these feelings for white students? Historically, "sista circles" were the domain of African American/Black women, but five BSW students expanded their personal support systems to be more inclusive via age, race, and privilege. The development and value of this unusual "sister circle"—designated as such to reflect its mixed-race composition while paying homage to the original "sista circle"—is presented in the students' own words. Implications for future programming and services are explored.

***Keywords*:** HBCU, sister circles, academia, social work

As an assistant professor of social work, I (Val) teach graduate social work classes and also fulfill duties as the MSW admissions director. Due to an onboarding delay in the hiring of a new undergraduate social work faculty member, I was asked to teach an undergraduate social work course for several weeks until the onboarding process could be completed. During the first class, I mentioned an article co-authored by two MSW students regarding the mental health concerns of social work, psychology, and nursing students. I encouraged the students to read the article since it was applicable to their course of study. I overheard one student say that it might be interesting to write an article, but she was sure it would take a lot of time and that she probably wouldn't be able to write well enough. I advised that student that it was not that difficult as I was always available to help students through the process.

I viewed co-authoring with students as a natural step in their professional development but never considered writing with undergraduates. Nor did I expect anyone overhearing the conversation to volunteer to co-author an article. A few days later, one of my BSW students sent an email indicating she wanted to speak with me about the possibility of co-authoring. A few hours later I received a follow-up email from that student indicating that another student was also interested. I was now intrigued and scheduled a meeting for the following week. Five minutes before the scheduled meeting, the number of students interested in co-authoring had snowballed from two to five.

During our first meeting, the students discussed possible topics that would interest everyone but realized there were a number of differences such as race, age, marital status, privilege, socioeconomic status, motherhood, and different research interests. They had one obvious status

in common: they were all female, undergraduate social work majors in my class. As they continued to talk about their experiences in the social work program, an idea for the article began to surface. The students talked about how they first met in an evening social work class and how they would call each other for information, support, and ideas. If one was experiencing a low day, the others would do something to encourage that person to maintain their focus. As they spoke and laughed about some of their adventures, I realized that they had unknowingly formed a support group despite their differences: Chajurnee, a 21-year-old, single, Black female; Dione, a 54-year-old, married, Black mother of four adult children; Amber, a 32-year-old, married, pregnant, White female; Felicia, a 42-year-old, married, Black mother of three; and Devan, a 32-year-old, married, White mother of two minor children. This group represented a variety of diverse statuses. The support and sense of belonging these women displayed reminded me of my entry into academia five years earlier. As a Black female junior professor, I became a member of an organically developed "sista circle."

Several common themes emerged from the students' discussion, and it was at this point that I suggested that the students write about their unusual support group that I referred to as a "sister circle."[6] This group represented so much of what social work promotes: diversity, equity, and inclusion. The development of this truly diverse network sparked my curiosity as to how their unusual (mixed race, age, socioeconomic status, privilege) support system evolved. My fascination with what I identified as an "unusual" sister circle was partially influenced by two recruiting visits to two different primarily white institutions (PWIs). As I presented information about my university's MSW program, the two administrators seemed concerned about referring White students to an HBCU. It honestly seemed as if they did not expect White students to be welcomed there. I examined the literature on student recruitment, engagement, social support, and retention to enhance my understanding of this phenomenon.

Race in Higher Education

For more than 150 years, Black women have taken advantage of "sista circles," an experience grounded in the Afrocentric perspective. The sista circle provides support and understanding of gender- and race-related challenges and fosters a sense of belonging for women of African descent. In addition to providing support, sista circles work to dismantle racist and oppressive systems, allowing Black women to make meaning of their experiences *(*Allen, 2019). Sista circles began as "support groups built upon existing friendships, fictive kin networks, and a sense of community" (Neal-Barnett et al., 2011, p. 266), offering a safe place to manage daily assaults on Black women's mental health (Allen, 2019). Sista circles operate from an empowering position where Black women and girls work together to gain the control to heal themselves as they shed feelings of isolation and aggression.

The literature suggests that White students attending HBCUs do not always feel welcome, accepted, or safe (e.g., Arroyo et al., 2016; Donald, 2010; Peterson & Hamrick, 2009), and

[6] When referring to this mixed-race student support group, the spelling "sister circle" is used. I intend this to convey its likeness to (but not exact mirroring of) the sista circle concept, respecting the original's genesis as purposeful solidarity among groups of Black women in response to the specific marginalization experienced at the intersection (Crenshaw, 1991) of Blackness and femaleness (Allen, 2019).

Black students often feel unwelcomed or marginalized at PWIs (Alang, 2019; McGee & Stovall, 2015). If students do not feel welcomed, wanted or valued due to their race, age, gender or other characteristics, this could enhance their level of distress and ultimately impact retention. In the quest to recruit new students, institutions of higher education would be wise to consider services and programs to enhance diverse students' sense of belonging. Supportive social relationships enhance opportunities for collegiate success and retention (Arroyo et al., 2016; Carter & Fountaine, 2012; Donald, 2010; Tinto, 1993). Supportive social relationships reflect social work principles that recognize the importance of human relationships.

The topics of race and privilege are frequently discussed in social work classes, providing opportunities for White students to experience White racial consciousness (WRC) and hypervisibility (Carter & Fountaine, 2012; Peterson & Hamrick, 2009). As temporary minorities, White students might be reluctant to voice their opinions on certain topics that could lead to controversy and heightened emotions. The extant literature suggests that White students attending HBCUs may also lack a sense of connection to their university and may struggle with social exclusion (Carter & Fountaine, 2012; Hall & Closson, 2005). In addition to race, age may present as a challenge for nontraditional students who feel "out of place" matriculating with millennials, potentially providing another opportunity for social isolation. Thus, being White and a nontraditional student could exacerbate opportunities for social isolation. To provide the support that White, nontraditional, and otherwise isolated collegians might need when attending an HBCU, something similar to a "sista circle" could prove beneficial—and, in this case, did.

The Unusual Sister Circle

At some point during my students' pursuit of their BSW, race ceased to function as a barrier to inclusion and acceptance and status as a nontraditional student took center stage for four of the five members. I (Val) don't think my students recognized the novelty of their "sister circle," but they agreed to write about their experiences and the unique nature of the support provided. This treatise is not about the experiences of two White female students at an HBCU but more about the bond that developed between a group of women with similar concerns, experiences, and needs—and is presented in their own words.

The Dynamics of Identity, Bias, and Privilege in Pursuit of a BSW: Amber's Story

As a non-traditional student working on my second career, it took me a while to decide what I wanted to do after the military. Fortunately, during my time in the Navy, I was exposed to the social work profession and, following my research, I quickly fell in love with the values and ethics. Once I decided on a career in social work, I didn't look back. Knowing that my contract was soon ending, I started searching for local BSW programs. My main qualifications for what school I would attend revolved around price, proximity, and whether they had an available graduate program that I could transition into after obtaining my BSW. When I discovered Norfolk State University's (NSU) School of Social Work, I was thrilled. Although the commute would be a commitment to traffic, the school offered a BSW, MSW, and even doctoral program. Furthermore, NSU is one of the most economically attainable schools in the area, which meant I would be able to sign up for payment plans, avoiding student loans after my annual tuition

assistance allotment was reached. However, I must admit I did have some reservations about attending an HBCU.

Since I am White, I was not confident that I would be accepted or welcomed. I feared that I would not fit in or that my peers would resent my presence. For the first time in my life, I had to consider what I would feel like as a minority, and that fact terrified me. These concerns really encouraged me to digest and evaluate my privilege, biases, and fears. Ultimately, when I was accepted, I knew NSU was the school for me. Looking back now, I am so grateful that I am allowed this opportunity to obtain my undergraduate social work degree at an HBCU because the ongoing conversations we have regarding race, privilege, and oppression are more meaningful when I get to hear accounts from my peers who have such diverse backgrounds from my own. I think the quality of my social work education would have been limited if I had attended a primarily White school.

As a White woman, it is my duty and responsibility to recognize and address my privilege. In the past when I discussed White privilege with White friends and family, I have been met with resistance. Often, the resistance I meet is due to a misunderstanding of the idea of "White privilege," which is mistaken for power, prestige, and wealth. When people from lower socioeconomic statuses or the working class hear that they benefit from privilege, they wonder how someone who is struggling can be privileged. Thanks to my experience, I know better today what privilege really signifies. It doesn't mean that my life was necessarily easy or without struggle, but it does mean that my skin tone has afforded me protections and advantages. I have never been targeted by the law, store owners don't look at me suspiciously while I'm shopping, and I have never once feared for my life when I saw the police in my neighborhood. My skin shields me from those hazards.

My identity, however, is so much more than my race. I am also a woman who served in the Navy. I have experienced toxic environments, especially while deployed, where it was culturally accepted for women to be harassed, dismissed, and discriminated against. I witnessed mental health issues being mocked, peers being called weak for expressing suicidal ideations, and women being sexually assaulted. These issues are by no means unique to military culture, but my exposure to them as normal occurrences inspired me to get the education I need to make meaningful changes in the future. I aspire to utilize my education to address these issues.

I believe the social work education I am receiving is forcing me to reflect on my privilege and biases and will help to make me a better social worker in the future. Attending an HBCU has allowed me to experience what it feels like to be a minority, pushing me outside of my comfort zone and giving me an opportunity to embrace diversity fully. This education is exposing me to oppression, systemic racism, and social injustices that will enable me to empathize with oppressed clients and communities, meet them where they are, and truly hear them and their situations to produce results. I do, however, acknowledge that I will have an ongoing uphill battle to recognize and dismantle my own biases so that they do not become a barrier to services. Knowing that I want to work with military populations, I believe my Navy experience provides a valuable foundation on which to build.

My greatest challenge in pursuing my BSW is prioritizing my education while not neglecting other important areas in my life. Balance has been difficult to maintain. Throughout my time at NSU, I have juggled being a full-time student and active-duty Navy; I have undergone ankle surgery which prevented me from walking and driving for months; and I pursued fertility treatments and am currently experiencing my first pregnancy. Next semester I am anticipating delivering my baby and adjusting to motherhood—while simultaneously beginning my senior year and my field practicum. Life is always presenting hurdles and barriers, but with support, I have proven time and again that I am capable of success.

The biggest resource that I have been able to tap into is my personal resilience and determination to start a new career in social work. Pursuing a career shift in my thirties has at times been scary and difficult, but I am confident this is the right path. An additional resource I have tapped into has been my support systems. My husband, who has never complained that I must write yet another paper over the weekend or who willingly gave up his evenings after work to drive his post-operative wife to school, has been a constant source of encouragement. When I have struggled or lost focus, he has always been the first to remind me of my resilience and my purpose.

After my husband, a second source of this reminder has emerged: I have been embraced in a sister circle which naturally formed while taking night classes and consists of a diverse group of women who provide support, advice, and information whenever needed. We have curated a symbiotic relationship which transcends colleagueship and friendship into the territory of camaraderie which I have never before experienced outside of the Navy. I have leaned on this network of goal-oriented women when facing hardships that affected my attendance, and understanding of a topic, and during bouts of self-doubt when I needed reassurance. In return, I have offered the same support: a shoulder or an ear when needed, a second set of eyes on upcoming papers, or an explanation of topics covered in class. This support group has provided me with a built-in network of friends with whom I have the honor to learn and matriculate side-by-side, providing me with the confidence that we will all be successful social workers one day.

Reflecting on my BSW journey thus far has provided me with valuable insights into what has contributed to my success in my education. The most important action students can take is to surround themselves with a network of supportive friends and family who will encourage them to keep pushing forward. School requires focus and countless hours of studying, researching, and writing, so being around people who understand and can push you forward is invaluable. Also, it is critical to put yourself out there and share your perspectives within the classroom setting. Speaking up during class discussions adds value to the material, encourages further classroom participation, making learning fun, and reinforces the curriculum. When you share your perspective and hear others, it also provides an opportunity to form peer support groups.

Overcoming Self-Doubt: Dione's Story

Growing up, I always dreamed that I would be a teacher or a nurse. I never thought about being a social worker. I didn't even know what a social worker was. After having my children, being a single mom, and living off the welfare system, I was determined that I had to provide a better

living for my family. At the time all I had was a high school education, but I knew if I wanted to make a difference in our lives, I had to attend college. I looked around for schools that would fast-track my pursuit of financial stability. Within that search, I found a college that I could complete and receive a degree in 18 months. I attended day classes and while two of my children were off to school, my other two children and I went to college. It was hard balancing school and four children, but I had to stay strong and continue to fight for our lives. Eighteen long months passed by, and I had achieved my goal. I graduated with honors with an associate degree in medical assisting. I worked in a doctor's office for a few years, but it did not provide the financial stability needed. I eventually obtained a position as a mental health technician, where I was exposed to a multitude of interdisciplinary teams that included social workers. My exposure to social workers influenced my love for what they did and how they made families feel as they located resources for them. My new quest began.

I started looking for colleges that offered bachelor's degrees in social work. I did not intentionally decide to attend an HBCU, but during my research, I found that NSU was a public college with reasonable tuition, was 15 minutes away from my home, and was known for their excellence, high standards, and production of top-tier social workers.

As a former welfare recipient with four children living in poverty, I was very familiar with the social welfare process and what was to be expected of me as a social worker. By no means would I ever blame anyone for the situation that I allowed myself and my children to be in—however, I dreaded going to the social services building because the workers made me feel ashamed. I did not feel empowered nor experience the "dignity and worth of a person" (National Association of Social Workers [NASW], 2021, Ethical Principals section, para. 1) we so strongly take pride in promoting as social workers. As I made my decision to become a social worker, I remember how I felt applying for services and I vowed not to display the coarseness that was displayed to me.

My past experiences only groomed me to be an effective social worker. From my welfare to college dynamic, I made up my mind that I would have integrity and show empathy to those who are in need. Through self-reflection, I know that my desire to help may be a hinderance because I would try to go beyond what I may be capable of doing. As a professional social worker integrity is very important to me because it encapsulates every core value that I would be expected to possess according to the NASW.

One of my many challenges in the pursuit of a BSW centers around the fact that I am not your traditional college student, straight out of high school. I have lived my life and undergone experiences that I have had to overcome. I am a married, older woman with four adult children. Where would I find a job at this age? How would I pay for college? Would I be able to find time to go to school? Is my mind still good enough to retain and pass the classes at this level? Would I be focused enough? I considered each of these questions, but I knew if I wanted to have financial stability, I would have to take a chance. I couldn't let the fear of the unknown and my fear of failure stop me. I had the challenge of making sure that I would have time to study and time to spend with my husband, family, and friends. My biggest challenge was how I could

manage school and work a full-time job. I work 12-hour shifts, and if I had to work part-time, I would not be able to afford the benefits that I desperately need.

To maintain my focus on obtaining a BSW, I had to rely on a number of resources. I used the writing lab in the college library to proofread my papers. If I had any questions about assignments or papers, I emailed my professors or group texted my classmates. The most important resource that I have is a group of women that I met in my sophomore year. In class, we created a bond that is ongoing. We continue to schedule our classes together as much as possible. Each of us has different personalities and qualities that contribute something unique to our relationship. We make sure that we all understand, complete, and turn in our assignments on time. We talk daily. Throughout the day and some nights, we discuss and read each other's assignments to provide an extra eye before they are submitted. We cry, encourage, and support each other to do and be the best scholars. We also empower each other when times become stressfully difficult. I remember a time when we had a twenty-page paper due—none of us were sure of what was expected or that we were even writing it correctly. We talked daily about this paper, reading portions to each other and making sure that each section sounded right. We did this until each of us finished our papers. After we submitted our papers, we worried about each of our papers being good enough and whether all of us would get good grades. We have that special bond which goes far beyond ourselves; our families are entwined together. My bond with my sister circle is preparing me to become a better social worker. It is teaching me integrity, accountability, and commitment.

During my collegiate journey, I have learned that I must first take care of myself before I can help someone else. Self-care is of vital importance during my studies, and it will continue to be a significant part of my professional career. If I am stressed and mentally drained, I cannot function properly and my education will suffer, and every other aspect of my life will suffer. I have also learned that just as a tribe is needed to properly raise a child, I needed a close-knit circle (sister circle) to help me through the ups and downs of my years as an undergraduate.

Champions of Success for a White Woman at an HBCU: Devan's Story

I grew up in a low-income White family. My parents did their best to support me and my two brothers despite marital issues and my mother becoming disabled early in their marriage. These factors lead to me being reared in a broken home. I found myself rebelling against my later divorced parents because I thought they cared more about their issues and less about their kids. During this rebellious period, I found out I was pregnant at age 15. My father advocated against my pregnancy, offering an array of options from abortion to adoption. Despite this, I decided to go through with giving birth to my daughter. I struggled to graduate high school and support my household (comprised of my mother, little brother, and daughter). Looking back, I realize that my parents did the best they could given the socioeconomic hand they were dealt.

I started college straight out of high school. I was 19 years old and attended a local community college studying pre-nursing. At the time, I was less focused on my education and more focused on how to provide for myself, my daughter, and my family. When I couldn't afford the electric bill, I quickly realized I couldn't focus on school while working 40 hours a week and having all

the added stress of deadlines and due dates. I dropped out of community college with a 2.67 GPA at age 20 and entered the retail workforce.

Ten years later I was engaged, my then 14-year-old daughter was entering high school, and I was ready to start my educational journey again. I went to the same community college I previously attended to meet with the pre-nursing student advisor. I was told that my GPA wasn't sufficient or "nearly as competitive as needed" and that I should give up my pursuit of a nursing degree. The advisor didn't ask me about my circumstances or resources, nor offer any support. To him, I was just a number on a page—I was a 2.67 GPA student. I felt defeated. I was frustrated that this advisor told me to give up my dream.

I walked away trying to come to terms with the fact that I had no clue what I was going to do in life. I felt so strongly that nursing was what I wanted to do. As I was walked through the hall, I was approached by a gentleman, a representative of NSU, a local HBCU. He invited me to schedule a meeting with him later that week to discuss options for my future. I went home feeling hopeful about this meeting and its potential. Now, I always say that I didn't choose an HBCU; rather, an HBCU chose me.

I searched the internet for information about the programs NSU had to offer in preparation for my appointment later that week. While skimming the NSU catalog I noticed the School of Social Work. Among my research, I happened upon various social media pages with images of prideful students exclaiming their love for social work but, even more, their love for this HBCU. I thought to myself, social work seemed close enough to nursing, right? I had never thought about the reason I truly wanted to be a nurse—I guess because medical professions ran in my family. When choosing to pursue a social work degree, I realized that I could advocate for children and families that were coping with some of the same issues I went through, like homelessness, teen pregnancy, disabilities, and substance abuse. Social work—or, better, social justice work—that was something I could see myself doing. I met with the representative of NSU later that week. We had a great dialogue about the opportunities that the HBCU had to offer its students. For me, the proximity, low in-state tuition costs, and options for flexible class schedules were appealing. But the representative of NSU believing in my future was the deciding factor in my decision to pursue an undergraduate social work degree at an HBCU.

As I consider potential barriers to my ability to practice social work, my empathy and compassion present as possible challenges. My similarities in childhood or rearing may lead to me becoming overly involved with service users. The fact that I have faced similar challenges in life, such as being lower class, unemployed, homeless, and a teen mom, among other things, may cause my compassion and empathy to lead to fatigue in my career. On the other hand, my ability to relate to my clients may help me become a better social work practitioner. Another presenting challenge may be my ethnicity, in relation to the blatant White privilege that exists in social work institutions and practices. Although not all service users will be racially different from me, this could present a problem for some.

My biggest stressor in pursuing my undergraduate social work degree is comparable to other working women. How do we balance school, work, and our traditional socially constructed roles

at home? Navigating how to be proficient professionally, studious, and an attentive mother comes with mixed emotions. Am I spending too much time away from my kids? Am I worth less than my male counterparts who don't have to take time off work when their kids are sick? What happens if I become pregnant? Will I lose my job or stop pursuing my degree?

I have found that my fellow female cohorts are inundated with the same fearful thoughts as I am despite our differences in ethnicity. Fears that I am judged for being a woman that is pursuing my dreams and education. Fears that I am less of a wife for not being home every day with a hot cooked meal for my husband. Fears that my children will resent me for taking time outside of the home to pursue my degree. Combating those fears, learning to grab the helm, and navigating all the roles I play in life has been uniquely challenging.

Being a nontraditional 32-year-old student returning to college after being out of school for 10+ years was a challenge in and amongst itself. I have utilized various resources to help navigate my BSW pursuit, including family, classmates, tutoring services, the Writing Center, and the Student Health Center. I have leaned on family for daycare during classes, monetary support for tuition and housing costs, and overall for moral support. My most utilized resource has been a group of women I befriended in my second semester attending NSU. With the COVID-19 pandemic still looming, I spent my first semester taking virtual classes, never developing lasting relationships with classmates. Heading into my second semester and my first in-person class, I was wracked with anxiety about being a White woman attending an HBCU. Would I be accepted or seen as an outsider? Would I be discriminated against by professors who felt that I did not belong there? Would I be able to face my inherent socially constructed biases as a White woman?

My first class was an evening course. When I walked in, I realized that most of my classmates were also nontraditional students. Most were dressed in their work uniform or professional attire and appeared to be in their mid to late 30s. I was relieved that I would at least have age in common with them. I quickly made friends with several women in class, and we exchanged phone numbers to help each other navigate our new pursuit. I now find myself calling on those same women when choosing classes for each semester; when I have difficulty or need clarity on an assignment; or if I miss class due to one of my children being ill—truly I call these women for any and everything. They have become champions of my success and I of theirs.

The most important thing that I have learned about how I have survived the last two years of undergraduate social work education is how important human relationships are. My relationships with family and my sister circle at school are the reason I have been successful in my educational endeavors. Navigating everyday life is a daunting task but with their support, I feel that I can cope with the stressors of being a nontraditional adult student. If I can lend any advice to prospective undergrad social work students it would be to find your sister circle; find your family; and find your place in clubs, organizations, and school events. These human relationships will be your pillars as you cross uncharted territory in pursuit of your social work degree.

In a way, I am thankful for the advisor that didn't believe in me. Without him I would not have found my passion for social justice work and would have been blinded by the title HBCU. I am thankful for the intrinsic benefits I have received while attending NSU. I believe attending an HBCU has allowed me to learn about past and present race relations with a diverse lens, something I wouldn't have gotten at a PWI.

I Don't Need Permission to be Successful: Felicia's Story

I grew up in a middle-class, blended African American household. My mother worked for the government and my stepfather was in the Navy. I never thought I would be attending an HBCU or becoming a social worker**:** that was the furthest thing from my mind. I always thought I would attend Old Dominion University due to the fact they have a great nursing program and that is what I always wanted to do. The main reason I considered attending an HBCU was because my younger sister not only received her undergrad but also her graduate degree from NSU. One of the most important reasons I decided to go into the social work program is because about 14 years ago I was in an abusive marriage. At that time, that was all I really knew, and I had my first daughter at the age of 19 with someone who was physically abusive. I got out of that relationship only to marry someone who was emotionally abusive. In the process of ending that marriage, I realized that I had no money and three children to feed. So, of course, I had to get a job. Once I gained employment, I had no choice but to take my children to work with me because I could not afford daycare for three kids with no support from my ex-husband. In my transition from being married to single again I lost myself, and my ex-husband always reminded me that I would be nothing without him; that took a toll on me mentally. I felt stuck. I started to believe what he said because he told me every time he saw me. His words stayed in my head for the next 9 years until I got the determination to stand up and prove that I was worth more.

Growing up I always envisioned myself as a registered nurse because my aunt was in this field. Watching my aunt go to work to help others set off a passion in me to help those who could not help themselves—that is, until I became a licensed practical nurse. Once I got into healthcare, I absolutely loved it until I started seeing my patients from a different perspective that I had never fully noticed. Seeing my patients become depressed because they were unable to afford certain medications or witnessing a client struggle to eat in a food desert made me want to reach out and do more about it. The only way I felt that I could make a change was by becoming a social worker. I believed that my background in the medical field could help me in my future profession.

During my sophomore year, I decided to start taking night classes because I felt that would be a better fit for me: I am so glad I did. The first day of class I was very nervous because I did not know anyone, or so I thought. When I walked into my first class, I immediately laid eyes on the one person I knew, Devan. I was so excited to see her because I had taken an online class with her before. It was like a breath of fresh air, but I thought she would be the only person I would talk to that semester, not knowing that she was just the first of many of the friends I would grow to love as a sister. Over the last few years, I have learned that self-care and friendships are everything. The past two years have been so rough, and I have cried about papers often, but my friends always reeled me back in. They have absolutely been my rock when I felt like I wanted

to quit school; they always remind me that I am not alone. Before, I would look at the younger ladies 18 to 20 years old and say to myself, I cannot do this—I have children their age! My sister circle is always there to give me words of advice or just a little push here and there to let me know I am just fine, and that they will always be there if I feel like I need to talk. Friendships like these are one in a million and they may become your lifelong friends that you count on and talk to when times get tough during divorces, marriages, and babies.

If I could do anything differently, I wouldn't because I have no regrets. I love that I came back to school when I did. I think if I had started when my kids were little, I would have failed because I would have focused on my children more and not my studies. If I had come when I was a teenager, I would have failed because I would not have studied—I would have partied more than anything else. I chose a time when I could focus more and excel in my studies, and that time is now. Remarkably, it is my time to finally put myself first since I have always focused on others. As Kelly Price (2014) says, "It is my time to shine" (line 5), and it *is* my time because this is MY STORY, and I am so proud to tell it in my OWN WORDS.

I Always Wanted to Attend an HBCU: Chajurnee's Story

I've always desired to attend an HBCU because I wanted to embrace the culture portrayed in television programs like "A Different World" (1987). While in high school, we took tours to colleges, but we rarely visited HBCUs; nonetheless, when we did, I immediately felt at home. Since ninth grade, NSU has been my top choice, and I was thrilled to be accepted. It has always been my intention to pursue a social work undergraduate degree: This may have been fueled by my childhood experiences. My mother suffered a massive stroke when I was about eight years old, leaving her paralyzed on her left side. My siblings and I took on the role of her caregiver. My mother was unable to come with me to my doctor's appointments when I was a child, leaving this task to my father or my eldest sister. I never spoke about my situation to anyone, but people were aware of it. Some of the school's faculty knew about my home situation, but I think people may be unsure of what inquiries to make of children regarding their homes. And, in some cases, students don't speak up or want to talk about their situations at home even though they could be going through a lot.

When I first heard the term "social worker," like many others, I immediately thought of Child Protective Services or CPS. My family and I would visit my cousins frequently when they were in the foster care system. As a child, I knew very little about the system. However, as I spoke with my cousins and listened to their concerns, I realized there was something deeply wrong with the system. Some of the difficulties they experienced included switching households and wishing to be with their families, making relationships with their foster family tough. As a social worker, I intend to pay more attention to problems that affect both individuals and families. I also want to understand people better, be more involved, and truly uncover resources and solutions that could help them. There are a lot of children in need.

In college, my biggest struggle has been my tendency to just go with the flow and not talk to anyone. I would keep to myself in class, but occasionally I would approach the professor or email them with any questions I had. Due to COVID-19, I started taking classes online,

making it difficult for me to establish a relationship with my professors. How could I develop a relationship with someone who only sees me on the screen? Networking while being timid is difficult. I sometimes find it difficult to speak up since I am shy, but I'm working to improve in this area. Being home throughout COVID-19, I began to feel lonely, and I was unsure of who to contact for certain needs. When I returned to the university for face-to-face classes, I began to visit the social work department and utilize other facilities on campus. I enrolled in the summer bridge program to learn more about the field before I began my courses. While participating in the summer bridge program, self-care and professional writing were the most prevalent topics. I embraced staff suggestions and now believe I am getting better in the two areas where I struggled most.

I've needed to find a support system for the past two years; when my sister returned to school, we became each other's support system. But I also realized that in order to succeed in my major, I needed to connect with my peers. As a result of inquiring about an opportunity to co-author a journal article, I was exposed to several female classmates with similar interests. It's going well establishing a fresh friendship with my new support network, *now* my sister circle. Even though I'm just joining the group, I already feel valued and loved by this new group of ladies. It's enjoyable to talk to them because we can relate to each other about various things. They act like my big sisters, supporting and laughing with me because I am the youngest and least experienced. I began to realize that I am not alone after I started talking to my classmates and now feel more at ease joining groups in class and posing questions to my peers.

Conclusions

The lived experiences of these five BSW students reflected common themes and challenges: family struggles, teen pregnancy, pecuniary instability, gender expectations, role strain, self-doubt, the need for self-care, and concerns about being a non-traditional student for several. Social work students are trained to be self-aware and to practice self-care, an essential element for competent and ethical social work practice. Each narrative was also reflective of resilience as students utilized available familial, social, and institutional resources. The students' informal network (sister circle) appeared to be functioning effectively, as four of the five indicated plans to enter graduate school together upon graduation.

Implications (Isiah Marshall, Dean of School of Social Work)

The unusual sister circle is a creative, yet organic strategy that can address the complexities of retention, persistence, and student success within the context of women's empowerment and diversity. The sister circle participants collectively suggest that their bond has a two-pronged approach: academic support and social deisolation. In terms of academic support, the circle participants were able to hold each other accountable for course work and class responsibilities without the support or prompting of an outside person (i.e., professor, advisor, or family). The group also serves to encourage and to assure that everyone's knowledge of the subject matter is accepted and well-received. These actions build the needed confidence to manage and persist through the academic rigor of the program and maintenance of their personal lives. Furthermore, the literature notes that students are more likely to listen and take lessons from other students

rather than instructors or authority figures in a college or university setting (Shin et al., 2017). This implies that professors should encourage peer support rationales inside and outside of the classroom to support student success.

Secondly, but most importantly, this group is committed to breaking down barriers of isolation in terms of race, age, and inexperience to create a sense of belonging. After building trust and rapport, the sister circle provided a safe space to not only discuss course assignments but also create a space where misunderstood concepts of race, gender, and worldviews could be examined without judgement.

The diversity of the group proves that when people move beyond the differences of race, class, gender, and socioeconomic status, they bond through commonalities of life experiences. This supports Tinto's (1993) claim that student integration (belonging) into all facets of campus life leads to persistence and graduation. Lastly, these women find themselves in an undergraduate social work program, where they are proudly living out concepts of cultural proficiency; self-awareness; and self-regulation before they engage in professional social work practice. Their current and continued participation in this circle leads these students to be well-equipped to understand and respond appropriately to issues of diversity of race, gender, education, and socio-economic status in practice.

The unusual sister circle is a novel approach to student retention and persistence. Although the group emerged organically, circles such as these can be replicated with students who share common interests or those with varied interests. University student support service professionals, as a solution to encourage male participation and bonding, can assist in forming circles. For example, a circle could be created to focus on veterans who are returning to school after active-duty service. For Black males, institutions can form circles that focus on empowerment or support community-based projects such as mentoring or tutoring children. The circle concept could be used as a mechanism to bring together single mothers who are attempting to attend school and manage their families. A circle could be formed for first-generation college students to discuss ways to cope with the new college experience. Some would argue that a traditional club or an organization would function just the same; however, a club or organization may be too restrictive, with demands such as structured meeting times, paying dues, or being subject to constraining campus policies.

The lived experiences of the unusual "sister circle" members suggest an opportunity for research into how helpful sister circle–like groups might be in minimizing isolation, providing support, enhancing retention, and increasing graduation rates for collegians based on age, race, gender, socioeconomic status, sexuality, religion, or other statuses. However, use of Latoya Johnson's (2015) sister circle methodology by non-Black researchers is not recommended.

References

Alang, S. M. (2019). Mental health care among Blacks in America: Confronting racism and constructing solutions. *Health Services Research*, *54*(2), 346–355. https://doi.org/10.1111/1475-6773.13115

Allen, C. (2019). *Calling all the sisters: The impact of sister circles on the retention and experiences of Black womyn collegians at predominately white institutions* [Doctoral dissertation, Clemson University]. Clemson University TigerPrints. https://tigerprints.clemson.edu/cgi/viewcontent.cgi?article=3378&context=all_dissertations

Arroyo, A. T., Palmer, R. T., & Maramba, D. C. (2016). Is it a different world? Providing a holistic understanding of the experiences and perceptions of non-Black students at historically Black colleges and universities. *Journal of College Student Retention: Research, Theory & Practice*, *18*(3), 360–382. https://doi.org/10.1177/1521025115622785

Carsey, M., Werner, T., Mandabach, C., & Fales, S. (Executive Producers). (1987–1993). *A different world* [TV series]. Carsey-Wener Productions.

Carter, J. D., & Fountaine, T. P. (2012). An analysis of White student engagement at public HBCUs. *Educational Foundations*, *26*(3–4), 49–66. https://files.eric.ed.gov/fulltext/EJ1000230.pdf

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299. https://doi.org/10.2307/1229039

Donald, D. A. (2010, May). *Factors that influence the persistence rates of white undergraduate students attending Historically Black Colleges and Universities (HBCUs)* [Master's thesis, University of New Orleans]. ScholarWorks@UNO. https://scholarworks.uno.edu/cgi/viewcontent.cgi?article=2173&context=td

Hall, B., & Closson, R. B. (2005). When the majority is the minority: White graduate students' social adjustment at a historically Black university. *Journal of College Student Development*, *46*(1), 28–42. https://doi.org/10.1353/csd.2005.0004

Johnson, L. S. (2015). *Using sista circles to examine the professional experience of contemporary Black women teachers in schools: A collective story about school culture and support* [Doctoral dissertation, University of Georgia]. UGA Open Scholar. https://getd.libs.uga.edu/pdfs/johnson_latoya_s_201505_phd.pdf

McGee, E. O., & Stovall, D. (2015). Reimagining Critical Race Theory in education: Mental health, healing, and the pathway to liberatory praxis. *Educational Theory*, *65*(5), 491–511. https://doi.org/10.1111/edth.12129

National Association of Social Workers. (2021). *Code of ethics.* https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Neal-Barnett, A., Stadulis, R., Murray, M., Payne, M. R., Thomas, A., & Salley, B. B.

(2011, September). Sister circles as a culturally relevant intervention for anxious African American women. *Clinical Psychology*, *18*(3), 266–273. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3212099/

Peterson, R. D., & Hamrick, F. A. (2009). White, male, and "minority": Racial consciousness among White male undergraduates attending a Historically Black university. *The Journal of Higher Education*, *80*(1), 34–58. https://eric.ed.gov/?id=EJ823356

Price, K. (2014). It's my time [Song]. On *Sing pray love, vol. 1: Sing.* eOne.

Shin, T. S., Ranellucci, J., & Roseth, C. J. (2017). Effects of peer and instructor rationales on online students' motivation and achievement. *International Journal of Educational Research*, *82*, 184–199. https://doi.org/10.1016/j.ijer.2017.02.001

Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition.* University of Chicago Press. https://eric.ed.gov/?id=ED371658

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Reflections on Students' Emotional Health and Wellness and the Role of Faculty

Michelle Scott, Christa N. Hogan, and Stephanie A. Sabatini

Abstract: This article reflects our experiences with the mental health challenges of college students and our approach to assist faculty in supporting those students' emotional health. Given the rise in mental health challenges of college students before and after the pandemic, colleges and universities have increased their attention to student wellness. We discuss the challenges and two solutions—the red folder campaign and the addition of health and wellness resources into class syllabi—to bring faculty into the conversation and to enhance faculty ability to support students' emotional health and wellness. Additionally, we reflect on the perceived usefulness of these techniques gathered through a brief survey. While faculty's primary focus may be on academic success of their students, a student cannot achieve that success without their emotional health and wellness being stable and strong; therefore, faculty have an important role and opportunity to support their students holistically.

***Keywords*:** college students, red folder campaign, health and wellness resources, classroom syllabi, classroom technology, mental health

A student had shared little pieces of their mental health story with one of the authors over the course of several weeks through written assignments, journals, class participation, and casual conversations after class when they needed support or when class content triggered them. They shared that a family member died by suicide, and each year since the death, they had been hospitalized on the anniversary of the death. They shared that the anniversary of the suicide was that weekend. They talked about how they planned to get through it, assuring the author that they had an appointment with their therapist on Saturday and had plans with their friends on Sunday. They agreed that they would check in after the weekend. They were reminded of the services available on campus if they felt that they needed help. The author is a social work professor and a licensed clinical social work practitioner. Although she was not wearing the hat of a therapist at that time, she knew that she could not ignore the risk factors and warning signs. The student denied any suicidal ideation at that time. Monday came and the student did not show up for the appointment. As a social worker, the author knew this was of potential concern and immediately tried to reach them with no luck. She contacted student life and requested that they do a well check. A few hours later she was informed that, minutes before the well check, the student had made a serious suicide attempt. One of the authors, being a licensed clinical social worker, knew what to look for and who to contact, ultimately, intervening to help save this student's life.

Given this author's experience in social work practice, she was very concerned about what would happen to students like this if the professor was not knowledgeable about what to do, what to say, and where to get help for this student. Would this student have gotten help if this happened to a professor in a discipline other than social work or another helping profession? Or, if the professor did not know the significance of the student not showing up for the scheduled

check-in because they were unaware of the risk factors associated with suicide? Or, if the professor did not know where to get help or did not feel confident in acting on their instincts of concern? Social work faculty are often practicing clinical providers. This dual position provides us with the unique perspective to identify if our students may be experiencing emotional challenges and to know when and where to connect the student to supports and resources on campus. What can we as social workers do to help our fellow faculty colleagues be safety nets for our students?

This narrative shares the coming together of colleagues in a school of social work who each have different strengths and knowledge bases. Christa Hogan is a practicing licensed clinical social worker as well as the BSW program director at Monmouth University who teaches clinical practice and field. Michelle Scott is a professor of social work who specializes in the prevention of suicide among youth in her service, research and grant writing for program implementation, and training. Stephanie Sabatini has worked with both Christa and Michelle as a student, graduate assistant, and program specialist; she makes all the magic happen. This narrative will provide you information about our journey of connecting the dots to implement a few strategies to engage with faculty to be part of the competent community of prevention of youth suicide and mental health challenges on campus.

Mental Health Needs of College Students

It would not be a surprise to anyone teaching on a college campus that colleges have seen students arriving on campus with an increasing rate of mental health challenges. The American College Health Association's (ACHA, 2019) annual survey and Active Minds' (2020) student survey serve as excellent resources for current snapshots of the mental health and emotional issues currently facing college students in the United States.

An assessment of 10 years of HMN survey data showed an increase in mental health diagnoses among college students from 22 percent in 2007 to 36 percent in 2017 (Lipson et al., 2019). Students arrive to college campuses with a variety of pre-existing mental health conditions and with prescriptions for medications for those issues (Haas et al., 2003). Of college students, 44 percent report having seen a therapist; 16 percent report having seen a psychiatrist (ACHA, 2019). When students arrive on campus with or without prior mental health histories, they are met with a range of new risk factors and stressors. Biologically, the majority of mental illnesses emerge by the late teens and early twenties (Kessler et al., 2007). In addition, the college environment presents a variety of risk factors that can lead to emotional challenges.

As academic advisors to first-year students as well as to our own social work students, we see students being challenged to adjust to a new environment and newfound independence. They experience a shift in friendships and support systems, as well as a new schedule, changes in sleep habits, possibly heavy course loads, studying challenges, and being home sick, among many other worries. Pre-existing mental health challenges, and/or emerging ones, clashing with new changes and transitions may lead to poor academic outcomes—i.e., lower grades and increased likelihood of dropout (Eisenberg et al., 2009; Kivlighan et al., 2021).

These are not just anecdotal stories; national surveys document the rates of mental health symptoms and challenges. The ACHA conducts several studies on the status of health and mental health among college students. In spring 2019, data from approximately 68,000 college students from 67 college campuses across the United States was collected (ACHS, 2019). A third of students reported having a mental health diagnosis, a quarter with an anxiety disorder. While a fifth of students were diagnosed with depression, the majority of college students reported symptoms of depression (55.9 percent reporting hopelessness, 87.4 percent feeling overwhelmed, and 65.6 percent feeling very lonely)—with 70.8 percent feeling very sad and 65.7 percent reporting overwhelming anxiety in the past 12 months. There is a significant prevalence of suicidal thoughts (13 percent thoughts of killing oneself) and behaviors (i.e., 8.6 percent self harm/injury, 2 percent serious attempts; ACHS, 2019). While as previously stated some students reported seeing a therapist or psychiatrist, only 21.9 percent reported using on-campus counseling services.

The recent COVID-19 pandemic has made the mental health and environmental conditions of students worse; Active Minds (2020), a suicide prevention non-profit for college/university students, found that 80 percent of college students reported that their mental health was negatively impacted by the COVID-19 pandemic, with 20 percent reporting that their mental health has significantly worsened. Students specifically mentioned worsening anxiety, stress, sadness, and loneliness, which as noted above is already at substantial levels.

Not only has the pandemic affected the mental health of college students, but in a study of 2,282 students from a large public university in New York City in April 2020, a large proportion of students reported financial, housing, and food insecurity due to the pandemic (Jones et al., 2021). More than half of students (54.1 percent) reported that they or someone else in their household (68.9 percent) lost income as a result of the pandemic. Almost half (49.8 percent) of students reported being housing insecure (i.e., being very or somewhat worried about losing their housing). Half reported experiencing food insecurity (i.e., often or sometimes being worried they would run out of food before being able to afford more) with almost 20 percent reporting often or sometimes having gone hungry for lack of access to food (Jones et al., 2021). These environmental conditions can increase the risk of emotional challenges.

In light of these challenges, it is a significant concern that the majority (55 percent) of students reported not knowing how or where to go for emotional support and help (Active Minds, 2020). Students who are younger, male, and live-off campus are less likely to know where to go for mental health help on-campus (Yorgason et al., 2008). Campus counseling services can help students' emotional wellness and safety. Kivlighan et al. (2021) studied 1,231 students who sought counseling on a college campus and found that counseling reduced psychological distress, leading to improved academic success and grade point averages (GPA) post-counseling compared to pre-counseling GPA. This emphasizes the need for students to have more information about both campus and off-campus resources and how to get help for themselves or others when in need.

Faculty play a key role in observing changes in student behavior, as they see them in class and observe their academic performance. All faculty have a role in helping to connect students with

mental health or other resources on- and off-campus. We cannot minimize the need for all faculty (not just the helping profession faculty) to know the risk factors for mental health concerns and suicide—as well as what to do, including where to refer students for help if, and when, they see them struggling. This is not something that we can avoid.

What Can Faculty Do to Support Student's Emotional Health and Wellness?

Recognizing the need for all faculty to know what to do to support students' emotional health and wellness, our school of social work, and university as a whole, sought to support faculty and students by increasing knowledge about what to do and where to get help for emotional concerns. Our actions are not different from other universities and colleges who have begun to recognize the need to do something. Many colleges and universities often begin by providing gatekeeper trainings (i.e., training of faculty, residential life staff, and students, etc.) about the signs of mental health challenges and resources available to get someone help. Gatekeeper trainings include programs such as CAMPUS CONNECT, Question Persuade and Refer (QPR), Kognito At-Risk web-based suicide prevention training, and Mental Health First Aid (see Suicide Prevention Resource Center for additional information on gatekeeper trainings: www.sprc.org).

These types of trainings are effective in increasing knowledge, preparedness, likelihood to assist, self-efficacy, and skills (Lipson, 2013; Mitchell et al., 2013; Rein et al., 2018); however, there is not necessarily an association with an increase in students getting help or using services (Lipson et al., 2014). Furthermore, the success of gatekeeper trainings is dependent on people attending seminars that can last anywhere from one hour to a couple of days. Faculty who are not clinical in nature may be uncomfortable with the content or not see addressing students' mental health as part of their already overburdened job description of teaching and advising. Therefore, unless attendance is mandated, this may result in only the individuals who are interested in the content attending versus everyone who needs the information.

Unfortunately, our experiences suggest that advising and in classes are exactly where faculty have a role in helping students. While advising first-year students during orientation, Christa was approached by a student who shared they were struggling and did not have a safe place to process their feelings when at home. The two talked briefly, but somewhat superficially, and Christa referred the student to campus counseling services. Several weeks after the semester started, this student came to her again and, this time, shared that they were struggling with their gender identity and were feeling deeply depressed, uncomfortable, and disconnected from the campus community. Christa knew there was a relationship between isolation, lack of acceptance, feelings of depression, and suicide risk among students struggling with gender identity; she asked if the student was suicidal. They explained that they were. Christa and the student spent some time talking and agreed to walk together to the counseling center. Christa waited with them until they were seen.

Faculty need to be aware of the risk factors for suicide, know what to say (i.e., how to ask the question about suicide), and know where and how to connect someone to help. This may not have been part of the faculty's job duties years ago, but we are now seeing the increased need to

care for the overall well-being of our students. We have to recognize that if students are psychologically unwell, hungry, in an unsafe environment or relationship, experiencing homelessness, etc., they will struggle to perform academically. Faculty must embrace their students holistically for them to be successful. Since the move to remote learning, we have observed faculty members anecdotally reporting feeling overwhelmed by many students' limited at-home support and access to health and wellness resources. This is understandable since most faculty are not, nor expected to be, trained in mental health and ways to help support a student's well-being (Di Placito-De Rango, 2018). Despite the pandemic increasing faculty's stress—leading to feeling overwhelmed, exhausted, sad, feelings of loss, and a never-ending cycle of repetitiveness with little direction and focus (VanLeeuwen et al., 2021)—there may be one unseen benefit of the COVID-19 pandemic. The pandemic has led faculty to recognize the need to learn more about how to help students with emotional health concerns (Johnson et al., 2020).

In January 2021, Boston University School of Public Health (BUSPH), the Mary Christie Foundation, HMN, and the Hazelden-Betty Ford Foundation (2021) collaborated in surveying 1,685 faculty members at 12 colleges and universities across the United States. Almost 90 percent of faculty reported that they believed that students' mental health had "worsened" or "significantly worsened" during COVID-19. The majority of faculty (79.3 percent) reported having one-on-one phone, video, or email conversations with students about their mental health/wellness. However, only half of faculty reported that they had a good idea of how to recognize that a student is in emotional or mental distress, with two-thirds (69.7 percent) reporting knowing what mental health services are available (if any) on campus for students. The good news is that 73 percent of faculty reported welcoming additional information and training on mental health gatekeeping (BUSPH et al., 2021). Most (85.5 percent) faculty reported encouraging a student to come to them for help. The question is—do they know what to say and where to connect students to support and resources? BUSPH et al. (2021) reported that approximately 95 percent of faculty know where to refer students for academic and disability challenges. Fewer report knowing where to refer students to mental health/emotional (86 percent) and physical health (80.5 percent) challenges. Less than half of faculty (46 percent) know where to refer students for environmental concerns like housing, food, insurance, and childcare needs.

Even though faculty care and want the information to help, the reality is that unless attendance is mandated, it will be very difficult to get people to attend trainings. Over the past 10 years, Monmouth was fortunate to have receive significant funding through the Garrett Lee Smith Suicide Prevention Initiative funded by the Substance Abuse Mental Health Services Administration, allowing us to bring in a variety of evidence-based trainings to support faculty and students. We tried everything from in person trainings, to online trainings, to even developing an app for people's phones. Nothing worked! We could not get faculty to buy in to these trainings and use the resources. If faculty will not attend trainings or use the resources—which may not even lead to increased service utilization—what can universities do to make sure all students and faculty know how to help a student and where to get help on- and even off-campus?

We eventually developed a few "old-school," "low-tech" approaches that we call the "low hanging fruit" that takes little to no resources to implement: 1. the "red folder" campaign for faculty and 2. "health and wellness resources" for students, included on class syllabi and electronic classroom management systems (i.e., Blackboard, Canvas, eCampus).

Red Folder Campaign: Helping Faculty Know What to Say and Do to Support Students

If faculty are not likely to attend trainings, how can we provide information to faculty so they are ready and able to support the health and wellness of their students? Working with our director of campus counseling services, we decided to implement the "Red Folder" campaign. The University of California created the "Red Folder" campaign in 2012, which has subsequently been adopted by multiple colleges and universities and distributed to their community members. The "Red Folder" serves as a quick, single-source, comprehensive reference guide for faculty/staff. The folder's content consists of a range of concepts: common signs of student distress, tips for how to approach students in distress, directions guiding faculty/staff through campus protocols clarifying who to contact in the event of an emergency, how to connect students with the appropriate resource, and other policy information as appropriate (i.e., FERPA regulations, confidentiality). The folder sits on the faculty members' desks in hard copy and is accessed, if needed, when working with a student with emotional or environmental concerns. A PDF version can also be shared electronically on a faculty resource page or emailed directly to faculty, which takes little financial resources and can be accessed during remote instruction or advising. The folder doesn't have to be red—some think that might be stigmatizing if a faculty member pulls out a red emergency type of folder during a student meeting (unless your school colors are red). We used our school branding colors, which consist of shades of blue and white. Folders were distributed at the beginning of the school year and continue to be disseminated through human resources and onboarding orientations of new faculty/staff.

The "Red Folders" can be a supplement or substitute for training. The distribution of the folders demonstrates the university's commitment to the health and wellness of the campus community by enabling open conversations about mental health on campus and educating campus community members on the resources available. The folders provide tips on what to do and say in specific situations, allowing for a common language across all community members when addressing mental health and providing proper responses to talk to distressed students and when addressing crisis situations.

We implemented the "Red Folder" campaign in September 2019 by distributing the folder to all faculty (full-time and part-time) as well as to all staff and administration who interact with students. Content of the folder was developed in consultation with the psychological and counseling services on campus and modelled after "red folders" of other colleges/universities—readily available through a Google search. The folder has content on all four sides and includes tips of what to do or say in specific situations, a flow chart of who to call and when, what happens when contacting the counseling services from the faculty and students' perspective, as well as a list of contact numbers for various resources on campus ranging from counseling, substance use, health, Title IX, discrimination/ harassment, food pantry, and more.

Acceptability of "Red Folder" Campaign Among Faculty. At the end of the academic year (May 2020), part of which was remote due to the COVID-19 pandemic, 122 full-time and part-time faculty provided feedback. More than three-quarters (77.8 percent) of faculty reported that the folder provided new information. Four-fifths (80 percent) reported that the folder was "very" or "extremely" helpful when working with students. Some of the positive feedback provided was that the folder provided "easy access" to resources, "all in one spot," and some faculty thanked us for providing "contact information for services." A professor from a non-mental health related school/department shared,

> I have been working as a professor for 35 years. We never saw the kinds of mental health struggles that students are dealing with today. It is way outside of my comfort zone to dive into mental health issues with my students—this is not my field of expertise. However, when I meet with students during office hours, they spill a lot about their private lives. I can pull out the "resource folder" and know what to say and where to connect the student for support. The numbers are right there, and I don't have to search, which makes it a great resource for me and my students.

Faculty were asked to compare the folder to an in-person training. The majority (65 percent) of faculty thought the folder was a much better method of receiving the information, 10 percent thought a training would have been better and 25 percent felt they were the same. Faculty were asked to compare the folder to having this information on a website. In this comparison, most (50 percent) thought they were the same, with 38.9 percent reporting that having the information on the folder was better, 11 percent felt having the website would be better. It is important to note that the survey was taken during May of the first semester of the COVID-19 pandemic, when most individuals were remote. Therefore, 85 percent of faculty reported wanting an electronic version of the folder as a resource when they were away from campus.

It is important to note that the folder should not be the only method to get resources to faculty—rather, using a multi-layered approach of hard copy folder and electronic copies both emailed and posted on a website for faculty to access may be the best approach. Everyone has their own methods of how they hold information; redundancy is the best way to meet the needs of as many faculty members as possible. Some are still primarily using hard copies, while others are doing everything electronic. We wanted to be sure to make this easy and accessible to all folks teaching and interacting with our students. And just like faculty, our students have preferences about how they want to be given information.

Health and Wellness Resources for Class Syllabi/Technology

As mentioned earlier, less than a quarter of students report using campus mental health services (Active Minds, 2020). Students may not seek help from campus services for a variety of reasons: 1) the faculty are not linking the students to services or 2) the students are not sharing their need for or accepting help, perhaps due to stigma and fear of telling faculty that they need emotional support (Mazza, 2015). If faculty are educated about what to look for in students who may need help, what to say or do, and where and how to refer a student to mental health support,

but still students are not aware of how to get help, what can be our next steps? What tools can we provide that empower students to seek help when they need it? On- and off- campus resources need to be distributed to students in a direct and clear way. Students need easy access to off-campus resources in case they or someone they know needs help when school services are not an option.

Christa has been a professor at Monmouth for several years and has observed the increase in students needing emotional support in recent years. Students seek out her support after class, during advising sessions, during office hours, and, at times, request to Zoom with her. During these meetings, students often express concerns and not knowing what to do. In the student world, professors and advisors are often logical contacts if they need help. Christa would find herself connecting them to various resources. In some instances, resource needs went beyond psychological counseling services on campus. Student needs included resources for LGBTQI supports, veteran services, interpersonal violence, food and housing insecurity, etc. Therefore, she would find herself Googling local programs or checking her own resource list or "red folder" for places to connect them. All of these interactions made her wonder—while many college campuses may have support services available to students, how do students learn about them? Not all college campuses have the resources for all of these services; however, if they are available, students may learn about resources at orientation the summer before their first year. This is a time where students receive extensive information about campus, classes, activities, majors, etc. What happens after that first year? How do they stay informed about resources? After orientation, the resources may be lost, especially if, at the time, the student did not think it was something that they would need to access. After orientation, campuses may provide emails, posters, presentations, and other campaigns about mental health and resources—but again, if the student is not in need at that moment, are they keeping that information for future use? Furthermore, what happens when they are not on campus or are learning remotely? Where can students easily access support service information? Some campus websites are easy to navigate; some are not. Do campus websites provide off-campus, local, or national support numbers? Do students know where to find help? Can they find that email with the resources when they need it? What we do know about when someone is in crisis is that they may not be thinking clearly and may revert to black-and-white, concrete thinking. They may be too overwhelmed to navigate a website to find the resources they need. They need something easily accessible and digestible.

It is great if students feel comfortable coming to a professor, like in Christa's situation, but what happens when students do not feel safe approaching their professor/advisor but still need the resources? Christa had this thought—wouldn't it be great if we found the best resources, vetted them, and embedded them into each syllabus? She thought if the vetted resources were embedded in the syllabi, students would not need to cross a personal boundary by sharing with the professor or anyone else if they didn't want to. They could simply check the syllabus. One would hope that this is a document all students are often referencing anyway and are used to looking at to get academic support.

Faculty have the unique ability to connect with each student on campus through the course syllabi and perhaps an electronic web-based classroom management platform (i.e., Blackboard,

Canvas, eCampus, etc.). Faculty are a fountain of knowledge and resources for academic information inside the classroom and for emotional health and well-being information outside the classroom. All students receive syllabi from faculty. The majority of faculty (90.4 percent) report that the syllabi is an essential mechanism for communication about course content, instructor information, grading/assignments, and specific policy information (Fink, 2012). However, syllabi are also seen as a place to set the tone as a socialization process of expectations inside and outside of the classroom. Communication by faculty in the syllabi can balance the focus on teaching with a caring and nurturing side for the student (Thompson, 2007). Syllabi may include resources to help students improve their academic skills, tips on how to do well in the course, or to provide information about campus resources to support the students (Parkes & Harris, 2002). Several universities have encouraged faculty to include mental health resources in their syllabi (e.g., Carnegie Mellon University Eberly Center for Teaching Excellence and Educational Innovation, n.d.; Northwestern University Office of the Registrar, 2025; State University of New York College at Geneseo Teaching and Learning Center, n.d.; University of Illinois Urbana-Champaign Student Affairs, n.d.; University of Wisconsin-Madison Office of Student Assistance and Support, n.d.). The student advisory board for Counseling and Psychological Services at University of Michigan (n.d.) likewise suggested that faculty could support student mental health by putting resource information in their syllabi. Including health and wellness resources in syllabi can be an effective way to disseminate this crucial information to students while also communicating the acceptance and importance of health and wellness on campus and by the faculty. Having these resources embedded in the syllabus can also empower faculty teaching the course to assist students while also supporting the students' own independence and agency, especially if having to ask for help creates a barrier to accessing help.

The goal of putting health and wellness information in the syllabi is to make it easy to find and use in a time of crisis for the student, themselves, or for someone the student is trying to help (either on- or off-campus). Campus resource information can include psychological counseling services, the university police department/security, and the health center as essential services. We also included contact information for our campus food pantry and the Title IX/harassment/discrimination office. We provided details like location, office hours, and specific services along with hyperlinks to the specific resource website. This was especially helpful during remote learning during the COVID-19 pandemic, as hours and logistics of services changed. We also included local and national resource hotlines for concerns, such as suicide prevention (i.e., the National Suicide Prevention Lifeline, 1-800-273-8255) and more recently the 988 suicide and mental health lifeline, veterans' services, local mental health crisis support or screening, sexual assault/interpersonal violence information (i.e., RAINN), and LGBTQ+ services (i.e., The Trevor Project). Given the difficulty of adding an exhaustive list of resources to each syllabus, a link to a more comprehensive list of services, agencies, and resources available through campus, local, and state organizations were provided. Providing this information directly in syllabi shows that faculty take this seriously—that they are willing to discuss these topics and be available to support students.

So how do we make this happen? Christa thought to ask her colleague, Michelle Scott, who currently had a suicide prevention grant for the campus, whether she thought Monmouth should

put health and wellness resources in our syllabi. Christa was thinking Michelle would say that she was being too ambitious to think folks on campus would embrace this idea. Well, Christa was wrong. Michelle took the idea and made it happen. They spent time together thinking about what resources would be most needed, where there were overlaps in services, etc. They had to cut back their list and needed to acknowledge that they couldn't address every concern but hopefully could be as comprehensive as possible. Faculty were already expressing some concerns about syllabi being too long—so they wanted to be mindful of this. Christa and Michelle wanted to provide a grid type of format so that it would be easy to read, insert in a syllabus or eCampus announcement, and to take up less than a page of the syllabi. Once that was formatted, they had to get it to the faculty.

Given Monmouth has a faculty council and shared governance, Michelle presented a comprehensive explanation and rationale for the need for health and wellness resources being included in the syllabi and what specifically we were suggesting to the faculty council. The hope was to get the faculty council to agree to have the language as part of the faculty handbook of required elements for the syllabi. While mandating this language for syllabi was not possible or approved, we were strongly encouraged to share the information directly to all full-time and part-time faculty via a mass email. Faculty were provided language for syllabi to support students' health and wellness in January 2020 (shortly before the semester started) and again two weeks after we moved to remote learning due to the pandemic in March 2020. In a very short time, we found that we had a lot of support for the idea, and it was embedded in the syllabi in social work almost immediately and several other departments and schools on campus soon after.

Shortly before each semester (three times a year: in late summer, winter break, and late spring) when faculty are working on developing syllabi for the semester, Michelle double checks the resources to make sure the links and phone numbers still work and then distributes the health and wellness information with some supportive language introducing the resources to all full-time and part-time faculty. Without fail, within a few hours of sending the email, she gets messages from faculty thanking her for the resources; with faculty sharing stories about how it has helped their students. Several faculty shared how they use the information in the syllabi to initiate conversation about health and wellness with students and how that has allowed students to share how important having access to these type of resources right there in the syllabi have been to them. In fact, one semester the table of resources had left the sexual assault/interpersonal violence resource off by accident, prompting a faculty member to contact Michelle to relay how one of her students had shared the importance of that resources to the student's own health and wellness.

In addition to anecdotal stories, at the end of the semester (May 2020), 122 faculty shared their experiences and use of the health and wellness language through a brief survey. Almost all faculty (92 percent) reported that they planned to share the resource in the future while 52 percent of faculty had already shared the resources with students, 38 percent of which did after the move to remote learning. Most faculty (78.9 percent) shared the resources in the syllabi directly with their students; 58.2 percent of faculty posted the information on their web-based classroom management platform; 40.6 percent emailed their students the health and wellness

resource information; and an additional 9.5 percent of faculty announced the information in the classroom or planned to "use it as needed" or "with specific individuals." It is interesting to note that there were no significant differences in utilization by faculty status (full-time vs. part-time) or school/department.

Acceptability of Sharing Health and Wellness Resources with Students. Several faculty provided positive reviews about sharing health and wellness resources with students. Faculty reported that sharing resources would help reduce stigma around help-seeking. One faculty stated, "This is a really valuable means to continue to reduce the stigma, apprehension and/or anxiety around help seeking and community support related to mental health, cultural sensitivity and well-being." Faculty also reported that posting information in syllabi or on web-based classroom management platforms is very helpful. A faculty stated, "This info is so important, should be on University home page for students and faculty to see every time they log on to eCampus." Another faculty stated, "Providing messages that can be shared with students that have necessary names/links/contact information is very helpful."

A member of the counseling services on campus shared an anecdotal experience with a student:

> We were working with a transfer student veteran who disclosed that he was feeling suicidal even though he was in counseling off-campus. He explained that he struggled with suicidal ideation on a daily basis but did not have a plan to harm himself. He shared he was finding it difficult to continue to pay the co-pay for his private therapist off-campus so admitted that he was skipping appointments. He was not aware that the campus had free psychological counseling that he could access until he saw the resources on his class syllabus that provided the contact information for the campus-counseling center. He shared that he walked over after seeing the information. We were able to set him up with an appointment right away. He continued to struggle but expressed during a follow up talk with me that he felt more at ease and safer knowing that he had this campus resource.

It is important to note that not all faculty thought it was appropriate or worthwhile for faculty to share health and wellness resources via syllabi or classroom avenues. Less than 10 percent (8.5 percent, n=9) of faculty reported they did not plan to share the health and wellness resources with students. Reasons for not sharing included that they felt the resources were available other places. Others felt putting this information in the syllabi would overwhelm students and make the syllabi too crowded. Another faculty stated, "This should be shared individually and not overwhelm students with information on the syllabi." Another stated, "I don't really want to clutter my syllabus with this information. I would be far more open to putting up a relevant flyer or graphic on my eCampus course shell, than I would be in including it in my syllabus."

Implications and Conclusions for the Helping Professions

The purpose of this article is to reflect on and share what we have seen in the college setting regarding students' poor mental health and the role faculty can play in supporting the health and wellness of those students. As social workers who can also be clinicians, we have a knowledge

base that may make it easier to bridge the two very different tasks of 1) identifying students with mental health challenges and 2) getting those students engaged with the resources and supports that they need. Not all faculty are comfortable talking about mental health or know what to say or do. However, due to the COVID-19 pandemic, faculty seem primed to take on this additional role. Social work professors who are clinical- or research-focused have knowledge that they can share to support other faculty to meet the needs of their students. In doing so, not only will they help the student's emotional well-being but may support their academic success. Based on the joint experiences, knowledge, and willingness to collaborate between clinical and research social work faculty, we brought ideas for two resources to support faculty and students—the red folder campaign and the incorporation of health and wellness resources into class syllabi—into practice at a university-wide level:

- In our informal evaluation of the red folder campaign, we found faculty across all disciplines embraced the method. Faculty reported enjoying the ready availability of centralized, relevant knowledge in both hard copy (for use "in the moment" with students in person) and digital (for use remotely and for reference) forms.

- Anecdotal reports also support adding resources into syllabi and/or classroom management platforms, which empowers students to make their own decisions regarding what they divulge to faculty, how they approach their mental health, and what types of help they access. Campus counseling services and faculty noted that students benefited directly from easy access to resources in such a familiar, frequently-viewed place.

Helping professionals are well positioned to support their campus communities. It is our hope that the reflections on our strategies that we have implemented on our campus will inspire other campus-based helping professionals to help non–mental health faculty bridge the gap between student's needs and connecting them to campus resources.

References

Active Minds. (2020). *COVID-19 impacted college students' mental health hardest*. https://www.activeminds.org/studentsurvey/

American College Health Association. (2019). *American College Health Association-National College Health Assessment II: Reference group data report spring 2019*. American College Health Association.

Boston University School of Public Health, Mary Christie Foundation, The Healthy Minds Network, & Hazelden Betty Ford Foundation. (2021). *The role of faculty in student mental health.* https://marychristieinstitute.org/wp-content/uploads/2021/04/The-Role-of-Faculty-in-Student-Mental-Health.pdf

Carnegie Mellon University Eberly Center for Teaching Excellence and Educational Innovation. (n.d.). *Syllabus*. Carnegie Mellon University. Retrieved July 23, 2025, from https://www.cmu.edu/teaching/designteach/design/syllabus/syllabussupport.html

Di Placito-De Rango, M. L. (2018). Situating the post-secondary instructor in a supportive role for the mental health and well-being of students. *International Journal of Mental Health & Addiction*, *16*(2), 284–290. https://doi.org/10.1007/s11469-017-9740-4

Eisenberg, D., Golberstein, E., & Hunt, J. (2009). Mental health and academic success in college. *The B.E. Journal of Economic Analysis & Policy*, *9*(1), Article 40. https://doi.org/10.2202/1935-1682.2191

Fink, S. B. (2012). The many purposes of course syllabi: Which are essential and useful? *Syllabus*, *1*(1), 1–12.

Haas, A. P., Hendin, H., & Mann, J. J. (2003). Suicide in college students. *American Behavioral Scientist*, *46*(9), 1224–1240. https://psycnet.apa.org/doi/10.1177/0002764202250666

Johnson, N., Veletsianos, G., & Seaman, J. (2020). U.S. faculty and administrators' experiences and approaches in the early weeks of the COVID-19 pandemic. *Online Learning*, *24*(2), 6–21. https://doi.org/10.24059/olj.v24i2.2285

Jones, H. E., Manze, M., Ngo, V., Lamberson, P., & Freudenberg, N. (2021). The impact of the COVID-19 pandemic on college students' health and financial stability in New York City: Findings from a population-based sample of City University of New York (CUNY) students. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, *98*(2), 187–196. https://doi.org/10.1007/s11524-020-00506-x

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonsa, J., Lee, S., & Bedirhan-Ustun, T. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinions in Psychiatry*, *20*(4), 359–364. https://doi.org/10.1097/yco.0b013e32816ebc8c

Kivlighan, D. M., III, Schreier, B. A., Gates, C., Hong, J. E., Corkery, J. M., Anderson, C. L., & Keeton, P. M. (2021). The role of mental health counseling in college students' academic success: An interrupted time series analysis. *Journal of Counseling Psychology*, *68*(5), 562–570. https://doi-org.ezproxy.monmouth.edu/10.1037/cou0000534

Lipson, S. K. (2013). A comprehensive review of mental health gatekeeper-trainings for adolescents and young adults. *International Journal of Adolescent Medical Health*, *26*(3), 309–320. https://doi.org/10.1515/ijamh-2013-0320

Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased rates of mental health service utilization by U.S. college students: 10-Year population-level trends (2007–2017). *Psychiatric Services*, *70*(1), 60–63. https://doi.org/10.1176/appi.ps.201800332

Lipson, S. K., Speer, N., Brunwasser, S., Hahn, E., & Eisenberg, D. (2014). Gatekeeper training and access to mental health care at universities and colleges. *Journal of Adolescent Health*, *55*(5), 612–619. https://doi.org/10.1016/j.jadohealth.2014.05.009

Mazza, E. T. (2015). Working with students with psychiatric disabilities or other emotional problems. *Journal of Teaching in Social Work*, *35*(4), 425–448. https://doi.org/10.1080/08841233.2015.1066916

Mitchell, S., Kader, M., Darrow, S., Haggerty, M., & Keating, N. (2013). Evaluating question, persuade, refer (QPR) suicide prevention training in a college setting. *Journal of College Student Psychotherapy*, *27*(2), 138–148. http://doi.org/10.1080/87568225.2013.766109

Northwestern University Office of the Registrar. (2025, March 12). *Northwestern University syllabus standards*. Northwestern University. Retrieved July 23, 2025, from https://www.registrar.northwestern.edu/registration-graduation/northwestern-university-syllabus-standards.html#:~:text=accommodation%20request%20form.-,Support%20for%20Wellness%20and%20Health,meeting%20to%20avoid%20being%20dropped

Parkes, J., & Harris, M. B. (2002). The purposes of a syllabus. *College Teaching*, *50*(2), 55–61. http://doi.org/10.1080/87567550209595875

Rein, B. A., McNeil, D. W., Hayes, A. R., Hawkins, T. A., Ng, H. M., & Yura, C. A. (2018). Evaluation of an avatar-based program to promote suicide prevention awareness in a college setting. *Journal of American College Health*, *66*(5), 401–411. https://doi.org/10.1080/07448481.2018.1432626

State University of New York College at Geneseo Teaching and Learning Center. (n.d.). *Syllabus design*. State University of New York College at Geneseo. Retrieved July 23, 2025, from https://www.geneseo.edu/tlc/syllabus-design-0#:~:text=Suggested%20items%20to%20support%20academic,Food%20Security%20for%20Geneseo%20Students

Thompson, B. (2007). The syllabus as a communication document: Constructing and presenting the syllabus. *Communication Education*, *56*(1), 54–71. https://doi.org/10.1080/03634520601011575

University of Illinois Urbana-Champaign Student Affairs. (n.d.). *Faculty & staff: Syllabus statement & teaching resources.* University of Illinois Urbana-Champaign. Retrieved July 23, 2025, from https://wellness.illinois.edu/faculty-staff-syllabus-statement-teaching-resources#:~:text=Mental%20Health%20Statement%20on%20Syllabus&text=The%20statement%20can%20be%20added,those%20who%20care%20about%20you.&text=This%20statement%20is%20approved%20by%20t

University of Michigan Counseling and Psychological Services Student Advisory Board. (n.d.). *Student suggestions on how faculty can support mental health.* University of Michigan. https://caps.umich.edu/article/student-suggestions-how-faculty-can-support-mental

University of Wisconsin-Madison Office of Student Assistance and Support. (n.d.). *Supporting mental health of students.* Retrieved July 23, 2025, from https://osas.wisc.edu/guide/supporting-mental-health-of-students/#:~:text=Example%20Syllabus%20Statement,of%20Student%20Assistance%20and%20Support

VanLeeuwen, C. A., Veletsianos, G., Johnson, N., & Belikov, O. (2021). Never-ending repetitiveness, sadness, loss, and "juggling with a blindfold on:" Lived experiences of Canadian college and university faculty members during the COVID-19 pandemic. *British Journal of Educational Technology*, *52*(4), 1306–1322. https://doi-org.ezproxy.monmouth.edu/10.1111/bjet.13065

Yorgason, J. B., Linville, D., & Zitzman, B. (2008). Mental health among college students: Do those who need services know about and use them? *Journal of American College Health*, *57*(2), 173–181. https://doi.org/10.3200/jach.57.2.173-182

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A Thief in the Night: Poetry as Self-Care

Laurie Blackman

Abstract: I wrote this poem to capture the painful feelings of caring for a family member with Alzheimer's. It expresses both the heartbreak and disappointment associated with the journey, but it also highlights the unexpected joys that arise along the way. For those living with Alzheimer's, I have come to understand how much remains unknown about their innate traits—traits that encourage learning, resilience, and even moments of success. I believe it is important not to place limits on their capabilities, even in the later stages of the disease.

***Keywords*:** disease, Alzheimer's, resilience, poetry

As a gerontologist, educator, social worker, and family caregiver, I was inspired by my experiences with my mother, who has been living with Alzheimer's for the past 15 years, to write this poem. Through this poem, I sought to express the pain, frustration, and disappointment that my family and I have faced during this journey. At the same time, I want to celebrate the successes we've achieved in caregiving, which have been equally significant.

As a caregiver, I have discovered unexpected triumphs in managing this incurable disease. These moments have been emotional, exciting, and surprising, reinforcing my belief in the strengths perspective—a social work approach that demonstrates that individuals possess the inherent capacity to grow and change, even in challenging circumstances (Marsiglia et al., 2021, p. 132). For families caring for loved ones with Alzheimer's, this perspective offers opportunities for growth, possibilities for the care recipient, and hope for caregivers like me.

A Thief in the Night

Lying in wait
Months, years, you steal from the unsuspecting
Who remain unknowing
Taking the inconspicuous
Indifferent to caused confusion
Later, more brazen with increased determination

Enacting countless acts of cruelty
Terrorizing families
No mercy
No remorse
Thriving in the fear you exert

Faith as protection
A shield
A weapon
Refusing to be a victim

Voiceless no more
Exposing your identity

Alzheimer's Disease
Criminal!
Thief!

Longing for peace
Oh-oh-oh
Brighter days

References

Marsiglia, F. F., Kulis, S. S., & Lechuga-Peña, S. (2021). *Diversity, oppression, and change: Culturally grounded social work*. Oxford University Press.

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Stories of the Self: Religious and Cultural Struggles of a Muslim Child Welfare Researcher

Bibi S. Baksh

Abstract: The child welfare system, higher education, and being Muslim are three aspects of my identity that required close examination to understand my encounters during my PhD research. I withstood challenges based on religious and cultural differences in my fostering and frontline child protection work. Insight into these challenges emerged through my research, which examined experiences of Muslims clients receiving child welfare services in Ontario. The project provided an opportunity to reflect on frictions between my religious identification, my academic institution, and a child welfare organization. Grounding my framework in the sociocultural context for Muslims, I discuss aspects of my research that details interpersonal interactions with the child welfare system and academia. To synthesize three aspects of my social positioning—student, researcher, and child welfare worker—I outline the struggles of a Canadian Muslim identity. I use reflexivity to discuss narratives of my encounters in various phases of the research process.

***Keywords*:** child protection services, colonization, Islam, Islamophobia, reflexivity

Introduction

Social work has its roots in 19th century Christian theology (e.g., the work of Walter Rauschenbusch) and philanthropy and is historically connected to organized Christianity (Graham et al., 2006). Graham and Shier (2009) point to a nexus between social work and religion, yet the emergence of social work as a profession in the Western world is grounded within a secular scientific paradigm that is primarily shaped and regulated by academia and professional bodies. Religion has been largely ignored, and scholars contend that there is reluctance and discomfort among social workers and other human service professionals to engage with religion (e.g., Gilligan & Furness, 2006; Godina, 2014; Hodge, 2005; Streets, 2009; Thyer & Myers, 2009).

For Muslims, this problem is compounded by pervasive stereotypes. Literature suggests that Muslims and Islamic communities in the West are experiencing an escalation of anti-Muslim sentiments and a rise in Islamophobia (e.g., Allen, 2010; Geddes, 2013; Gottschalk & Greenberg, 2007; Kundani, 2014; Razack, 2008; Sharify-Funk, 2013; Zempi & Chakraborti, 2014; Zine, 2001, 2006). In the Canadian context, Arat-Koc (2005) suggests, "following September 11, the definition and boundaries of Canadian national identity and belonging were reconfigured" (p. 33). The reconfiguration produced a socio-political atmosphere that defined Muslims as unquestionably "the other."

Grounding the framework for my PhD research in the sociocultural context for Muslims, I examine Muslim clients' encounters with the child welfare system in Ontario. In this paper, I outline the construction of Canadian Muslim identity as the "other" to provide context for the final piece, "Stories of the Self." Using reflexivity as part of my methodology to grapple with

my "otherness"—not only as a Muslim researcher but also as a researcher working with Muslim participants—facilitated a deep dive into the final piece. In said section, I use creative narrative to discuss my experiences and internal processes throughout the research and writing of my PhD dissertation.

Positionality—*My* Connections with Child Welfare

I am an immigrant, Muslim woman with over 30 years of history with the child welfare system in Ontario. My connection with child welfare started with the role of fostering; I thought that this would be a good opportunity to open our home to "less fortunate" children and provide good life lessons for my four biological children. In Islam, we are taught that children are like *walis* (friends of God) and are a sacred trust. My family and I settled into fostering through the alternate care program, which secured placement for special needs children (those with autism, Down's syndrome, fetal alcohol syndrome, and other complicated, sometimes unnamed childhood developmental challenges). There was congruence between what I was doing and my beliefs. The families we worked with were happy to have the Children's Aid Society's (CAS) involvement and became extended parts of our own family.

I had no intention of working as a child protection worker, as over 10 years of fostering had given me insight into how challenging the work is, but ended up doing so. Within a year as a child protection worker, I felt negatively impacted by the work and could not reconcile much of what was required of me as "protecting children." I noticed disturbing patterns that reflected systemic problems where poor and racialized families were treated more harshly. I found the court process particularly intimidating for families. Gradually, case by case, I lost my ability to feel whole while I continued the work.

Additionally, I began to feel the impact of clients' and coworkers' perceptions of me. Clients complained about my inability to speak English and my lack of knowledge about Canada in racist and derogatory ways. In one memorable incident, my 14-year-old client—with great self-awareness and insight—called my supervisor to request another worker, because he considered himself "racist." I was removed from the case partly because of his request, but mostly because of the group home supervisor's call to the agency with concerns for my safety. Was this in some way connected to Islamophobia?

Working as a child protection worker, I had little time to care for families and children. The emphasis was on meeting deadlines and assessing risks in ways that took away the relationality of interactions. As much as the agency culture perpetuated the culture of "saving children," I knew that I was not saving children. What is more, I realized that I, as part of the system, was implicated in perpetuating the inequities and continued state colonizing of folks deemed "risky." Ten years and two organizations later, I resigned from the agency with no plan in mind as my concerns grew into anxiety that agitated my soul.

However, child welfare followed me into my PhD, which was not a lifelong dream but a hoped-for escape. Researching child welfare seemed equally challenging. This brought in the insider/outsider conundrum because it is essential to document shared and divergent experiences

between participants and researchers (Berger, 2015; Dodgson, 2019; Teh & Lek, 2018). While I could be considered an insider and felt that I had considerable connections with the system through my over 20 years of fostering and frontline protection work, I was a definite outsider. This feeling emerged through the reluctance of CAS organizations to engage in the study. As a result, recruiting participants proved difficult with rejections from 10 child welfare organizations.

Recruiting through the Muslim community was an equally alienating process, though for a different reason. Fear of anything to do with child protection was an explanation for potential participants to abstain regardless of their positions in the Mosque or their personal experiences as clients, foster parents, or workers in the child welfare system. Eventually, I was able to recruit one family through a community agency. This young family fled from war to ensure their safety, but as the father stated, after the treacherous journey to get here, he lost his children. The story he told was difficult to listen to, transcribe, and analyze. As I immersed myself in the story, I got lost. Objectivity seemed impossible; subjectivity intertwined. We shared that Muslim identity in Canada where Muslims are viewed in a particular way.

The Canadian Muslim Identity

Iterations of a Canadian Muslim identity might link Muslims to their nationality, ancestry, and ethnicity. However, aspects of individual and group identity are shaped by religion for Muslims in the West. Previously considered ethnic minorities, Muslims are now a distinct religious group (Nash, 2012). Religion is increasingly being noted as a salient identity marker among Muslims, particularly in the aftermath of September 11 (Nash, 2012; Peek, 2005; Sadek, 2017; Verkuyten & Yildiz, 2007). The evolution of identity is a complicated process, as Bhabha (2004) puts it: "Identity is never as an a priori, nor a finished product" (p. 51). Identification for Muslims is based on attitudes of intolerance; being "Muslim" appears to be both an a priori and a finished product and can be easily understood in the literature on perceptions of Muslims (e.g., Nash, 2012; Razack, 2007; Zempi & Chakraborti, 2014).

The Ontario Human Rights Commission (OHRC, 2005, 2017) identifies characteristics that include name, dress, language, place of origin, beliefs, and practices as traits used to judge others as abnormal. Such identity markers (e.g., names on the no-fly list and *hijab*) have always been problematic for the Muslim community but continue to surface. For example, the conservative Anti-Terror Bill—with its economic action plan of close to 300 million dollars (Government of Canada, n.d.) allocated to law enforcement agencies in the fight against terrorism—frames Muslim minorities as a hostile fringe that requires increased surveillance. Further, the focus by state actors on extremism and radicalization as explanations for terrorism compounds exclusionary practices for Muslims (Sajoo, 2016).

Arat-Koc (2005) argues, "following September 11, the definition and boundaries of Canadian national identity and belonging were reconfigured" (p. 33). The reconfiguration produced a socio-political atmosphere that defined Muslim identity as unquestionably not of "the West." Canadian Muslim women are excluded from the construction of Canadian identity (Bullock & Jafri, 2000). Canadian women's first-world identity—viewed as progressive, modern, and

liberated—contrasts with Muslim women usually identified as immigrants from the third world. Practices associated with Islam are seen as an importation of backward practices, with the result of reinforcing the orientalist paradigm of Muslims as un-Canadian (Bullock & Jafri, 2000). The development of a Canadian Muslim identity involves social interaction and engagement with others. Frequently believed to be unwilling to integrate, Canadian Muslims continue to be a significant part of the fabric of Canadian society (Kazemipur, 2014; Zempi & Chakraborti, 2014) that occupy the periphery.

Sadek (2017) speaks about subjectivity within the cultural context and suggests that both the collective and individual Muslim identities are at risk of collapsing due to the internalizing of various aspects of Islamophobia. She further argues that such a collapse that is mediated by shame can cause foreclosure or idealizing of Muslim identities—constructing an enduring Muslim identity where shame and fear are present and intersections of race, ethnicity, age, and gender add to negative self-concept for Muslims. Shame is part of the child welfare experience, with clients already marginalized and with Islamophobia on the rise (Minsky, 2017).

Like internalized racism, Islamophobia affects Muslims on a psychological level due to overwhelming pressures of surveillance, hate crimes, and institutional discrimination (Amer & Bagasra, 2013; Nadal et al., 2012). The Canadian Muslim community is experiencing a shift in generation, with an increasing and struggling youth population. While some argue that Muslim youths tend to assimilate and take on the identity of their new home and value learning and participation (Moghissi et al., 2009; Saunders, 2012), they also experience Islamophobia. Parents and students report racism and Islamophobia, for example, stones being thrown at girls wearing hijab and parents being requested to change their children's names (Zine, 2001). This triggers complex and layered challenges for Muslims involved in child welfare services.

Reflexivity

Reflexivity and reflexive practice are core components in social work research and practice (Dodgson, 2019; Watts, 2019). They form a strategy used as a quality control approach (Berger, 2015) and considered one way to establish trustworthiness and rigour and deepen others' understanding of one's work (Dodgson, 2019). I used epistemological reflexivity, which encourages the researcher to reflect on their assumptions and capacity to influence and be influenced by the research process (Dowling, 2006). Reflexivity is viewed as a challenging and important aspect of research. From an academic standpoint, reflection and reflexivity were new ideas to me, but in my personal life, they were not. In Islam, constant monitoring of the *nafs* (ego) towards moral and ethical choices in everyday life and an awareness that one is accountable to God are important. My project presented the opportunity of merging my personal and scholarly reflexive practices.

Understanding my identity as a Muslim woman and how it shaped my research project allowed me to make further links between my religious/spiritual self and my academic endeavors. I cognize similarities and differences as suggested by Dodgson (2019), with the family and myself that brought into conscious awareness the family's experiences as new Canadians of Arab descent to be very different from my experience. I also consider the vast difference between

being a foster parent and a worker to that of a client receiving services. It became clear that in my case study, the principal participants responded to me as a person of influence (Mitchell et al., 2018), but what became clearer is that they responded to me as a Muslim, within a faith community where commonality brings with it trust. This trust was necessary for their story to be told given the trauma they faced in with child welfare interventions. The following sections are narratives that tell stories from my reflexive practice about aspects of my research including theory, research paradigm, and methodology.

Stories of the Self

In "Stories of the Self," I encapsulate interactions and emotions evoked from participants and systems through the different stages of the research. For example, in the first section, I articulate my struggles to find epistemological congruences with the theories that permeate social work. The second part expresses the complex intersections between child welfare and religion as it pertains to marginalized clients. The third suggests that the Canadian context with Islamophobia as a salient factor creates negative experiences for participants and researchers alike. The fourth segment is aligned with my methodology and conveys the systemic struggles that evolved, while the fifth portion is situated within my findings and elucidates the interchanges between myself and the participant. The final section is a reflection on colonialism in Canada as it pertains to child welfare and emerged from my thoughts during the writing of my discussions.

What is My Theory?

> Most areas of intellectual life have discovered the virtues of speculation and have embraced them wildly. In academia, speculation is usually dignified as theory.
>
> —Michael Crichton, *State of Fear*

Perhaps the position of a Muslim researcher in a Western institution is a paradoxical one. In the doctoral program, we are frequently told that a "theoretical perspective" is necessary to frame social work research. There are many to choose from and one can easily get lost in the array of social work. At the beginning of my search for theories that fit, I was traversing an unknown swamp with scary things hidden in wait to pounce on unsuspecting intruders. I felt unable to navigate the swamp. The map to avoid danger and stay safe seemed like it was written in a foreign language. The codes were inaccessible. Now, do I stop? Turn back? If I continue, will I be devoured? Will I lose my identity and become one of the minions that keep the swamp alive?

And what of people who are more grounded in an alternative paradigm that cannot fit with the Western construction of "acceptable" theories? I feel like I have imposter syndrome. Not in the same way as my PhD colleagues; for many of them, imposter syndrome is a sense of inadequacy despite their success as students and emerging scholars. For me, imposter syndrome is more like being somewhere you don't belong because there is not much that is familiar to me. So little reflects my identity in the secular hegemonic spaces and ideas.

I don't have the luxury of thinking fully from an Islamic perspective because the dominant secular perspectives prevail in academia. And this feels like a structural barrier. My "theories"

springing from Divine revelation and grounded in theology are rarely welcomed in this space. Sometimes I seem to be speaking a "foreign language" in an inaudible voice. And sometimes I hear a foreign language I cannot understand. Can I be heard and understood? Do I belong?

It seems to me that I have more in common with other systems or frameworks of looking at the world. I find comfort in the First Nations' perspectives of connectedness, collectiveness, community, and caring. This is familiar. This familiarity brings on another anxiety. In attempting to conform, am I misrepresenting myself or, more importantly, my participant? This man whose life was turned upside-down by his experiences, yet was willing to participate in the research? Will I find space for his voice that speaks for both of us with clarity and conviction?

The struggles I encountered to find a participant was only resolved when I belonged. I belonged, not in academia, not as a child welfare professional, nor as a researcher. I belonged to the family's world. I heard their voices, their heartbreaking pain of separation, their tragic stories of oppression, and their disturbing concerns about injustice. And then I hear their voice of hope, and trust, and reliance on Allah (God). And somehow, they trusted me with their story. How do I filter it through paradigms and frameworks that don't seem to fit? How do I retell their story in their voice? Can I convey their trauma? Their hope in Allah?

How "Being Muslim" Shows Up in Child Welfare

> I wonder how I can move about in two such different worlds in the space of a single day.
> —Paulo Coelho, "A Day at the Mill"

Two very different worlds—child welfare and Islam. Where do these worlds intersect? Who resides in the intersection, and how do they manage to keep their balance? Child welfare is self-evident and reflects a concern for the welfare of children. Islam, on the other hand, is not so discernible although it is a major world religion. It means different things to different people. One popular construction of Islam in the West is that it is synonymous with terrorism and has abusive practices toward women and children. In this construction, Islam is bent on the destruction of liberal democracies. However, there are other ways to understand Islam and explore how it brings moral and ethical conduct to the forefront in the welfare of children.

The Prophet Muhammad (upon him Peace and Blessings), the example that Muslims strive to emulate, strongly encouraged caring for orphans and needy children. An example was left for us in the Prophet's care of Ali, his young cousin who lived with him. The story of Ali in the home of the Prophet is a story of love, patience, preference of the child over himself, and nurturing care. Love and care were so established and secured that the child experienced joy in his presence. Inspired by my world of Islam, I entered the world of child welfare as a foster mother.

While fostering, I experienced the child welfare system from the perspective of a Muslim. As I recall, encounters with "apprehended" children placed in my home were complicated, disheartening, and traumatic. I remember two young brothers, ages eight and four. They didn't know why they had to leave their home nor when they were going back. The older one stood by the window for three days. Crying, sobbing, pleading. Looking out onto the street. The younger

one stood next to his brother. Perplexed, confused, and afraid. Timidly attempting to console his older brother. I could not even offer these children a phone call to their parents; that was against the rules. As a mother, it was easy to put myself in their parents' position. Words fail to convey feelings. How are their parents surviving without knowing where their children are or who is caring for them?

My frontline child protection work was marred with complaints to my supervisors about difficulties understanding my accent, my inability to speak English, and my lack of knowledge about Canada and Canadian laws. In one incident, a 14-year-old client—with great self-awareness and insight—called my supervisor to request another worker, because he considered himself racist and hated Muslims. I was removed from the case. In this and other instances, the power associated with the child protection worker gave way to the marginalization of my Muslim identity.

As I continued this child welfare journey in the academic realm, I encountered the two worlds of Islam and child welfare most profoundly. While there is a prolific body of literature on the protection and safety of children in Islam and in child welfare—these exist as separate, disconnected, and distant from each other, with minimal points of conversions and intersections. Yet, central to both is the concern for children's well-being. Being a Muslim and working in child welfare continues to be a place of liminality. A place where I am marginalized because I am a Muslim and feared because I am a child protection worker.

On Being a Muslim Canadian

> We have just enough religion to make us hate, but not enough to make us love one another.
>
> —Jonathan Swift, *Thoughts on Various Subjects*

I am a Muslim who lives in Ontario. I have lived in Ontario for over 40 years. Does that make me a Canadian Muslim? A Muslim Canadian? These questions may seem insignificant, a matter of semantics, but they do matter to me. Sometimes they matter just as something to ruminate on; this ongoing process of contemplation frames my sense of belonging. At other times they become salient, even urgent. It is strange how this happens—depending on the space I occupy at the time and with whom I share that space.

Is this just me? Or do other Muslims feel the same? These may be questions I cannot answer. What I know, though, is that once identified by others as Muslims, we share a sense of dread, and the same monster haunts us. I know this because it is the story I hear over and over from my children and their children. I hear it from my elders, my sisters, and brothers. I hear it at home and at the Mosque communities. Sometimes I can even see it in the quick glances and barely audible salaams of other Muslims whom I do not know. I see my community, my family, and myself in the grasp of this "monstrous" thing. It is growing, gaining strength, potency, and power. Once you are identified as Muslim, it is easy to be singled out.

Islamophobia has been with us for a while before the 9/11 attack, as evidenced by responses to the Timothy McVeigh bombing (Ward & Pilat, 2016), but 9/11 was a pivotal incident. During the 9/11 attacks, I recall the horror with which I watched the Twin Towers go down. I was in an MSW class, and someone came in to call us all to the auditorium to see "history happening." Apprehension steps in. God, please don't let it be Muslims! But it is. What will this mean for us Muslims who live in Canada? I remember leaving class early that day and hoping for invisibility as I made my way through Union station. I worried about the safety of my children; will they make it home safely? What consequences might this have for the Muslim community?

Remembering this, I reflect on the dismembering of Muslims from Canadian society. We are "others." It does not matter that we are tax-paying, civic-minded, educated professionals contributing to our local community and the Canadian collective. We are "others." And with this comes a dislocation from being Canadian. I am reminded of Du Bois's (1897/2011) deliberation in "Strivings of the Negro People." He speaks of an unasked question—"how does it feel to be the problem?" I experience this often. People seem suspicious, nervous, uncomfortable, and unwilling to engage. Imagine someone wearing hijab showing up at the home of a Canadian client as the "family service worker" from CAS. The client is already nervous and uncomfortable with a worker coming to their home. Now the added dimension of this person who is "not one of us" is here. After they have processed their feelings, the questions and unsavory comments start. You are not Canadian! Why are you here? What do you know about Canada and Canadian law? I want a new worker!

Sadly, it does not end there. Sometimes they call my supervisors with complaints.
My professionalism, civic-mindedness, language skills, and compassion are all hidden under my hijab from my clients and my supervisors. I recollected an incident with a particular supervisor who was not at all surprised that a client called with a complaint that she could not understand my accent; my supervisor admitted that she sometimes has trouble with my accent. I am a native English speaker. Discrimination and marginalization don't end with education and professionalism.

As a child protection worker, I have power. However, my Muslim identity tempers the power. I wonder: What might a Muslim client feel in this double jeopardy of being a Muslim and a CAS client? Two positions of relative powerlessness. For some of us, and in certain instances, the monster is bigger, more terrifying, and ever-present. And the consequences can be devastating.

Roadblocks and Red Tape

> Dear Government … I'm going to have a serious talk with you if I ever find anyone to talk to.
>
> —Stieg Larsson, *The Girl Who Played with Fire*

I entered my research with a clear focus and much passion. From the project's conceptualization, I encountered enthusiasm from professors, advisors, mentors, and colleagues in the field. It is a "great idea," some said. This is "much-needed work," others commented. Child welfare agencies were no less enthusiastic; people were willing to share the "good work"

they were doing with Muslim families. Agencies invited me to connect when I was ready for data collection because of the project's merits and anticipated usefulness. After all, folks in the field appreciate the suffocating apprehension felt by people, particularly disadvantaged people, when they come up against the powerful government institution of child welfare. Literature attests to this (Baksh, 2022; Alaggia & Maiter, 2012), as do the child welfare professionals I have known and worked with, and public opinion too (Ontario Human Rights Commission, 2017).

Reflecting on my encounters in the field, I cannot fathom all the roadblocks and red tape I experienced. To me, it was a simple matter. I wanted to be able to speak to ways in which Muslim clients encounter child welfare intervention. I had worked through the research ethics board requirements, which were very thorough. So, I should be able to connect with an agency or two—those agencies that I had been talking to since working on my comprehensive paper, those agencies that I had worked at prior, and those agencies that invited me to return when I was ready for data collection.

However, this did not happen. I met with rejection after rejection. Explanations and excuses: We have our own research. We cannot breach client confidentiality by giving out information. We are unable to contact past clients. We cannot ask workers to take time off their work. Sorry, we are unable to help you—but good luck with your research! Is it luck that I need? What is the message here? Agencies seemed shrouded in secrecy. Unyielding. The resistance reflected a very guarded approach. It is as if the system needs to be protected. But from whom and for what reasons? Research is supposed to create crucial knowledge and identify opportunities to enhance services. Is this about child welfare being resistant to change?

I realized that if I wanted to continue the project, I needed to look at this differently. So off I went back to ethics to get clearance for community recruitment. Oh, the Muslim community! My community would be helpful. Families are sufficiently angry with CAS and would want to talk. Within the Muslim community, the reluctance was similar, but the reasons for the reluctance were evidently different. Again, silence! Failed attempts. No responses to flyers, posts, or announcements. Wait, there were two responses.

One man called within minutes of hearing the announcement at the Friday prayer. We made an appointment, which he cancelled within an hour. He never responded to subsequent calls. I connected with a Muslim worker who was willing and happy to participate, but wanted to check with management at her agency for permission. The worker felt that "management was reluctant," and she would not talk without approval.

I can fully understand and appreciate the case of the Muslim worker. Divided loyalties. She needed her job and could not risk upsetting management. I am not sure of the man's reasons to withdraw, but his initial willingness to talk was quickly reduced to silence and invisibility. Likewise, my communications with Mosques and Muslim organizations ended with "no one will talk to you; they are afraid." CAS has the power to intimidate and evoke fear.

Eventually, I found parents willing to take the risk and participate. My worry is, did I do justice to their story? By telling it the way I did, did I confirm stereotypes of Muslim men and women? He talks, she is silent (or silenced?). As a Muslim woman, I value my privacy, and there are times when I speak up and times I remain silent. Not because I must, but mostly because I feel that I won't be heard. I wonder if this is the case with her and if so, what is it about me that could not provide the safety that a faith community does in relationships with each other? Did she see me more as a child welfare person than a Muslim?

A Believer is the Reflection of Another Believer

Here I am in this research process that has brought me face-to-face with a family who shares my religious beliefs. A belief that sets us apart from the people around us. It sets us apart from colleagues and neighbors. It sets us apart in the wider society where we interface with public institutions like schools, hospitals, and courthouses—even when using public transportation. It sets us apart in ways that leave us feeling misunderstood, marginalized, rejected, feared, and always an outsider and "othered."

But I am engaging in these conversations as a researcher, and "Ahmad" is a participant. Though we may have similar beliefs and values, in this situation I hold power. On the other hand, he has had his power stripped. As a Muslim parent, the effort he made to protect his child from harm appeared controlling and abusive by the "child protection people," people like me, formerly associated with the child welfare system—those people who took his children out of his home to a place unknown. He fled the war with his family, and they remained a family. But here, where he was promised refuge and safety, his children were taken from his home. His pregnant wife was taken to prison. He did not know why; he could not understand the charges against him and his wife. But he was still willing to talk to another one of those "child protection people."

I am sure that the family was only open to me as a researcher because I am a Muslim. We reflect each other and are equal before God; this is our Islamic belief. Yet, they had no reason to trust anyone who is part of this system that traumatized them as much as—maybe even more—than the war they had fled. When I thanked him for consenting to participate. Ahmad's words reflected a Prophetic custom. He asserted that he would do anything he could, so another Muslim family does not experience the pain, grief, anger, and loss he and his wife endured. His wife, "Elnaz"—a woman I understood through Ahmad's narrative to be inspiringly resilient—was unable to talk. She sat through all the interviews and listened to her husband tell their story. And she cried. Was I exploiting their pain for a PhD?

Somehow their pain became mine. As a Muslim and a former child protection worker, I had borne my own, but nothing like this. For the first time, I could appreciate vicarious trauma. During my time as a child protection worker when other (mainly white, younger, middle-class) workers spoke of vicarious trauma, I would secretly seethe. Really! You talk about trauma? What about the people whose trauma is "actual," not vicarious? But the stories told in the interviews were excruciating to hear and painful to process. So now I know "vicarious trauma" is a real thing.

Aside from the distress of listening to Ahmad's story, I am anxious about having crossed the line between being Muslim and being a researcher. How will I manage a problem when research ethics and Islamic ethics are at odds? Protecting the rights and dignity of participants is my duty as a researcher. If I act on my values and instinct as a Muslim, then it is incumbent on me to assist, but how? Is this relationship a primary researcher participant or is Ahmad my brother in faith?

Ahmad was able to center this horrible experience in his religion and draw strength for himself and his family. He referred to "Allah's control over everything" to make sense of the experience. His unshakable faith in God's absolute power and God's control steadied him. Oh, he felt his share of anger, guilt, frustration, and shame. But he found courage in small triumphs that he held on to. His child ran away from care—and came back to him. For him, this showed that he was a good parent and that she wanted to be with her family. Family meant everything to him. His faith helped him to survive the disruption that threatened to destroy his family. It made him an Elnaz, strong in the face of what they considered to be as dire a situation as the war they left behind.

Reflections on Colonialism in Canada

> It is not our differences which separate [us], but our reluctance to recognize those differences and to to deal effectively with the distortions which have resulted from the ignoring and misnaming of those differences.
>
> —Audre Lorde, *Sister Outsider: Essays and Speeches*

It is with a heavy heart that I contemplate the current socio-political context of Canada. With the number of unmarked graves well above a thousand in Saskatchewan and British Colombia and possibly more to come in other provinces, I wonder why? How? Why were the children ripped away from their families; placed in torturous situations where they experienced physical, psychological, and sexual abuse; and disappeared without acknowledgement of their extinction to their families?

They had their way of life before the colonizers disembarked on Turtle Island. They had a way of life that celebrated nature, connections, honoring the past, living in the present, and preserving the future. They loved and cared for their children. What about any of this needed to be "civilized"? They seemed much more civilized than those seeking to civilize them. This is not about differences, not about civilizing people, but more about domination. It was about power and control. It was about usurping land for material benefits. The residential schools were a means for the state to forcibly separate children from their families and communities. The child protection system was complicit and instrumental in removing children from their families.

Imagine a Canada where the last residential school was operational until 1996! This was not what my children were learning in school, though. They didn't even hear of the Sixties Scoop[1].

[1] Refers to colonialist 1960s- to 1980s-era Canadian policies which allowed widespread "scooping" of Indigenous children from their families and cultures into the child welfare system (Okanagan College Library, n.d.).

But that was a long time ago, right? Not so long when I translate it to a historic chronology parallel to my life. By 1996, I had already lived in Canada for 14 years. My youngest child was already over six years old. And although I was an involved, inquisitive person engaging with my children's schools and attending university, I was unaware of the scope and depth of impact residential schools had on First Nations communities. And as child welfare scholars examining First Nations experiences of the system will tell you, the Millennium Scoop[2] continues to surface in child welfare outcomes for First Nations families. Oh Canada, whose native Land are you?

Oh Canada—open and welcoming to immigrants. You declared multiculturalism under the Trudeau government since 1971 with policies promoting equitable participation by 1985 (Canadian Multiculturalism Act, 1985). Yet the original owners and keepers of the land were being oppressed. Cultural erasure, cultural genocide, ongoing geocide, while you looked so good to the world! This multiculturalism that you espouse and are admired for globally is rooted in exclusionary, colonizing processes that caused you to ignore First Nations' plights (Blackstock, 2016; Blackstock et al., 2020). Maybe it is easier to evade the disastrous outcomes and consequences of things that we are ashamed of. As if it is not enough that you have oppressed and murdered the hosts who generously shared their lands and home with you. You are now turning on the guests you happily invited through your generous immigration policies (Lenard, 2021). Immigrants are welcome—they can settle in your beautiful space; refugees are welcome, too—you sponsor them and assist them with settling (Immigration, Refugees and Citizenship Canada, n.d.). How Canadian eh!

The new wave of Islamophobia has taken a personal toll. I know the London Muslim community. I have spent time in the Mosque and admired the mural painted by 15-year-old Yumna Salman before she was the victim of the Islamophobic attack that left three generations of one family killed (Ghouse, 2025). Recently, I received an email from an old Christian friend asking the question: How does a 20-year-old ever have that much hate inside him that he would murder a family he does not even know? Based on their religion? I cannot find a suitable answer. Perhaps because they are different? Because he feels they pose a threat? Because racism and xenophobia are alive and well in our Canada? Maybe he felt he was standing on guard for Thee, Oh Canada.

I cannot help but wonder whether Ahmad's story would be the same if his differences were not so many, so pronounced, so undesirable, so unCanadian. My instinctive answer is a loud, resounding "no." The instinct is likely more akin to epistemic knowledge. Is this how colonization continues? You can be here, but you can't be who you are. Ahmad was welcomed, but his welcome only lasted until he was "caught" adhering to traditional values and religious practices. His race and ethnicity didn't help. Ahmad felt that his children were taken without just cause. And what is more, while in the care of child welfare, his daughter was subjected to similar rules that he was punished for by being arrested, having his children removed, being

[2] Refers to the ongoing overrepresentation of Indigenous children seen in the child welfare system after the Sixties Scoop (Okanagan College Library, n.d.).

placed on the child abuse registry, losing his jobs and his unborn child. Oh Canada—"Land of hope for all who toil?" (Weir, 1908, stanza 2, line 5).

Conclusion

So many things seem impossible until they are done; this is said of great things like political upheavals, but smaller things like my research project seemed impossible, too. It was an opportunity to reflect on the usual conceptual friction between religion, a government organization predicated on providing services, and the academy. I struggled with the fact that as a part of the child welfare system, my interventions into the lives of families to protect children from harm ended up causing greater harm. This experience caused me continuously to re-evaluate the usefulness of my research. There were many times along the way I wanted to quit as similar work with other marginalized groups has been done before, but the system remains persistently incorrigible despite ample research and transformation agendas. Instead, it is entrenched in a particular way that continues to criminalize and oppress certain segments of the population.

Like all families, Muslims must accept child welfare interventions as it is a government-mandated service. When providing services, though, the realities of Islamophobia must be considered to accommodate Muslim communities within a framework of how they understand themselves. Muslims have a body of scholarship drawn from religious teachings and traditions on managing child safety and protection. Incorporating their knowledge is vital to serve this population effectively, and stereotypes of Muslims as less than—even barbaric—must be challenged. This implies that the historic and sociopolitical context rooted in colonization, neoliberalism, and secularism of child protection services and higher education needs to be revised. This seems impossible—and will remain impossible until it is done.

References

Alaggia, R., & Maiter, S. (2012). Domestic violence and child abuse: Issues for immigrant and refugee families. In R. Alaggia & C. Vine (Eds.), *Cruel but not unusual: Violence in Canadian families* (2nd ed., pp. 235–267). Wilfrid Laurier University Press.

Allen, C. (2010). *Islamophobia*. Ashgate Publishing. https://serdargunes.wordpress.com/wp-content/uploads/2015/04/islamophobia-christopher-allen-2010.pdf

Amer, M. M., & Bagasra, A. (2013). Psychological research with Muslim Americans in the age of Islamophobia: Trends, challenges, and recommendations. *American Psychologist*, *68*(3), 134–144. https://doi.org/10.1037/a0032167

Arat-Koc, S. (2005). The disciplinary boundaries of Canadian identity after September 11: Civilizational identity, multiculturalism, and the challenge of anti-imperialist feminism. *Social Justice*, *32*(4), 32–49. https://doi.org/10.32920/24201303

Baksh, B. (2022). *Adrift in uncharted waters: A case study of a Muslim family involved with Child Protection Services in Ontario* (Publication No. 2461) [Doctoral dissertation, Wilfrid Laurier University]. https://scholars.wlu.ca/etd/2461

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15(*2), 219–234. https://doi.org/10.1177/1468794112468475

Bhabha, H. K. (2004). *The location of culture* (2nd ed.). Routledge. https://doi.org/10.4324/9780203820551

Blackstock, C. (2016). The complainant: The Canadian human rights case on First Nations child welfare. *McGill Law Journal*, *62*(2), 285–328. https://doi.org/10.7202/1040049ar

Blackstock, C., Bamblett, M., & Black, C. (2020). Indigenous ontology, international law and the application of the Convention to the over-representation of Indigenous children in out of home care in Canada and Australia. *Child Abuse & Neglect*, *110*, 1–11. https://doi.org/10.1016/j.chiabu.2020.104587

Bullock, K. H., & Jafri, G. J. (2000). Media (mis)representations: Muslim women in the Canadian nation. *Canadian Woman Studies*, *20*(2), 35–40. https://cws.journals.yorku.ca/index.php/cws/article/view/7607

Canadian Multiculturalism Act, RSC 1985, c. 24 (4th Supp.). (1985). http://laws-lois.justice.gc.ca/eng/acts/C-18.7/

Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, *35*(2), 220–222. https://doi.org/10.1177/0890334419830990

Dowling, M. (2006). Approaches to reflexivity in qualitative research. *Nurse Researcher*, *13*(3), 7–21. https://doi.org/10.7748/nr2006.04.13.3.7.c5975

Du Bois, W. E. B. (2011). Strivings of the Negro people. In W. E. B. Du Bois & R. A. Wortham (Eds.), *The sociological souls of black folk: Essays* (pp. 3–8). Lexington Books. (Original work published 1897) https://doi.org/10.5771/9780739169315

Geddes, J. (2013, October 3). Canadian anti-Muslim sentiment is rising, disturbing new polls reveal. *MacLean's.* https://www.macleans.ca/politics/land-of-intolerance/

Ghouse, S. (2025). *Violence and hate crimes against religious minorities: A meta-synthesis analysis of anti-religious oppressive interventions* [Master's thesis, Simon Fraiser University]. Summit Research Repository. https://summit.sfu.ca/item/39430

Gilligan, P., & Furness, S. (2006). The role of religion and spirituality in social work practice: Views and experiences of social workers and students. *The British Journal of Social Work*, *36*(4), 617–637. https://doi.org/10.1093/bjsw/bch252

Godina, L. (2014). Religion and parenting: Ignored relationship? *Child & Family Social Work*, *19*(4), 380–390. https://doi.org/10.1111/cfs.12054

Gottschalk, P., & Greenberg, G. (2007). *Islamophobia: Making Muslims the enemy*. Rowman & Littlefield.

Government of Canada. (n.d.). *Anti-Terrorism Act.* Justice Laws Website. https://laws-lois.justice.gc.ca/eng/acts/a-11.7/page-1.html

Graham, J. R., Coholic, D., & Coates, J. (2006). Spirituality as a guiding construct in the development of Canadian social work: Past and present considerations. *Critical Social Work*, *7*(1). https://doi.org/10.22329/csw.v7i1.5774

Graham, J. R., & Shier, M. (2009). Religion and social work: An analysis of faith traditions, themes, and global North/South authorship. *Journal of Religion & Spirituality in Social Work: Social Thought*, *28*(1–2), 215–233. https://doi.org/10.1080/15426430802644263

Hodge, D. R. (2005). Social work and the house of Islam: Orienting practitioners to the beliefs and values of Muslims in the United States. *Social Work*, *50*(2), 162–173. https://doi.org/10.1093/sw/50.2.162

Immigration, Refugees and Citizenship Canada. (n.d.). *Immigration, Refugees and Citizenship Canada's 2024–25 departmental plan.* Government of Canada. Retrieved July 24, 2025, from https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-plans/departmental-plan-2024-2025/departmental-plan-2024-2025-full.html#

Kazemipur, A. (2014). *The Muslim question in Canada: A story of segmented integration*. UBC Press. https://doi.org/10.59962/9780774827317

Kundani, A. (2014). *The Muslims are coming! Islamophobia, extremism, and the domestic war on terror.* Verso.

Lenard, P. T. (2021). How exceptional? Welcoming refugees the Canadian way. *American Review of Canadian Studies*, *51*(1), 78–94. http://doi.org/10.1080/02722011.2021.1874230

Minsky, A. (2017, June 13). Hate crimes against Muslims in Canada increase 253% over four years. *Global News*. https://globalnews.ca/news/3523535/hate-crimes-canada-muslim/

Mitchell, J., Boettcher-Sheard, N., Duque, C., & Lashewicz, B. (2018). Who do we think we are? Disrupting notions of quality in qualitative research. *Qualitative Health Research*, *28*(4), 673–680. https://doi.org/10.1177/1049732317748896

Moghissi, H., Rahema, S., & Goodman, M. J. (2009). *Diaspora by design: Muslim immigrants in Canada and beyond*. University of Toronto Press.

Nadal, K. L., Griffin, K. E., Hamit, S., Leon, J., Tobio, M., & Rivera, D. P. (2012). Subtle and overt forms of Islamophobia: Microaggressions toward Muslim Americans. *Journal of Muslim Mental Health*, *6*(2). https://doi.org/10.3998/jmmh.10381607.0006.203

Nash, G. (2012). *Writing Muslim identity*. Bloomsbury Publishing. https://doi.org/10.5040/9781472542908

Okanagan College Library. (n.d.). *Sixties Scoop and Millenium Scoop*. https://libguides.okanagan.bc.ca/IndigenousStudies/SixtiesScoop

Ontario Human Rights Commission. (2005). *Annual report: 2004–2005*. http://www.ohrc.on.ca/sites/default/files/2004-05.pdf

Ontario Human Rights Commission. (2017, April). *Under suspicion: Research and consultation report on racial profiling in Ontario.* https://www3.ohrc.on.ca/en/under-suspicion-research-and-consultation-report-racial-profiling-ontario

Peek, L. (2005). Becoming Muslim: The development of a religious identity. *Sociology of Religion*, *66*(3), 215–242. https://doi.org/10.2307/4153097

Razack, S. H. (2007). The "Sharia law debate" in Ontario: The modernity/premodernity distinction in legal efforts to protect women from culture. *Feminist Legal Studies*, *15*(1), 3–32. https://doi.org/10.1007/s10691-006-9050-x

Razack, S. H. (2008). *Casting out: The eviction of Muslims from Western law and politics.* University of Toronto Press.

Sadek, N. (2017). Islamophobia, shame, and the collapse of Muslim identities. *International Journal of Applied Psychoanalytic Studies*, *14*(3), 200–221. https://doi.org/10.1002/aps.1534

Sajoo, A. B. (2016). The fog of extremism: Governance, identity, and minstrels of exclusion. *Social Inclusion*, *4*(2), 26–39. https://doi.org/10.17645/si.v4i2.541

Saunders, D. (2012). *The myth of the Muslim tide: Do immigrants threaten the West?* Vintage.

Sharify-Funk, M. (2013). Pervasive anxiety about Islam: A critical reading of contemporary 'clash' literature. *Religions*, *4*(4), 443–468. https://doi.org/10.3390/rel4040443

Streets, F. J. (2009). Overcoming a fear of religion in social work education and practice. *Journal of Religion & Spirituality in Social Work: Social Thought*, *28*(1 – 2), 185–199. https://doi.org/10.1080/15426430802644214

Teh, Y. Y., & Lek, E. (2018). Culture and reflexivity: Systemic journeys with a British Chinese family. *Journal of Family Therapy*, *40*(4), 520–536. https://doi.org/10.1111/1467-6427.12205

Thyer, B. A., & Myers, L. L. (2009). Religious discrimination in social work academic programs: Whither social justice? *Journal of Religion & Spirituality in Social Work: Social Thought*, *28*(1–2), 144–160. https://doi.org/10.1080/15426430802644172

Verkuyten, M., & Yildiz, A. A. (2007). National (dis)identification and ethnic and religious identity: A study among Turkish-Dutch Muslims. *Personality and Social Psychology Bulletin*, *33*(10), 1448–1462. https://doi.org/10.1177/0146167207304276

Ward, J., & Pilat, S. (2016). Terror, trauma, memory: Reflections on the Oklahoma City bombing—An introduction. *Social Science Quarterly*, *97*(1), 1–8. https://doi.org/10.1111/ssqu.12247

Watts, L. (2019). Reflective practice, reflexivity, and critical reflection in social work education in Australia. *Australian Social Work*, *72*(1), 8–20. https://doi.org/10.1080/0312407X.2018.1521856

Weir, R. S. (1908). *O Canada!* The Delmar Music Co. Montreal.

Zempi, I., & Chakraborti, N. (2014). *Islamophobia, victimisation and the veil*. Palgrave Macmillan. https://doi.org/10.1057/9781137356154

Zine, J. (2001). Muslim youth in Canadian schools: Education and the politics of religious identity. *Anthropology & Education Quarterly*, *32*(4), 399–423. https://doi.org/10.1525/aeq.2001.32.4.399

Zine, J. (2006). Unveiled sentiments: Gendered Islamophobia and experiences of veiling among Muslim girls in a Canadian Islamic school. *Equity & Excellence in Education*, *39*(3), 239–252. https://doi.org/10.1080/10665680600788503

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Reflections on the Fear of Participating in Research about DEI in School Settings

Ronald Davis

Abstract: This article reflects my journey as a tenure-track faculty member attempting to study diversity and inclusive practices within elementary and secondary schools, focusing on how schoolteachers feel equipped to address the needs of diverse students, particularly in the context of gender and sexuality. Sparked by a conversation with my spouse about the absence of policies supporting students' gender identity, the study explored educators' preparedness for inclusive practices. Data collection was challenged by an increasingly contentious political climate, with LGBTQ+-restrictive laws discouraging school administrators, unions, and districts from participating. Despite setbacks, a small group of educators engaged, offering critical insights. My experience underscores how policy, politics, and controversy shape academic inquiry and limit access to participants. Ultimately, the article calls for creating safe spaces where educators can share experiences and for advancing a deeper institutional commitment to diversity, equity, and inclusion in schools.

***Keywords*:** diversity, equity, inclusion, DEI, academia, gender and sexuality

Introduction

It was a warm, summer-like day in September 2021. I had just begun my work as a tenure-track faculty member at a public institution in Ohio. Excited about the new path ahead and nervous about the pressure and expectations that come along with the tenure process, I decided to reach out to my other social work–teaching colleagues.

I already had a few ideas floating around in my head at the time. However, one idea centered around studying cultural humility in practice within elementary and secondary school settings. Specifically, I was curious if school teachers felt equipped with the skills and experience to craft the inclusive spaces they were tasked with providing in the current classroom setting.

After talking with my colleagues for a little while, a study was crafted—one that we felt at the time would be groundbreaking. Little did I know that the process of getting the study going would present a microcosm of how policy and laws impact how academics like myself can conduct their day-to-day work.

Study Overview

Our study aimed to look at the perceptions of diversity and inclusive practices in elementary and secondary school settings. This idea was the brainchild of a conversation I had with my wife in late 2020 during the height of the COVID-19 pandemic. I remember sitting in our living room when she asked for my help in talking with one of her students, whose gender identity had changed and who now wished to be referred to by another set of pronouns. I immediately asked what policies her school had in place. To my surprise, the answer was none whatsoever. This

conversation led to a discussion of how this needs to be changed as students continue to show development (physically, mentally, emotionally, and in personal identity) during the late elementary school years.

Excited and disappointed by the lack of policy and guidance available to my wife, I began to look into the literature. Amazingly, I found no literature that focused on diversity and inclusion preparedness from elementary and secondary educators. I did, however, find quite a few studies on high school– and college-based diversity and inclusion efforts. Most of the findings revealed that educators and policymakers tended to focus on fitting diverse students into normative structures rather than pursuing initiatives that presented inclusive practices (Smith & Payne, 2015). Other findings included that educators reported lacking knowledge about the various aspects of gender identity and often relied on parents for support (Neary & Cross, 2018). Additionally, the research showed that approaches in schools varied regarding students using names or pronoun preferences (Dodge & Crutcher, 2015).

As a result of this information, I decided to contact two of my colleagues and ask them if there might be a study worth pursuing. We scheduled a Zoom call the week after my discussion with my wife.

Study Method

What transpired during that meeting was the type of brainstorming you could imagine that happens when you put two social work academics together with an education academic professor, the discovery of something worth pursuing, and multiple article ideas. At the end of our 90-minute meeting—which was only scheduled for an hour—we agreed that this was something we needed to pursue. So we laid out an initial gameplan for how we would design the study. As we left it that day, we decided to look into various studies already created that assess diversity and inclusion practices in schools. We then located a study that adapted a survey provided by the US Department of Education (2022) to school districts on diversity and inclusion efforts. We decided to use an already-created study so that we could avoid being accused of bias or trying to create a specific result. Using an already-created governmental survey would not reinvent the wheel, while also providing us with a broader depth of data that we could look through to establish themes for the study.

To supplement the base study, our adapted version incorporated questions targeting specific areas of practice that reflect many of the established components of a DEI program. Our survey included questions about the terminology and language used with students in school settings, as well as items asking staff to self-report their efforts to advocate on behalf of students. We then looked at the student learning environment, and finally aimed to gather staff feedback on professional development and instruction. All of these questions were aimed at gathering staff perceptions of their preparedness to provide culturally appropriate services to all students within those various categories.

We then decided for this study we would identify key school districts in the states of Ohio, Pennsylvania, Texas, Mississippi, and Tennessee. These states were selected due to prior

relationships and knowledge of school administrators in various school districts within those districts. As a group, we thought those established relationships would eliminate potential barriers due to such a controversial issue potentially being apparent within the survey being approved for distribution amongst staff. All together during our meeting, we identified 25 school districts to reach out to help distribute the study. This is where the study got interesting.

A Study Stalled

In November 2021, our study received IRB approval. Surprisingly, the IRB approval was straightforward, requiring no revisions or changes to the survey and/or informed consent information provided to participants. We then created an overview and flyer to help recruit and email administrators to help distribute and participate in our study. This included an extensive discussion within our group on whether or not we should highlight or use any wording associated with LGBTQ+ individuals. We decided that due to various policies potentially in place within school districts at the time of the creation of the study, we would be better served to focus on DEI efforts as a whole. We felt comfortable with this approach because the way the study was set up would still be able to identify themes established for topic areas such as LGBTQ+, gender issues, sexual orientation, physical disabilities, and mental health.

Our group met every week from October 2021 through August 2022. During that time, we reached out to 25 school districts, providing them with information on our study. Communication was done via email notifications utilizing a copy of our informational flyer and a general overview of what we aimed to learn from the study. The initial districts notified were in the State of Ohio and Pennsylvania to school principals and superintendents. We then expanded to the other remaining states via email communications to principals and superintendents. Not one district superintendent or principal agreed to participate in our study. One prominent school district in Ohio stated the study held no value to their staff and students, while another said the study was too controversial. We met as a workgroup and realized that nationally, as well as statewide, policies and laws around LGBTQ rights and the removal of protections in schools for some LGBTQ individuals had begun the process of passing in many states. Then, in June 2022, the overturning of Roe v. Wade was announced (Liptak, 2022). What came with this overturning were new fears over LGBTQ rights being taken away, with the opinion written by Justice Thomas that brought up the potential need to look at rights and protections for LGBTQ individuals: “For that reason, in future cases, we should reconsider all of those precedents because they are ‘demonstrably erroneous’” (Dobbs, State Health Officer of The Mississippi Department of Health, et al. v. Jackson Women’s Health Organization et al., 2022).

The Pivot

Back to the drawing board. Not one school administrator agreed to participate in our study or distribute our study. We then discussed how we needed to get teachers and staff input on their experiences with diversity and inclusion in the schools within which they had been employed. We then decided the next best approach would be to reach out to teacher unions in the targeted states. We spent the next month researching teacher unions in the states of Ohio, Pennsylvania,

New York, Tennessee, Texas, and Mississippi. At that time the IRB was amended and approved. A month later we sat down with contact information on an Excel spreadsheet with phone numbers, email addresses, and contact information for various teacher unions in those states. We then crafted a message greeting with our recruitment flyer and sent emails to over 20 different teacher unions. Two weeks later we had heard back from over half the unions and not one agreed to participate or distribute our study. One teachers' union, in alerting us that they could not distribute the study as it is too controversial, encouraged us to reach out to local teacher groups and begin creating mailing lists from teacher addresses on public school databases. It was at this point we decided to pivot.

Then, in August 2022, we decided to meet via Zoom to take stock and regroup to decide where to go from where we had just ended. I shared my lack of success with teacher unions in Ohio and Pennsylvania. But then we discussed the true need for our research to be completed for administrators, teachers, and social workers to begin to see the importance of developing more in-depth practices at the elementary and secondary school level regarding inclusion practices and cultural sensitivity to the various needs today's students present. We finally decided to take the challenge and begin gathering email lists of teachers within the various school districts we wanted to target in our study. When all was said and done, over 1,000 teachers' and social workers' names and email addresses were collected. Later the next week emails were sent out to all 1,000 teachers and social workers. From those emails, a total of 29 individuals completed the study over three months.

Current Policy Climate and its Significance to the Study

Anti-LGBTQ policies around restricting educational rights and censorship have exploded since 2019. In the year before the COVID-19 pandemic, there were a total of three bills that looked at curriculum censorship geared towards restriction of instruction around gender and sexuality in public schools; by 2023 there were 62 such bills introduced (Coming, 2023). Additionally, in 2023 the term *forced outing* was used in multiple bills (e.g., Education, 2022): This term refers to educators being forced to report to parents, without student consent, any changes to a student's used name or pronouns that could be interpreted as declaring a trans identity. In 2023 alone, an American Civil Liberties Union (ACLU, n.d.) tracker counted 88 anti-LGBTQ bills passed into US law, of which 35 specifically targeted the rights of teachers and students.

Some of the notable bills and policies included Florida's Parental Rights in Education (2022) bill, HH 1557. Approved in July 2022, this legislation put into motion restrictions disallowing instruction on sexual orientation or gender identity that is "not age-appropriate or developmentally appropriate for students in accordance with state standards" (pp. 4–5). This legislation spurred multiple student walkouts in schools across the state of Florida (Villarreal, 2022). Later, in 2023, Florida passed CS/CS/HB 1069: Education (among other anti-LGBTQ bills), which prohibited instruction on sexual orientation or gender identity from pre-K through 8th grade. Beyond this, it defined legal sex as immutable, based on traits present at birth, and proven by legal documents which match that at-birth sex assignment—directly attacking the validity of both the identities and corrected legal documents held by transgender residents of the state.

Tennessee mirrored these definitions in HB 239. Further protections for students were targeted and lost in the passing of HB 1269, which allowed teachers to intentionally misgender and deadname transgender or nonbinary students. I have witnessed as my institution's home state of Ohio has also become a hotbed for legislative anti-trans and anti-DEI bill activity, particularly as it relates to education.

Recent state and federal actions since 2023 have produced a patchwork of laws and policy shifts that directly shape how prepared elementary and secondary educators are to implement DEI practices in K-12 settings. In some states (e.g., Florida, Ohio, and Texas), legislative measures aimed at limiting or defunding DEI offices and restricting curricular content have narrowed the range of professional development, curricular frameworks, and institutional supports available to teachers, producing legal and administrative uncertainty about what equity-centered instruction and training can legally include (ACLU, n.d.). At the same time, other state initiatives and proposals—such as New York bills and guidance that encourage districts to appoint DEI officers and adopt DEI policies (James & Rosa, 2023)—have created expectations and infrastructure for districts to expand culturally responsive pedagogy and targeted personnel diversification efforts. Meanwhile, debates and bills in Ohio since 2023 (and subsequent proposals) have signaled potential restrictions on institutional DEI programming at public higher-education institutions and created spillover effects for K-12 partnerships, teacher preparation pipelines, and district-level collaborations that traditionally supported educator readiness on equity topics (ACLU, n.d.).

The resulting landscape—conflicting mandates, varying enforcement across states, and shifting administrative guidance—reduces consistency in pre-service and in-service training, undermines teacher confidence in using evidence-based culturally responsive practices, and increases the likelihood that DEI implementation will vary widely between districts and states rather than being a reliably supported component of K-12 pedagogy.

Future Considerations Based on Experience of Study

As a result of this experience, I've learned how much policy and current events impact participation in a study—along with how a study may need to be shaped to gain participants**.** As researchers, we must stay up to date with new laws being debated or even considered within state and federal legislatures. Even if they are not passed into law, they provide a good picture of what potential issues may arise when pursuing a study on the same topic area.

What I was not prepared for is that controversial hot-button topics in our current society can be seen as a non-starter in the world of public education administrators and union officials. In many instances, school districts are held together by a thin thread from school levies, tax dollars, and public perception. I don't blame the school districts—again, it is more a reflection of our society where people may identify there is a problem, but don't want to risk attachment to a topic for fear of being on the wrong side of it in the end. Likewise, I understand and have grown to appreciate where teacher unions stand on these matters. Teacher unions similarly don't want to be on the wrong side of a controversial topic as medical benefits, salaries, and work conditions can be impacted through many teacher contract negotiations.

I've learned in this experience that it requires a little grit and a broad leap of faith that individuals will come forward because your topic moves them and they have decided that it is the right thing for themselves and those they serve. With that said, the current political climate and policy changes reviewed in this article make it that much more necessary for individuals to be provided with a safe environment to voice their experiences, good or bad, to help shape change. Without that, we are censoring diversity of thought, something paramount to living and working within a democratic society. In a way, it is a throwback to the central tenets of social work where advocacy began at the individual level. The impact of this study would be large if enough individuals teaching in school districts would feel safe and supported—without fear of losing a job or being stigmatized—to come forward and give their input on their experiences in the classroom on such a controversial topic.

References

American Civil Liberties Union. (n.d.) *Mapping attacks on LGBTQ rights in U.S. state legislatures in 2023.* Retrieved September 1, 2025, from https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2023

Senate Bill 1440. Tenn. Code Ann. §1-3-105(c). https://www.capitol.tn.gov/Bills/113/Bill/SB1440.pdf

An Act to amend Tennessee Code Annotated, Title 1, Chapter 3 and Title 49, Chapter 2, Part 8, relative to statutory definitions, Tennessee HB 239, 113th General Assembly, (2023). https://legiscan.com/TN/bill/HB0239/2023

Coming, C. (2023, April 17). *Senate Bill 83's four biggest problems, an ACLU of Ohio perspective*. ACLU of Ohio. https://www.acluohio.org/en/news/senate-bill-83s-four-biggest-problems-ACLU-Ohio-perspective

Dobbs, State Health Officer of The Mississippi Department of Health, et al. v. Jackson Women's Health Organization et al. No. 19–1392. United States Supreme Court. (June 24, 2022).

Dodge, A., & Crutcher, P. (2015). Inclusive classrooms for LGBTQ students. *Journal of Adolescent & Adult Literacy*, *59*(1), 95–105. https://doi.org/10.1002/jaal.433

Education, HB 1069, 2023 Florida Legislature. (2023) https://www.flsenate.gov/Session/Bill/2023/1069

James, L., & Rosa, B. A. (2023, August 9). *Joint guidance from the New York State Office of the Attorney General and the New York State Education Department.* State of New York Office of the Attorney General, New York State Board of Regents. https://www.nysed.gov/sites/default/files/programs/diversity-equity-inclusion/oag-nysed-dei-guidance.pdf

Liptak, A. (2022, June 24). *Supreme Court overturns Roe v. Wade, ending right to abortion upheld for decades.* The New York Times. https://www.nytimes.com/2022/06/24/us/supreme-court-abortion-roevwade.html

Neary, A., & Cross, C. (2018). *Exploring gender identity and gender norms in primary schools: The perspectives of educators and parents of transgender and gender variant children.* University of Limerick. https://hdl.handle.net/10344/6889

Parental Rights in Education, HB 1557, 2022 Florida Legislature. (2022). https://www.flsenate.gov/Session/Bill/2022/1557

Smith, M., & Payne, E. (2016) Binaries and biology: Conversations with elementary education professionals after professional development on supporting transgender students. *The Educational Forum*, *80*(1), 34–47. http://doi.org/10.1080/00131725.2015.1102367

U.S. Department of Education, Office for Civil Rights. (2022). *Civil Rights Data Collection (CRDC), 2021–22 survey.* U.S. Department of Education. https://ocrdata.ed.gov

Villarreal, D. (2022, March 7). *Students across Florida walk out of classes in protest of 'Don't Say Gay' bill.* NBC News. https://www.nbcnews.com/news/us-news/students-across-florida-walkout-classes-protest-dont-say-gay-bill-rcna16034

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