

Educating the Mental Health and Developments in a Covid Crisis: Fostering Self-compassion in Clinical Social Work Education

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Abstract

The coronavirus (COVID-19) pandemic has shifted clinical social work (CSW) and mental health education in Australia, and indeed throughout much of the globe, onto online delivery. The disruption caused by COVID-19 presents unexpected challenges in fostering the development of skill sets among social work educators in partnership with students. This article is a reflexive collaborative autoethnography written by four educators of different international and cultural backgrounds at a regional university in Queensland. Our university has experienced a shift from primarily a face-to-face delivery to online delivery due to social distancing. This article is grounded in an ethic of love, a values-based relationship-oriented practice promoting care, collaborative dialogue and solidarity between people, using self-compassion and reflexivity. We explore how COVID-19 has forced the authors to alter their teaching practice, cope with uncertainties, and respond with loving kindness to the shifting needs of students. We draw upon our experiences as educators of diverse cultural, linguistic, gender, and sexualities from Australia, the United States, the United Kingdom, and Nigeria and reflect upon how we have simultaneously turned inward and outward through technology. We draw upon person-centered, narrative, trauma informed and anti-oppressive clinical and educational approaches when exploring self-compassion and loving approaches with the students. We discuss the need for self-compassion and love of others as we respond to the current crisis by modeling selfcompassion and love for CSW students who are experiencing crises, including loss of employment, separation from family overseas and interstate, isolation from colleagues and loved ones, and healthcare issues.

Keywords Love · Self-compassion · Online education · Clinical social work · Reflexive collaborative autoethnography · Clinical educators

Introduction

The COVID-19 pandemic is an ongoing public health crisis that can potentially affect the mental health and welfare of people across all socioeconomic, cultural, linguistic, and geographic boundaries (World Health Organization [WHO] 2020). A recent statement by the National Association of Social Workers (NASW) commented that COVID-19 is not only a health and mental health crisis, but “also a crisis of social injustice, inequitably affecting vulnerable and marginalized populations that include, among others, individuals who earn low incomes, or are incarcerated, homeless, in foster care, over 65 (especially [... people] in long-term care facilities), people of color, or undocumented [residents]” (2020, n.p.). Dr. Ruth Vine, the newly appointed Deputy Chief Medical Officer for the Office for Mental Health, noted in an interview that Australians would feel the impact of COVID-19 for many years to come. She explained that complications of COVID-19 include increased isolation, loneliness, financial implications, and the aftermath of other recent disasters, including drought and bushfires (Silva 2020). COVID-19 hit just as Australia began to comprehend the impact of drought and bushfires, which are ongoing issues affecting many Australians, particularly in rural and remote areas (Stehlik 2013; Australian Association of Social Workers [AASW] 2020a).

According to the Clinical Social Work Association (2020), clinical social workers (CSWs) are addressing growing global mental health needs by supporting their local communities and by providing needed in-person and telehealth services to people most affected by the pandemic. Some CSWs are required to continue meeting with their clients in-person, as a remote response is not clinically appropriate. However, this may create uncertainty for the CSWs themselves as they may fear their work will present an increased risk of transmission of COVID-19 to their own households and families (UNICEF 2020). Simultaneously, social work education (SWE) has been disrupted in Australia and across the globe. Classes offered in a place-bound format had to be suddenly shifted to online and remote delivery, which changed the plans for clinical skills development (Kaufman et al. 2020). Field placements, which provide a real-world opportunity

for training and supervision, have been interrupted or shifted to other pedagogies, such as simulation, until such a time that clinical services can be safely provided in the community (AASW 2020b).

This sudden shift necessitated by the COVID-19 pandemic caused a change in SWE, which we feel impacted students and educators (Gates et al. 2020).

This article uses a reflexive (Fook 2016) collaborative autoethnographic approach (Park and Wilmer 2019) to explore how our practice as educators has needed to change radically because of the pandemic. Reflexive or reflexivity refers to a stance or positionality concerning how the educator's actions influence practice (Fook 2016). It can be differentiated from reflective practice, which is regarded as a process of thinking about practice (Fook 2016). The research method employed a structured set of collectively generated questions to guide written responses from the co-researchers. In turn, we use a theoretical orientation that draws on an *ethic of love*, defined as a relationship-oriented model of practice promoting care, collaborative dialogue, nonviolence, and solidarity between people (Ross 2020a). Interrelatedly, we use self-compassion, framed as how we have needed to increase self-care, reflexivity, and loving-kindness towards ourselves as we respond to rapid change. Thus, we draw upon our experiences as SWEs of diverse cultural, linguistic, gender, and sexualities. We have simultaneously turned inward to reflect and practice self-care, and outward with love for others through the space of online delivery of clinical content. We explore implications for practice and education due to the adoption of love and self-compassion to negotiate the shift.

Theoretical Background

Online Social Work Education

Online SWE presents a variety of opportunities and challenges under ordinary circumstances, but which COVID-19 has heightened. Online SWE has been criticized because it can lead to a mass-production of graduates and that integrity cannot be reliably assessed online, potentially diluting the professional standing of SWE (Collins 2008; Goldingay et al. 2020). Some critics of online SWE have further cautioned against a mass movement towards online education, noting that gatekeeping and monitoring of preparation for practice can be challenging in an online modality (Davis et al. 2019; Halaas et al. 2020). Further, expensive online education by private universities can contribute to economic disadvantage for social workers who enter a highly competitive, over-saturated market, with substantial debt and the certainty of low starting salaries (NASW 2015). Proponents of online SWE often point out that educational outcomes of online learning are similar for distance and place-bound students while widening access to people who may be nontraditional students, especially single parents who may be economically disadvantaged and unable to attend placebound classes (Cummings et al. 2013, 2019; Farrel et al. 2018; Pardasani et al. 2012). SWEs must be proactive and create substantial opportunities for engagement, sustained educator-student relationships, and the use of technologies such as simulation and virtual avatars to allow students to develop their clinical skills (Hitchcock et al. 2019; Carter et al. 2018; Jones, 2015).

During the COVID-19 pandemic, global SWE has needed to rapidly shift to predominantly online learning, often creating unanticipated challenges for students and educators using technologies such as Zoom (Goldkind et al. 2020). Additionally, this has disrupted placements (Council on Social Work Education 2020), producing uncertainty for students who may be experiencing significant personal, family, and community impacts (AASW 2020c; International Federation of Social Workers [IFSW] 2020).

Like many universities in Australia, our university has several regional campuses to which academics would ordinarily travel for face-to-face delivery (Glover et al. 2017, 2019; Lowrie and Jorgensen 2012; Green 2003). For students from such communities, online education of teaching clinical components offers access, flexibility, sustainability and inclusion (Glover et al. 2017; Jones 2015; Brownlee et al. 2010). Nonetheless, it created other challenges such as restricted interpersonal interaction and increased spending for what was needed to offer an effective online education, including equipment such as cameras, speakers, or earpieces. The widespread adoption of online teaching amplified existing issues with limited or unreliable internet access (Dinh and Nguyen 2020; Jones 2015; Graham et al. 2008; Green 2003) and some students did not have access to an appropriate computer and could not rely on the university library, which at several periods during the pandemic was closed. Students who had limited internet access coped pre-COVID because they only needed it in the evenings after university or work now needed reliable and regular internet communication. Lack of access to technology could have hampered students' ability to access and maximize the online space; and to develop their social work skills. Limited access to online teaching is likely to have implications for future clinical practice due to limited opportunities to practice skills that need to be practiced face-to-face (Jones 2015; Berzoff and Drisko 2015; Vernon et al. 2009).

Clinical Education and COVID-19

CSW is a term that can cover a range of theories and approaches to practice (McLaughlin 2002). From as early as Richmond's (1917, 1922) classic texts, *the debate*, which Haynes referred to "the one hundred year debate," has centered on whether social work's mission should be about individual treatment or whether broader social reform should be the primary objective (1998, p. 501). Critics of this debate argue that insufficient emphasis has been given to the individual's environment and interpersonal relationships in exacerbating or ameliorating stress (Cohen 1980). The relationship with the CSW is used to foster changes in the social environment and improvements in relationships with significant others (Cohen 1980; Gonzalez and Gelman 2015).

For our purposes, CSW refers to direct, relationshipbased practice with people in respectful and collaborative partnerships to address psychosocial concerns impacting the person's well-being and their ability to learn (Ross et al. 2021). The authors of this article, while diverse in their clinical and educational approaches, share a theoretical orientation that emphasizes person-centered (Rogers 1951), narrative (Morgan 2000), trauma-informed (Bloom 2017; Rayner et al. 2020), anti-oppressive (Yadav 2019; Fook 2016; Clifford and Burke 2009) and Aboriginal ideologies (Bennett 2020; Belcourt 2015). The person's lived experience and wisdom is valued equally alongside the CSWs' knowledge and skills (Ross 2020b). Individual clinical practice becomes linked to social reform practice when group-based processes are engaged (Gates and Kelly 2013; Ross 2019). SWE before and after COVID-19 remains a group-based activity with students as co-partners in exploring values and ideas which can be used to inform practice. The authors share a common approach of an engaged and partnership model of teaching with students that can support what hooks (1994) identified as the classroom's revolutionary potential.

A key lesson in CSW practice is that it involves people who are the most disadvantaged and marginalized and experience disproportionate challenges with massive change (Pittaway et al. 2007). COVID-19 is a health pandemic that rapidly threatens every country's social and economic bases with long-term ill-health, extreme loss of life, freedom of movement and association, social activities, and employment (WHO 2020). The mental health impacts of COVID19 are poorly understood and primarily hidden but early indicators suggesting there are population-wide experiences of anxiety, depression, and the compounding of pre-existing mental health conditions (Holmes et al. 2020). Minority groups such as Aboriginal and Torres Strait Islander peoples, lesbian, gay, bisexual, transgender/gender diverse, intersex, and queer (LGBTIQ +) communities, people with physical and intellectual disabilities, migrants, refugees, and women can be expected to bear the brunt and pressures of cumulative disadvantage in a situation such as COVID-19. They are impacted because pre-existing inequalities experienced by minority groups involve the intersectionality of disadvantage and privilege (Quinn and Grumbach 2015; Watts 2015; Messinger 2012), which will be exacerbated by a public health crisis. For example, women who carry the primary or sole caring responsibilities in the home were drawn away from their studies due to the need for homeschooling their children (Adams 2020). In some cases, students could not complete their assignments because their children needed their time and the home computer.

Research shows that students from minority groups studying at universities experience mental health conditions to a greater extent than the general population (Chen et al. 2019; Eisenberg et al. 2013). These same students are in lowincome jobs, which were lost as governments locked down non-essential sectors of the economy (Nicola et al. 2020). We were keenly aware of this situation and anticipated significant impacts on students who depend on the income from part-time jobs to pay for tuition, accommodation, and food. The dynamic nature of student well-being must be a central consideration in our decisions (Sahu 2020).

Love in Clinical Education

Love is a concept that is often absent in SWE (Hughes 2018; Godden 2017) even though some writers appreciate it is needed for social justice (Nussbaum 2013; Godden 2016, 2018; Ross 2020a). The concept is missing in the IFSW's (2018) definition of social work and occurring only in one country's code of ethics. The exception, Sweden, identifies love in its code of ethics (Swedish Union for Social Sciences Professionals 2015) as crucial for respecting peoples' dignity. Love, nonviolence, and justice have inspired great twenty-first century social movements (Black Lives Matter 2020; Sengupta 2020; Gandhi 2013; Mandela 2013; hooks 2000; King 1957). Love is also integral to First Nation Peoples' ecological views of the interconnectedness of all beings and nature, and their stewardship of the planet (Bennett and Woodman 2019; Green 2018; Ross et al. 2021).

hooks (2001) defines an ethic of love as "one that is exemplified by the combined forces of care, respect, knowledge, and responsibility" (pp. 4–5). Love is any action that is directed towards nonviolence, justice, and well-being and away from violence, injustice, and harm (Ross 2020a).

Therefore, where there is domination and violence there is no love (hooks 2000). Love in CSW practice is represented by approaches such as “collaborative therapy,” (McLeod 2013, p. 266), which involves a mutual partnering with people to listen to their experiences and to co-construct ways forward that enhance their well-being. Love is a critical factor in experiences of acceptance, healing, and learning (Ross 2020b). For example, a practice model based on love was developed from research into the impact of industrial pollution and intrusions in rural and Aboriginal communities and other adverse effects of development in Australia (Ross 2019). The research formed the basis of a social work anti-oppressive model of practice centering on love, which is being used in a subject on group-based social justice, sustainability and well-being issues (Ross 2020b) and an ethics subject. Godden (2017) argues for an ethic of love theory for social work and applies love in her community work in rural Timor-Leste (2018). These examples regard love as compassionate understanding and are a cornerstone of enabling justice and well-being in complex and uncertain situations.

We believed love for students could be crucial in the new context of online SWE when so much was changing and out of our control. Some of the complexity of practicing with love in CSW was that the overall curriculum pre- and post-COVID-19 does not explicitly refer to the language or theory of love. It was only as we undertook this research that we became aware of and then made explicit this influence in our practice as a group of colleagues. Therefore, love for the co-researchers came to be understood as the living curriculum (Grundy 1987) as distinct from the formal written curriculum. Nevertheless, we understand that trauma-informed ideas and Aboriginal practices that are embedded in many of the clinical subjects are compatible with love. For example, the mental health content includes trauma-informed processes (Bloom 2017; Substance Abuse and Mental Health Services Administration 2015); stigma-reduction strategies (Gates and Dentato 2020; Thoit 2016); lived experience accounts (Burbank 2014; Waterhouse 2014); assessment with Aboriginal People (Adams et al. 2010); and, Aboriginal social determinants of emotional well-being (Zubric et al. 2010).

Self-compassion in Clinical Education

Self-compassion is synonymous with self-love (hooks 2001) and involves acting the same way towards yourself when having difficulties as you would someone else in that situation (Germer 2009). Self-compassion entails being warm and understanding towards ourselves when feeling inadequate instead of being self-critical (Beltzner 2019). It recognizes that our imperfection is part of the human experience. Self-compassion requires a delicate balance of identifying what might be going wrong with being receptive to our feelings (Desmond 2015).

Each of us had self-care routines before COVID-19. Examples were seeking work-life balance to avoid burnout, making time for self-reflection, exercising, and eating nourishing foods. The most significant issue during COVID-19 was that everyone was being affected to some degree. We found fear, uncertainty, and anxiety were present in our workplaces and communities. There was a considerable risk of loneliness and isolation, especially as we were all working from different places. Additionally, we knew that there were stressors such as employment loss for family members, death, and numerous health and mental health issues for many of us.

During this time, much work with students involved using mindfulness (Kabat-Sinn 1990) to help them disentangle and understand what was concerning them. Mindfulness is a form of present-moment attention and awareness (Linehan 2015). It can foster self-awareness, self-reflection, and critical reflection about the context impacts, essential capacities for CSWs (Fook 2016). In turn, these skills are crucial for maintaining a degree of mental health and wellbeing (Lander 2020). The authors believed that if they could control nothing else, be nothing else, they could engage in kindness both to others and themselves. Kindness creates connections through warmth, compassion, and love and creates the experience of a common humanity (Rowland and Curry 2019).

Although we were required to distance ourselves physically, we did not need to distance ourselves emotionally. Banks (2016) identifies *emotion work* as integral to clinical practice where SWEs manage their own emotions and are responsive to others' emotional well-being. For example, a human connection with students was fostered by being more available to students using emails, Zoom meetings, discussion boards, regular phone calls, and personal emails.

Methodology

Reflexive Collaborative Autoethnography

Compassionate connections guided our research approach. Living in a time of unexpected and rapid change in the context of Australia's response to the pandemic (Kavoor et al. 2020) presented a unique opportunity to distill our lived experiences

as educators and citizens. At the same time, our *here and now* temporal, embodied, place-bound, and visceral nature of our lived experiences (Cénat et al. 2020; Ellis and Flaherty 1992), while important, are not readily shareable in the professional literature. Hartman (2017) recommends narrative case studies to challenge normative phenomena and understandings of lived experience in social work practice and focus on the production of context-dependent knowledge by and with non-dominant cultural groups. Therefore, we decided to utilize a reflexive (Fook 2016) collaborative autoethnography or “co-autoethnography” (Park and Wilmer 2019, p. 141) methodology to undertake a reflexive and systematic analysis of our different and shared experiences of learning as SWE. We understand autoethnography as a method of self-observation and reflexive investigation of our feelings, actions and practice as educators. In connection to our changing cultural, social and political landscape, we found we could verbally express the more chaotic elements of COVID-19 through a collaborative autoethnography (Maréchal 2010). We were inspired by a similar approach by Caron et al. (2020), who addressed a gap in the social work literature by consciously exploring how they use anti-oppressive values in their teaching, research, and activism. Reflexive research also called critically reflective research (Fook 2014; Jensen-Hart and Williams 2010), is “critique-through-investigation [where ...] inquiry becomes an essentially reflexive critique [... of how] the relations [of ruling ...] can be grasped only as we are insiders participating in them (Smith 1990, pp. 202–203).

Ethnography refers to the stories of research participants (Denzin 1997) and autoethnography focuses on the self-storying of the researchers (Chang and Bilgen 2020; Ellis et al. 2011). Kimpson (2005) notes that auto-ethnography can act as a counter to “male-created, dominated” approaches to research by the way the narratives can “transgress academic and disciplinary expectations about ‘acceptable’ research topics, and violate norms about how research is ‘supposed’ to be conducted” (p. 73). Co-autoethnography was explained by Coia and Taylor (2009) as the co-operative process undertaken by researchers in analyzing their narratives. Chang et al. (2013) write that by combining these seemingly disparate elements into a coherent methodology, “a study of self can be conducted in the company of others and [...] a study of individuals can be a catalyst to understanding group culture” (p. 17).

In summary, there were compelling reasons to adopt a research methodology that gathered focused, discrete information about our lived experiences in real-time and its adaptability when we were isolated from each other. Following conversations about shared experiences during the COVID-19 crisis, we believed that a reflexive collaborative autoethnography was the most relevant approach to explore our unique lived experiences in SWE during COVID-19. We agreed that the concepts of love and self-compassion afforded a crucial counterbalance to the technology-driven change in our professional relationships with students. Students were not involved in the collaborative autoethnography project. Instead, the co-researchers reflected about their interactions with students; any descriptions about students are from the co-researchers’ writing.

Co-researchers as Participants

The co-researchers have a combined experience of over 50 years in CSW, mental health practice, and education and have diverse cultural, linguistic, gender, and sexual identities.

Trevor is a mid-career social work educator born in Arkansas and grew up in Virginia. He is a white, cisgender gay man from a middle-class background. Trevor specializes in LGBTIQ + mental health and substance use issues and has lived experience with mental health in his family.

Dyann is a white single parent, mid-career educator, born in Tasmania and raised in a poor working-class family. She has mental health experience at an adult mental health hospital and community-based care. She has provided clinical education for mental health professional staff in partnerships with people with lived experience of mental illness.

Bindi is a mid-career social work educator who is a Kamilaroi woman. She is an Aboriginal, heterosexual, cisgender woman from a minority background and has experience in child and adolescent and crisis mental health.

Kate was raised in a middle-class family and from a chieftaincy clan. She is a mid-career educator born in Nigeria and is a United Kingdom citizen. She is a migrant who has mental health experience in forensic and community-based mental health.

Research Questions

After reviewing the literature and several informal discussions about our lived experiences with love and self-compassion in online clinical social work education during COVID-19, we developed several research questions. The following exploratory questions guided our study: (a) what is the impact of COVID-19 on a group of CSW educators?; (b) what is the effect of love and self-compassion on our interactions with students during COVID-19; (c) how do love and self-

compassion prepare this group of social work educators for coping with uncertainty and stress during COVID-19; (d) what did our experiences teach us about future pandemics?

Data Collection Method

Narrative data for the study were collected using a collaborative autoethnographic method of simultaneous but individual reflective writing by the authors as co-research participants. The data gathering occurred over one month in May 2020 in the early stages of the pandemic. We developed a series of critical reflexive questions to ensure the items would capture our lived experience coping with COVID-19 in the online teaching space. The questions included prompts that would assess our classroom experiences with love and self-compassion. We individually wrote responses to three questions and then shared our answers with the group once they had an opportunity to reflect on their experiences. Then, we met via Zoom to develop additional sets of three questions to capture our ongoing experiences. We repeated this process three times: writing individual reflections and then meeting to discuss our shared experiences. We decided that the quality and quantity of reflective information gathered fully covered our experiences.

The questions for each of the iterative cycles are listed in Table 1. The comments and reflections generated by this method were influenced by parallel conversations during the data gathering or subsequently. Thus, there was some mutual learning as we developed the reflexive questions and during the shared writing process along the lines of ‘Oh, is that what they think about love?’.

Analytic Approach

Our reflexive collaborative autoethnography’s analytic process was the constant comparative method (Corbin and Strauss 2007). During the data collection stages, the coresearchers read the emerging narratives with a reflexive lens where our use of power was considered through the values of love and self-compassion. We then identified themes that would require further follow-up in the subsequent rounds of narratives, reflecting the literature on love and self-compassion. After the data were collected, two co-researchers responsible for the initial analysis individually hand-coded the qualitative data line-by-line and used memoing to identify initial codes. The two co-researchers then cross-checked coding, sharing the initial cross-codes with the research group via the shared document. We then re-coded the text

Table 1 Collaborative autoethnography questions

1. Tell us a little bit about yourself: Where are you from and what experiences brought you to social work education?

2. How long have you been a social work educator and what is your area of teaching expertise in mental health?

3. What has your experience been like shifting from teaching to a primarily face-to-face format to an online format due to COVID-19?

Round two

1. What does *love* in a professional context mean to you?

2. What does ‘self-compassion’ mean to you as a social work academic? 3. How are you coping with professional challenges around COVID-19?

Round three

1. Can you provide an example of instances where you’ve had to provide mental health support in your courses to a student due to COVID-19 and how this has reflected love?

2. What types of unusual accommodations have you had to provide to students due to COVID-19 to role model love and self-compassion?

3. What are your recommendations for the future in the areas of making Zoom a safe and inclusive space for students?

Round one

together line-by-line based upon the refined coding until we found agreement. Final themes for our shared narrative were then reviewed and refined by the group until we reached saturation and consensus.

Results

The results are structured according to the three main themes arising from the data. They are presented by showing how they shed light on the co-researchers’ understandings of the importance of love for students and self-compassion. Further, the results indicate how we applied love and selfcompassion in our teaching during the early stages of the COVID-19. This

was an emergent process as we interrogated the data and is a preliminary exploration of these theoretical premises of the research.

Uncertainty, Stress, and Loss During COVID-19: The Interrelatedness of Love for Others and Self-compassion

By individually reflecting on our experience of rapidly shifting to online SWE, we found a common story of uncertainty, anxiety, loss, and stress for both students and educators. Embedded within this story was discovering how we had separately responded that showed the interrelatedness of love for others and self-compassion. For instance, in our narratives, we found that the shift to online classes eliminated our usual strategies for developing relationships with students. Our classrooms are not only learning spaces for our students but are also social spaces. Dyann noted that students experienced a great deal of dislocation, stress, and confusion during the change to online learning. This stress caused us to be highly attuned to students' well-being, which students reported greatly helped them during the transition. At the same time, Bindi noted the difficulty "getting [her] bearings with where [students] were at" and challenges in "feeling the room" to adjust teaching to be sensitive to the changing student needs. The heightened stress meant that the co-researchers had to increase their self-care and self-compassion so that they could support students and provide them with a high standard of education.

During the shift to online delivery during COVID-19, several co-researchers found themselves filling often challenging multiple roles of educator, CSWs, technology support worker, and as the primary social contact for the students. The extended support related roles were how we each saw a way to actively show love and kindness to a greater extent than is usually needed. One student who was living alone mentioned to Bindi, "if I didn't come to [class] each week, no one would know if I was dead. I have no-one." This comment reminded us of the importance of relationships in the classroom, regardless of whether they are technology-mediated. Two co-researchers provided support over the telephone to students who were distressed by social distancing and stressors, including loss of employment.

While each co-researcher had worked from home one or more days per week before COVID-19, the transition to entirely home-based work required unanticipated adjustments. The co-researchers found themselves at times with insufficient internet access or missing the camaraderie of the campus. It became difficult to separate our home space from our workspace. The collaborative research project became an opportunity to connect, make meaning from our experiences, and feel the direct benefit of each other's love.

Skills for Emotion Work During COVID-19: Love for Others Fosters Self-compassion

Additional themes identified from our narratives were skills used for managing stress and uncertainty during the transition to online learning during COVID-19. The main idea of showing love for our students was present throughout the narratives. The co-research group collectively defined love in a professional context as deliberate actions aimed at promoting collaborative dialogue, being curious about one another's welfare, affirming strengths, acknowledging resilience, and treating others with compassion and respect. Trevor noted that "both students and educators come to the classroom with a wealth of wisdom from living life," a belief that resonated with each of the co-researchers during our discussions. Co-researchers mentioned drawing upon CSW skills of narrative therapy, LGBTIQ + affirmative and feminist practices and strengths-based approaches, and Aboriginal processes, including the use of *Dadirri* (inner deep listening), yarning, and silence (Bennett et al. 2018; Bennett and Gates 2019).

Kate noted that showing love and kindness also meant avoiding solving problems for their students. For that co-researcher, loving meant affirming students' responsibility and supporting students in honoring their feelings and desires about how to proceed in their educational journeys given the COVID-19 disruption. This co-researcher also drew upon wisdom from Nigerian culture with sayings like, "commitment finishes what excitement begins." Another co-researcher with different educational and cultural experiences was interested in proactively supporting students during a crisis and understanding this as modeling loving practice by walking alongside them as fellow citizens during the pandemic.

For the research group, an additional discovery was that we were reminded to show ourselves self-compassion in increasing our dedication to students by consciously showing loving regard. Crucially, being loving also required ongoing self-reflection and reflexivity, asking ourselves questions about how our actions align with love. Are our intentions to act lovingly and compassionately mirrored in our efforts? If not, what can we do better? At times, working with love was challenging, given the disruption that each co-researcher was experiencing in their lives. Several coresearchers mentioned concerns about confidentiality, safety, and security online. Dyann stated that she believed teaching was a relationship-

based activity, and Bindi agreed that using relationships as a clinical teaching tool was challenging in online sessions. Bindi could more quickly attend to the feelings and emotions of students in a place-bound course. For instance, if a student appeared to have felt anxious or triggered by content in a session and left the room in a placebound classroom, the instructor could follow the student or send someone else to make sure the person was okay. The ability to provide duty of care or even be aware of a student's well-being in the online space was drastically reduced. This can compromise a love informed approach to CSW education and is a lost opportunity for students.

Numerous technical issues reduced the time spent providing education, but it was regarded as another opportunity to show care and support from acting with a loving approach. For instance, Bindi reported that she offered several students extensive technical support, which led to informal conversations with them about how they were managing during COVID-19. Kate felt the background activities in her home and several students' homes negatively impacted the Zoom classroom. However, this phenomenon was not an issue from a loving perspective but was perhaps an added complexity. In contrast, Dyann commented that seeing the students, their pets, and loved ones in their home environment provided a better understanding of the person and provided unique opportunities and examples for enhancing discussion about clinical practice with the students. For example, spaces that we meet in are an important factor in maintaining appropriate professional boundaries in clinical practice. During COVID-19, the personal spaces of educators and students have become professional spaces.

Coping with the disruptions caused by COVID-19 required the co-researchers to draw upon skills of self-care and self-compassion. We defined self-compassion as extending the same kind of kindness and love to oneself that we would typically extend to loved ones. Strategies several coresearchers used to take care of themselves included talking to friends and loved ones, physical exercising, being mindful of eating and connecting with pets and nature. Kate said that she came to the point of "realizing that she is only useful when alive and well," and Dyann mentioned taking walking laps around the house was a strategy for staying well. Acknowledging that "we are all struggling, that we are human beings, and that we are not expected to be perfect all the time" was a self-talk strategy Trevor found helpful. Boundary-setting with the university was necessary for two co-researchers. Several mentioned that the workload and emotional burdens increased with the move to online learning. Useful strategies for setting boundaries at work involved keeping a separate workspace and turning the computer off at a reasonable time each evening.

Clinical Education During COVID-19: Love as Willingness to Learn with Students and Colleagues

The third central theme emerging from our narratives included observations and lessons learned around challenges faced during COVID-19. hooks (2000) explained that love is the willingness to learn with others to achieve the best possible relational outcomes. To witness the uncertainty, stress and loss resulted in us being moved to an empathic and loving response, which demanded learning in situ when the way forward was unclear. For example, a recurring theme in our stories and conversations was the need to strengthen our online education skills. Bindi mentioned that she believed that "online is not going to go anywhere—it can work, universities can save money, and students will tolerate it." We agreed that a significant challenge with moving online is that we had inadequate time to prepare for it. Our regular routines for building relationships and maintaining relationships were disrupted early in the semester and recovering from that disruption was challenging. Suddenly we had to be thinking about fostering confident, ethically competent, skilled, and capable CSWs while shifting to online learning. Changes had to be made in the syllabus, which ordinarily would not occur mid-semester. We had to be flexible and sympathetic with students about attendance, doing subject readings, not wishing to speak on Zoom, needing extensions of assignment due dates, needing support, and making referrals to student health and well-being services.

Bindi said that reflecting on their core values and cultural wisdom was helpful during this time, noting that "[Aboriginal People] are very resilient and have endured over 200 years of hardship. I have the confidence to [endure hardships] again and the hope that things will become more bearable." Our Aboriginal co-researcher inspired us with their modeling of *yarning*, which is indicative of culturally respectful engagement. Yarning involves storying about events and experiences using "idioms, metaphors and proverbs ... to give advice or to caution in a non-confronting way" (Morseu-Diop 2013, p. 124). While yarning styles vary across Aboriginal cultural groups, our colleague's readiness to talk in stories in the intensity of the crisis helped us and students feel more connected and caring towards each other. Significantly, the yarning tended to include a lesson, often at the expense of their learning, embedded in the story.

Although COVID-19 has necessitated change, it has also provided us an example of educator and student resilience. We now know we can practice education in the virtual space (indeed, we also agree this can be improved upon). We know

more about managing Zoom tutorials (and creating a good background or avatar) than we did 6 months ago. We have tested our creativity and managed to create an online community with students being critical partners in re-working the educational relationship. We might have even found approaching work and studying differently (specifically an end to a persistent rumor that one is less productive if one works from anywhere but the campus workspace). We now need a discussion of redeployment of time, resources, and initiatives and a myriad of other conversations to process both the positives and negatives of our new space.

Others noted that creating space on Zoom for talking about the uncertainties caused by COVID-19 helped ease anxiety and helped them model authenticity and openness in class, which were abundant clinical learning opportunities for students. We agreed that there are many opportunities for improving our clinical teaching practices in an online space, including the need for better technical support and safeguards for protecting confidentiality and safety in online classrooms. We also agree that the need for love, flexibility, creativity, and self-compassion were essential lessons learned from our experiences during COVID-19.

Discussion

The COVID-19 public health crisis disrupted our usual ways of engagement with students and colleagues but presented opportunities for enhancing our teaching practices. This reflexive collaborative autoethnography (Fook 2016; Park and Wilmer 2019) was undertaken by a group of educators from Australia, the United States, the United Kingdom and Nigeria. Research group members drew upon different non-dominant sociocultural positionalities and experiences to contribute to the narrative case study (Hartman 2017) at one social work program at an Australian university. The purposes of the present study were to explore the personal impact of COVID-19 as a group of clinical social work educators, document the effect of love and self-compassion on our interactions with students during COVID-19, and examine how love and self-compassion prepared us for coping with uncertainty and stress.

We used the ethic of love and self-compassion to draw attention to the emotional labor and power dynamics (Hudson and Richardson 2016) and to reflect upon our experience of navigating the rapid shift to online SWE during the crisis. In our narratives, we conceptualized love as a relationship-based practice promoting dialogue, respecting one another's lived experiences, acknowledging the interconnectedness of people, endorsing nonviolence, and accepting the feelings of disruption caused by COVID-19. We used self-compassion and self-care principles in our narratives to describe how we managed our uncertainties and anxiety around a shift to online SWE while modeling these principles for our students. Additionally, we drew upon our lived experiences and Australian Aboriginal traditions to help ourselves and our students negotiate these challenging times.

Trevor invited us all to write together about a topic that was current and all-encompassing for us and to do so using a reflexive collaborative research methodology. This opportunity provided space to articulate and record our experiences as they unfolded. The decision to use the values of love and self-compassion arose from the shared feeling of disconnection. In an unusual set of circumstances, we have considered these values and declared to each other our respective very personal sense-making and survival tactics in the professionally challenging space of shifting our teaching online.

The research consolidated that the rapid shift to technology-mediated teaching, which undercuts our relationshipbased pedagogy with students, was best countered by drawing upon heart-based and sourced values. Ferrini (1991) wrote that:

The choice between love and fear is made every moment in our hearts and minds. That is where the peace process begins. Without peace within, peace in the world is an empty wish. Like love, peace is extended. It cannot be brought from the world to the heart. It must be brought from the heart to another. (p. 8).

The research space gave us a place to make this explicit and to recognize the shared experience and that these values were useful for our meaning-making. Discussing our lived experience allowed us to address the disconnectedness and acknowledge that we were reaching out to students across the disconnection using these same values.

Implications for Clinical Practice and Education

The complex challenge was how to teach CSW to a cohort of profoundly impacted students, particularly women, who had to take their focus off their studies to grapple with homeschooling their children, losing their accommodation, losing their jobs or businesses, and needing to care for themselves or relatives with compromised health conditions (Wenham et al. 2020). We had to hold a dual focus on how the teaching content may be triggering for many students who were coping with mental health issues while keeping to a standard of learning to ensure future knowledgeable and skilled entry-level MSW practitioners. Additionally, we had to focus on our well-being to ensure we could usher in the changes and maintain relationships with them. We had a sense that student-centered teaching practices that invite students to share their

experiences in real-time as an integral part of learning mental health content (Larson 2008) is perhaps a way through this complexity of intersecting factors.

A significant impact is that a dynamic connectedness becomes possible with students when educators align their professional values, course content, and teaching processes. The interlinked commitment to practice love for others and self-compassion can counter the emotional and relational impacts of unexpected, rapid, and disruptive change. As academics, we need to be proactive in creating substantial opportunities for engagement that effectively leverage a blend of online and face-to-face activities to allow students to develop their clinical skills.

COVID-19 is likely to continue to impact how we deliver CSW education for the foreseeable future. Though the present study reflected our lived experiences as educators, which might not have been representative of other educators, it illustrated the importance of practicing with love and self-compassion. Along with our students, we will navigate the challenges ahead. Acknowledging our connectedness as living beings must be a core value in our pedagogy.

Limitations

Including students as collaborators in this autoethnography could have strengthened the project and would have enhanced our professional relationships with students. We came to this recognition as part of the reflexive commitment to review how we used our privilege and power as the authors and indirectly as educators. We mainly responded unilaterally by enacting a university senior management decision for all academic programs to go online. At the CSW practice level, the immediate loss of face-to-face relationship connections with students contributed to this lack of shared decision-making. A research limitation is that we did not directly involve students. Students' non-inclusion in significant changes at universities that directly impact them is a crucial concern and warrants additional collaborative research.

Summary

Love and self-compassion were guiding principles that helped us negotiate the challenges of shifting to online SWE during COVID-19. Themes from our reflexive collaborative autoethnographic narratives suggested that, though COVID-19 caused a great deal of uncertainty for us as educators and our students, we were able to navigate those challenges using previously learned values of love and self-compassion. We also drew upon wisdom from our communities of origin to help us make sense of the changes. Our findings underscore the importance of relationship-based models of CSW. We also propose future CSW research into COVID-19 that collaboratively engages in the study with student voices.

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