Disclosure in Teaching: Using Personal Mental Health Experiences to Facilitate Teaching and Learning in Clinical Social Work Practice

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Abstract: Disclosure is often used as a teaching tool in a variety of learning and teaching contexts, settings, and disciplines. This paper shares one instructor's view on disclosure in teaching clinical social work practice courses. It discusses how disclosure is used in the classroom and explains why the instructor sees it as a valuable education tool.

Keywords: teaching, disclosure, social work, higher education

"When I attempted suicide…" I had said it. I did not mean to say it, but there it was. I was standing in the classroom responding to a student who struggled to understand the depths of despair that fueled a client's suicidality, and I said it. I had just disclosed to my students that I had attempted suicide. I kept talking as my eyes scanned the room. Some students stared at me intently. Others averted my gaze. The room was silent now. No keyboard clicks. No rustling of pages. My words simply hung in the air. I then moved away from the topic, not that I was embarrassed or scared; I just simply continued with the lesson of the day. But I did wonder: "Was that too much?"

I had been teaching mental health-oriented practice classes in social work for five years at that point. I had been struggling with my own mental health issues a great deal longer. After years of suffering, hiding, recovering, sharing, and healing, I had gotten to a place where I felt comfortable discussing the topics of mental health, illness, and wellness, even my own. So, when I stood in front of the class that day, I was ready. I was ready to instruct students in an area where I felt at home, if you will. I was ready to make, if need be, my typical "when I was depressed…" or "when I was diagnosed…" or "my therapist told me…" statements to simultaneously illustrate the mental illness experience while destigmatizing it. But I never intended to tell my students that I had once…well, really, twice…attempted to kill myself. But I did tell them. I had disclosed.

The Use of Disclosure

Disclosure is a term and a technique we are very familiar with in social work. As social work practitioners, we talk about it often. We talk about the need of disclosure from our clients and how them being open and honest assists us in effectively assessing them. We talk about the use of disclosure as a practice technique, a method that allows us to use ourselves as a mirror to reflect back to clients how they are being seen, heard, or understood (Raines, 1996). We also talk about the rules and risks of disclosure alongside its ethical practice (White, 2007/2008). However, we talk far less often about *personal* disclosure, the kind that is more private. In one study that investigated social workers' attitudes towards and engagement in self-disclosure, they

"generally expressed positive attitudes towards self-disclosure" for what they saw as a "therapeutic benefit" to clients, but this involved "reactions to and thoughts about the client in the here-and-now," not "self-involving disclosures" (Knight, 2012, p. 303). And even when talking about the latter type of disclosures, we discuss whether or not we tell a client if we are married or have children but not about disclosing details of one's mental health status or experiences.

In education, disclosure is often used as a teaching tool in a variety of learning and teaching contexts and settings. Scholars across disciplines have explored and evaluated its use and have found disclosure to be valuable, especially in the classroom (Butler, Wolkenstein, Ruiz-Novero, & Wallace, 2015; Deiro, 1997; Simpson, 2009; Tobin, 2010). From enhancing student learning to improving student-teacher connection and rapport, disclosure, when pertinent and done well, can be an asset to the teaching and learning processes (Deiro, 1997).

Research found that teachers who disclose tended to be more open and "appear[ed] to freely share of themselves" (Simpson, 2009, p. 93). Whether these disclosures were spontaneous (Simpson, 2009) or strategic (Tobin, 2010), they were done purposefully and intentionally (Butler et al., 2015; Simpson, 2009; Tobin, 2010). However, most disclosures were found to be more professional than personal and were done in a one-on-one fashion (Simpson, 2009, p. 94). While beneficial, some caution against the casual use of disclosure. Because it is effective and because it increases the positivity of the lens through which the student views the teacher, instructors must guard against "teaching themselves rather than their subject matter" (Ejsing, 2007, p. 240). In other words, disclosure loses its power as an intervention when it becomes more about you, the person disclosing, than about the content of your disclosure.

What about when the disclosure *does* lean more toward the personal, particularly around health and health status? In a study of physicians, disclosures between faculty and students around personal health were "accepted [and] perceived as a powerful teaching method" (Butler et al., 2015, p. 704). Still, the standards developed around the practice were highly variable and arose after reflecting on the disclosure experience or by determining what did and did not work successfully in the exchange. Further, the study found that the limits and risks may not be fully considered when disclosing (Butler el al., 2015). Similarly, Knight (2012) found that social workers who used or valued disclosure did not do so based on theoretical or research evidence of its utility; they simply found it useful. But for the physicians, they see the risks ("being judged, creating discomfort in trainees, or being perceived as seeking sympathy or attention") as "limited," and they believe "the method influences resident acquisition of clinical knowledge and skills" (Butler et al., 2015, p. 704). So, what about me? Did I consider the limits around disclosure? Did I think about the potential risks?

My Use of Disclosure

I often use disclosure when teaching social work practice courses. Whether it is to explain variations in depression symptom presentations or to demonstrate why clinicians should hold the

hope for clients until they can hold it for themselves, when appropriate, I disclose information about my own personal and/or practice experiences. I have spoken about my own struggles with depression and anxiety, and I have even shared some bits of information about my father's substance use and recovery (he was aware of this disclosure). I have also used my experiences to illustrate the role of culture in diagnosis, treatment, and recovery as well as the involvement of family members in the health and help-seeking experiences of their loved ones. For me, it is important that students understand that there is a person behind the diagnosis, that mental illness can impact anyone, and that clinicians should never grow fixed on a particular clinical picture. Yes, I put myself out there. For my students' learning, I open myself up like a cadaver so they can poke around, explore, and better understand mental health problems and the use of clinical interventions to address them. I believe a case study can only go so far, and, ethically, we can only pull a client apart so much. So again, when appropriate, I present myself to students as a living case study. I have been asked why I do not use a guest speaker for the same effect, but would it really have the same impact? In short, I do not think so. I committed to this field. I believe that by opening myself up, I am showing students not only how much I believe in the clinical helping process but how much I trust their ability to handle disclosures with sensitivity and respect.

I also use disclosure to increase my students' vulnerability. It is my firm belief that if we as clinicians are going to ask clients to be open and vulnerable, that we, too, must be willing to do the same. Being vulnerable can teach you so many things as a social worker. It can deepen your ability to empathize with a client. It can increase your willingness to accept critical feedback from supervisors and clients alike. It can also expand your capacity for growth and learning in the area of direct practice. So, when I am vulnerable, when I take a calculated risk in the classroom for the benefit of my students' learning, the hope is that they will be willing to take a calculated risk for the benefit of their clients' healing; that they, too, will be willing to give something up—namely the need to be the expert full of knowledge and skills—to align more naturally with their clients through empathy and humility. I hope to help them realize that having and sharing experiences is not necessarily unprofessional (as some students have felt my disclosures were), but that it helps one connect, build rapport, and be seen as someone who understands (as many more students, and clients, report feeling about my disclosures).

Using disclosure in the classroom can also mark you as someone who truly understands mental illness. When you are open to talking about your own mental health, students with mental health issues often see you as someone they can turn to to discuss their own mental health problems. Like White (2007/2008), who disclosed her own mental illness struggles while teaching in a social work classroom, students sought me out to discuss their private mental health struggles or for advice on how to get help. This was especially true for my African American students. As a Black woman who comes from a culture that underutilizes mental health services, stigmatizes those who experience mental health problems and/or seek help, and, when they do accept the presence of a problem, turns to more informal sources of help, it was important for these students to see that Black people do, in fact, have mental health problems, can seek professional help, and feel better. It shows them that they do not have to suffer or simply pray (though I truly

value prayer) their way through, that working with a professional mental health practitioner is also an option for them.

Being open about mental health problems and recovery also made me a type of role model for my students. They saw me as someone they could look to as they figured out how they, too, could balance addressing the mental health needs of others while managing their own. A number of my students told me how they often wondered if they would ever be able to practice social work when they had their own mental health issues. But after being in my classroom and hearing about my experiences as a clinician on a recovery journey, they had hope that they, too, could manage their health and find success in the field.

So, do I go too far? Is talking about suicide too far? Perhaps, for some. But my approach to teaching, with its use of disclosure, is intentional and purposeful. While I, like the social workers in Knight's (2012) study, did not initially consult the research or work from a theoretical base, I used disclosure decidedly, after considering the risks (students' feeling they may have to take care of me) and consequences (what others may think of me). Now my decision to disclose is very much a part of my teaching philosophy and is informed by research, theory, and experiential knowledge. I now rely on the evidence, both empirical and anecdotal, when explaining why it is important to my teaching pedagogy.

So, I will continue to disclose. I will do it to strip away the stigma that exists around mental health, illness, and wellness. I will do it to show my students that if I could speak on something so personal, surely, they could for the sake of their personal and professional development. I will do it to improve their learning experience, so they see mental illness as something real and close. Yes, I will continue to disclose. For the student who can't just yet, for the client who must, for the integrity of the work, I will disclose.

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