RESEARCH

The psychological impact of the COVID-19 pandemic on Black social workers

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Abstract

This qualitative study investigated the psychological impact of the dual pandemics of COVID-19 and anti-Black violence on client-facing social workers who identify as Black, the coping strategies they used in response to the pandemic, and the ways in which these individuals' racial and cultural identities impacted their experiences. Such individuals are at unique risk for traumatic stress and burnout. This risk was compounded by the traumatic nature of the dual pandemics and the ways in which they forced confrontation with Yalom's existential givens of human existence: death, isolation, meaninglessness, and freedom and responsibility. Eight client-facing social workers who identified as Black and lived in the United States were interviewed using a 19-item semistructured protocol created by the researchers that addressed the research questions. Data were analyzed using Braun and Clarke's thematic analysis methodology. Five themes were constructed: (1) Changes in treatment due to COVID-19, (2) Emotional toll due to the pandemic, (3) Experiences related to being Black, (4) Beneficial experiences, and (5) Coping with COVID-19 and ongoing racism. Participants' experiences demonstrated the compounded psychological risk factors they faced as social workers, Black Americans, and survivors of the pandemic, and the ways in which they confronted existential concerns. Participants demonstrated resilience by making new meanings out of their experiences and implied their successful posttraumatic growth. This study demonstrated the need for greater support of Black social workers in social work practice and policy to ease the compounded stressors they face as a result of the pandemic.

INTRODUCTION

The COVID-19 pandemic created a crisis of the largest magnitude in many generations, impacting nearly every aspect of social order and radically changing the world. Economic fallout in the United States came swiftly on a massive scale, with many millions of Americans abruptly losing their jobs (Schwartz et al., 2020). Laying bare the structural inequities in America, the most vulnerable members of society were disproportionately affected by the damage (CDC, 2020). Media outlets bombarded the public with news reports of mass illness, death, and suffering (Bogel-Burroughs, 2020). At the same time, social distancing and lockdown policies aimed at curbing the spread of the virus created widespread isolation, dramatically altering the nature of social interaction (New York State, Office of the Governor, 2020). This traumatic context, compounded by the erasure of typical avenues of in-person social support, fostered an environment that suggested significant risk of negative mental health symptoms (Berger et al., 2020). Amid this crisis, the murder of George Floyd by police prompted a reckoning with racial justice in the United States on a scale not seen in decades, and the summer of 2020 saw large, sustained protests across the nation (Hagemann & Neuman, 2020). Concurrent with this movement, 2020 saw the highest number of recorded anti-Black hate crimes since the Federal Bureau of Investigation (FBI) began tracking them in 1991, which accounted for 35% of total hate crimes despite Black Americans comprising only 12.1% of the national population (FBI, n.d.; Frey, 2021).

These dual pandemics of COVID-19 and anti-Black violence foregrounded the existential concerns with which individuals impacted by both pandemics were forced to grapple. According to existential humanistic psychological theory, human experience involves inevitable confrontation of four basic givens of existence: death, isolation, the freedom and responsibility one bears in one's life, and the notion that the universe is inherently meaningless and one must make one's own meaning (Yalom, 1980). The existential perspective holds that psychological distress and anxiety arise from confronting these givens of experience and that this anxiety can hamper one's ability to live authentically (Yalom, 1980). Each of the four pillars of existence was dramatically highlighted in the traumatic context of the dual pandemics of COVID-19 and anti-Black violence. Death underscored the daily reports of the people who lost their lives to COVID-19 and the violence enacted against Black Americans, isolation was imposed by social distancing orders and the schisms between people who recognized race-based injustices and those who did not, social responsibility to protect against disease and racism became a focal point of contention, and the sudden restructuring of social norms necessitated making new meaning from a changed world.

The following study examined how these crises, which disproportionately affected people of color and prompted an increased need for social services (CDC, 2020; U.S. Federal Emergency Management Agency, 2020), impacted Black social workers, an often-marginalized group who were taking on the emotional weight of their clients during the dual pandemics. As will be detailed, the experiences of these professionals reflected the ways in which they confronted each of the four existential givens of existence and how they navigated these existential confrontations personally and professionally.

BACKGROUND

Black social workers

Perhaps reflecting the historical disinterest of American society to the needs and experiences of people of color, much of the body of research concerning social workers has not addressed the unique perspectives of Black professionals within the field (Bent-Goodley, 2003; Bent-Goodley et al., 2017; Brown & Brown, 1997). Nevertheless, Black organizations played an integral role in the American social work movement. Black social work pioneers in the Progressive Era (1896–1916) built community-based organizations that provided social services, engaged in philanthropy, and advocated for social change, informed by principles of "self help, mutual aid, race pride, and social debt" (Bent-Goodley et al., 2017, p. 28). These early values and practices persist in the modern Black social work movement, which envisions social workers as agents of change devoted to combatting systems of oppression, marginalization, and inequity using clinical work to initiate and support both microlevel and macrolevel change (Howard, 2020).

Tasked with supporting clients while advocating for social justice, client-facing Black social workers face many risks in the context of their work. One potential risk is professional burnout, a state of total exhaustion occurring in response to sustained support of marginalized or vulnerable groups (Newell & MacNeil, 2010, p. 58). According to Newell and MacNeil (2010), human service work is the single most significant risk factor for professional burnout. Client-facing Black social workers are uniquely vulnerable to burnout given the stresses of human service work and the pervasive confrontation with racism in and outside of work (Howard, 2020). Furthermore, as clinical providers, social workers are also susceptible to vicarious traumatic stress, which can occur in response to hearing traumatic experiences of others and can lead to compassion fatigue and burnout (Hayes & Frederickson, 2008; Newell & MacNeil, 2010).

Traumatic stress and coping

Traumatic stress has historically been considered a response to exposure to death, serious injury, or violence, but numerous studies have proposed that traumatic stress is more complex than merely being exposed to a traumatic stressor. For example, one's perceived locus of control, degree of social support, and meaning-making about the trauma can influence the experience of traumatic stress and the opportunity for posttraumatic growth, that is, the ability to make positive life changes after a traumatic event (Prati & Pietrantoni, 2009; Vachon et al., 2016). Wilmshurst's (2020) integrated existential model of trauma proposed meaning-making as the pathway to healing from traumatic stress in accordance with the existential perspective that the universe has no underlying meaning. Vachon and colleagues (2016) similarly proposed that a traumatic event shatters the meanings one has previously derived from the world and asserted that coping with trauma must involve making new meaning.

One stressor understood to contribute to traumatic stress symptoms is experiencing racism and discrimination. The following section will detail the effects of racial trauma and race-based traumatic stress.

Racial trauma

Coining the term "race-based traumatic stress," Carter (2007) described being subjected to racism as a "psychological injury" (p. 16) and argued that any race-based stressors have the capacity to trigger physiological and psychological traumatic stress reactions. Race-based stressors can be acute in nature (e.g., being called a racial slur) or cumulative (e.g., experiencing repeated social exclusion),

with one event acting as the trigger for traumatic symptoms after an accumulation of stress. Thus, by experiencing racism, an individual is left with a vulnerability to stress, which may manifest as various psychopathologies including mood and anxiety symptoms, emotional dysregulation, interpersonal difficulties, and low self-esteem (Carter, 2007). Race-based traumatic stress can also lead to severe physiological symptoms (Goosby et al., 2018). Higher stress begins in the womb for many Black individuals, accumulating throughout the lifespan when subjected to discrimination that impacts quality of life, leading to disproportionately worse health outcomes compared to other racial groups, including increased cardiovascular strain and accelerated aging (Goosby et al., 2018).

The COVID-19 pandemic exacerbated factors that contribute to race-based traumatic stress (Liu & Modir, 2020). State and local policies enacted to prevent the spread of COVID-19 led to racial profiling and discrimination, such as Black men being asked to leave a Walmart because they were wearing surgical masks as recommended by the CDC (Liu & Modir, 2020). Statements by political leaders criticized communities of color, such as the U.S. Surgeon General at the time, Jerome Adams, telling Black and Latinx communities to "step up" and avoid drugs and alcohol during the pandemic (Taylor, 2020). Furthermore, those deemed essential workers who did not have the ability to work from home and self-isolate were largely people of color, putting them at greater risk of illness than their White counterparts (Liu & Modir, 2020).

The mental health impact of the COVID-19 pandemic

The negative mental health effects of the crisis extend to many reaches of national and global society. The COVID-19 lockdown policies and social isolation contributed to high levels of anxiety and depression in multiple countries (Meyer et al., 2020; Sameer et al., 2020). Yet, these findings are largely based on studies with an overrepresentation of White, educated participants and underrepresentation of other groups (Meyer et al., 2020).

Though much of the extant literature on the psychological impact of the pandemic has not focused specifically on Black peoples, Chaney (2020) examined how social distancing guidelines significantly altered Black families' traditional support systems, such as churches and extended family networks, compounding stress on many Black families. This finding was echoed by Okoro and colleagues (2022), whose community needs assessment found that during the pandemic, Black communities experienced a negative impact on social well-being, which they attributed to the erasure of typical in-person avenues of support such as the church and educational settings. Relatedly, Brewer and colleagues (2023) found that pandemic-related stress among Black people was positively associated with symptoms of anxiety and depression. These higher levels of depression and anxiety in racial minority groups across the United States were correlated with experiences of victimization, employment-related health risks, and COVID-19-related increases in systemic bias (Fisher et al., 2022).

To date, there have not been any studies addressing the mental health impact of the COVID-19 pandemic and the concurrent pandemic of anti-Black violence on client-facing Black social workers. In addition to race-based traumatic stress, the dual pandemics created new stressors for these individuals, such as absorbing the psychological distress of their clients while they themselves were navigating traumatic events. Toward an understanding of how the dual pandemics have impacted this population, this study's research questions were as follows:

1. What has been the psychological impact of the COVID-19 pandemic on Black social workers, in their personal lives and in their work with clients?
2. What coping strategies and behaviors have Black social workers used during the pandemic?
3. How have the racial/cultural identities of Black social workers impacted their experiences of the pandemic?

METHODS

Theoretical and philosophical assumptions of the research paradigm

This study was philosophically grounded in Lincoln and Guba's (2013) approach to constructivist theory as well as in existential humanistic theory, and its methodological design followed the principles of reflexive thematic analysis (Braun & Clarke, 2006, 2021). Constructivist inquiry methods hold that the nature of reality is subjectively constructed, and all constructed realities may be considered valid (Lincoln & Guba, 2013; Ponterotto, 2005). Constructivist research further holds that the value systems of the researcher and research participants influence one another; thus, the values of the researcher cannot be divorced from the research process and the researcher's values should be made transparent (Lincoln & Guba, 2013; Ponterotto, 2005).

Core tenets of existential humanistic theory include that humans have the capacity to grow, that relationships to others help humans define themselves, and that healing occurs when one can live authentically in the context of one's relationships to others (Binder, 2022; Vachon et al., 2016). Yalom (1980)'s four tenets of existential thought offered a helpful frame for the research team to explore and understand the experiences of Black social workers during the life-altering historical moment when the COVID pandemic intersected with wider society's recognition of and reckoning with anti-Black violence.

Research team and positionalities

The principal researcher is a White, cisgender, male counseling psychology doctoral student. Prior to the pandemic, he provided rehabilitative services to justice-involved individuals. He witnessed the ways in which his colleagues, who were predominantly Black social workers, were burdened with large caseloads of trauma-impacted clients, subjected to workplace racism, and confronted with compassion fatigue. The study was conducted under the supervision of the second author, a Black, cisgender woman who is a licensed psychologist and who served as the principal researcher's faculty mentor. Additionally, two Master's-level graduate research assistants transcribed interviews. The third author, who was one of the research assistants, audited the data.

The principal investigator kept a reflexive research journal to memo thoughts, reflections, and reactions to and on various aspects of the research. Additionally, the principal researcher recorded and bracketed his values, biases, and expectations. These included values of a commitment to advocacy for marginalized groups and dismantling various systems of oppression. The principal researcher held beliefs that a White-majority culture in the United States has upheld systemic racism and that the current status quo of American society is untenable for many marginalized groups. Biases held by the principal researcher included the assumption that participants would belong to tight-knit communities that value religion and that they may not have the resources or support to cope with traumatic challenges because of stigma. The principal investigator also held beliefs that as a White man, he may not be able to accurately understand participants' lived experiences. To further reflect on his subjectivity, the principal investigator regularly consulted with the second author.

Measures

A semistructured protocol consisting of 19 open-ended questions was designed to examine participants' experiences of the COVID-19 pandemic. To inform the research questions, the interviews centered on (1) participants' professional backgrounds and values, (2) their racial and cultural identities, and (3) their traumatic coping responses. Interview questions were constructed by the principal

researcher after a review of relevant literature and iteratively revised through discussions with the second author. In keeping with the principles of constructivist inquiry, the study followed an emergent, inductive design, and questions were not devised through a specific theoretical lens to avoid imposing preconceived theoretical frameworks on the data. The interview protocol was not piloted prior to interviews. However, the principal researcher, who conducted each interview, made minor adjustments to the semistructured protocol to clarify and expand on each participant's experiences. Though all participants were asked the same set of questions, the order of questions and follow-up probes were adjusted to facilitate collection of greater data quality and depth. Prior to each interview, participants were asked to provide demographic information on their age, education, gender identity, religious and/or spiritual beliefs, racial and ethnic identity, geographic location, professional title and role, the types of client populations they serve, the length of time they have been in the field of social work and employed at their current job, and whether/how their job has changed format due to the COVID-19 pandemic.

Participants

Participants were recruited from a population of social workers who identify as Black or African American via social media platforms and professional networks, including groups created to foster community among Black and other American social workers. To ensure participants' experiences were relevant to the research questions, eligible participants must have been aged 22 or older, attained at least a Bachelor's degree in social work, been employed at time of data collection in a client-facing social work role, and been practicing as a client-facing social worker since at least March 1, 2020 (just before pandemic-related emergency orders in some states and a subsequent national state of emergency took effect in the United States). Additionally, to narrow the study's focus to geographic areas where the onset of the pandemic prompted radical societal change (i.e., sudden lockdowns, mask mandates, and widespread business closures) and thus had more traumatic potential, participants must have resided in and practiced in one of the following states: New York, Pennsylvania, Massachusetts, California, Connecticut, or New Jersey.

Ten potential participants expressed interest in the study and were screened by the principal researcher. Two potential participants did not meet inclusion criteria because they did not provide client-facing treatment services. All eligible participants who consented to participate remained enrolled through the course of the study. Eight participants in total were interviewed, whose ages ranged from 26 to 64, with a median age of 30. All participants resided in northeastern US states and identified as Black and/or African American. Many identified as other races and ethnicities as well, including Afro Caribbean, South American, Native American, West Indian, and biracial. In addition to psychotherapy, treatment services provided by participants included biopsychosocial needs assessments, safety and well-being assessments, coordination of care, family-based supportive services, and educational support. Further participant demographic information is listed in Table 1. Of note is that seven participants identified as female and were between the ages of 26 and 34. Only one participant identified as male, and he was older than other participants. The social work field in the United States is largely made up of women, who represent approximately 82% of social workers (U.S. Bureau of Labor Statistics, 2024). Like other helping professions, social work is feminized. Further, the male participant came to the field of social work after decades employed in a different industry. Despite his differences in gender and age compared to the other participants, in analyses, described below, this participant's responses were not found to be especially distinct from the rest of the sample.

TABLE 1 Participant demographics.

Pseudonym	Gender identity	Age	Work setting(s)	Population(s) served	Number of years in social work
Keith	Male	64	Outpatient direct services	Adults with co-occurring disorders	6 years
Celeste	Female	30	Nonprofit	Justice-involved youth	4 years
Alyssa	Female	26	Child welfare	Children, families, substance-use	3 years
Traci	Female	29	Outpatient hospital	Adults with substance use disorders and co-occurring disorders	3 years
Rosa	Female	28	Primary practice, outpatient	Geriatric, adults	6 years
Amy	Female	31	School based, outpatient, and private practice	Adolescents, adults, couples, groups	3 years
Dianne	Female	34	Nonprofit, private practice	Justice-involved males, adolescents	3 years
Sasha	Female	30	Two nonprofits	Oncology, adults	2 years

Procedure

After the study received approval from Fordham University's Institutional Review Board, the principal investigator recruited participants through purposive sampling from his networks of colleagues as well as social media groups created for social workers. Potential participants who expressed interest were provided with a copy of the informed consent form and called to determine whether they met eligibility criteria and to verbally review the consent form before signing.

Individual interviews with each participant were conducted by the principal researcher over Zoom video conferencing in April through July of 2021 and ranged from 39 min to 2 h in length depending on how much information each participant chose to disclose in their responses. Before beginning each interview, the principal researcher utilized his clinical training in counseling psychology to acknowledge with each participant the racial and cultural differences between them and created space for participants' reactions to these differences and any questions they had about the researcher. This step was intended to mitigate potential barriers to trust by creating a relationship wherein both researcher and participant could present their authentic selves, ensure that the principal researcher was not imposing his own values onto those of the participants, lessen the power imbalance between participant and researcher, and increase the transparency of the researcher's perspectives.

Data analysis followed an emergent, bottom-up, inductive design according to the principles of reflexive thematic analysis (Braun & Clarke, 2006, 2021). The principal researcher, adopting an emic perspective, generated initial codes by condensing sentences and phrases from the transcripts into units that aimed to capture their essence. This resulted in a set of 1190 total units and 409 unique codes, many of which recurred across participants. The third author reviewed the transcripts and codes on a shared spreadsheet and left comments on codes that she believed could more accurately reflect the data. Additionally, she met with the principal researcher monthly over Zoom. The principal researcher agreed with the majority of the coding suggestions, and remaining discrepancies were resolved through discussion until consensus was reached. As an example, a segment from one transcript was initially coded as, "Masks indicated severity of the pandemic," but the third author suggested that the data were also showing a mistrust of medical systems, which became a new code that recurred across multiple participants.

The principal researcher organized the final set of codes by similarity and constructed a preliminary set of themes (Braun & Clarke, 2006). The second and third authors reviewed the preliminary themes to assess whether they accurately reflected the data and were narratively coherent and offered

suggestions as to how themes may be reorganized. The research team continued to iteratively revise themes until a final set of themes was generated. This analysis process continued until the research team reached consensus that no new patterns, themes, or ideas were occurring.

Preliminary results were sent to all participants to review in a process known as member checking (Lincoln & Guba, 1985). Participants were asked whether the generated themes accurately reflected their lived experiences. Only one participant offered her feedback, sharing that the results "captured and validated [her] entire experience perfectly" and that the themes "highlight exactly what it has been like for us Black women in social worker roles." To further ensure trustworthiness of the results (Lincoln & Guba, 1985), the principal researcher created an audit trail. This consisted of all the raw data, the spreadsheet of collated codes and lists of themes, and the principal researcher's reflexive research journal documenting each decision of the process and his biases toward, reactions to, and expectations of the research.

RESULTS

Five themes in total were constructed from participant interviews: (1) Changes in treatment due to COVID-19, (2) Emotional toll due to the pandemic, (3) Experiences related to being Black, (4) Beneficial experiences, and (5) Coping with COVID-19 and ongoing racism. These themes demonstrate the ways in which participants were confronted with the givens of human existence and how they made new meaning in their personal and professional lives in the face of compounded traumatic stress.

Changes in treatment due to COVID-19

Participants described how the dual pandemics dramatically altered the nature of their work by offering new perspectives on the treatment they provided, shifting to a remote treatment model, and creating an increased administrative burden.

New perspectives on treatment

For many participants, the pandemic prompted a change in perspective on their clients' treatment. Participants shared that their approach to providing services for their clients broadened to be more holistic and incorporated consideration of their clients' needs in multiple domains instead of the narrower approach they had previously employed. This was prompted in part by participants' newfound empathy for the difficult circumstances that their clients faced in the pandemic. The traumatic context of the pandemic prompted them to talk about the pandemic in their clients' therapy sessions and support them by joining them in the anxieties and uncertainties of a changed world.

For many participants, the dual pandemics provided perspective that strengthened their commitment to advocacy. Participants' observations of the ways in which race-based disparities, akin to cracks in the foundation of society, were worsened in the context of widespread disease and anti-Black violence led to a renewed vigor in advocating for a more equitable social environment for their clients. For example, Traci shared, "I think the impact that it's [the pandemic] had on the mission of my work is that I go that much harder."

Thus, with the abrupt historical moment of the dual pandemics, Black social workers were tasked with reconsidering their approach to their work. Participants' sense of responsibility to their clients expanded to include a more holistic, contextualized perspective of their clients' needs and their own obligations to their clients' care.

Shift to remote work

All but one participant shifted to providing at least some treatment remotely, which created multiple barriers to their abilities to effectively support their clients. The abruptness of this shift prompted participants to spend their cognitive resources addressing the problems associated with the shift at the cost of being able to fully focus on the treatment itself. A remote modality also made it more difficult for participants to relationally support their clients. Participants expressed newfound feelings of isolation and disconnect in their relationships with clients that made it more difficult to assess their clients' needs. Some participants implied that their clients similarly experienced feelings of isolation in these relationships because clients responded negatively to telehealth treatment. Further, participants shared that their homes suddenly became workspaces, which led to their professional responsibilities encroaching on their personal lives. They faced novel barriers to finding the privacy necessary for providing client treatment that did not exist in a dedicated office space, and they felt that the inability to go home after work erased the boundaries typically present between occupational duties and life at home.

One participant, Amy, expressed that remote treatment offered benefit in that it made therapy more accessible for her clients, which facilitated higher levels of attendance. Despite this benefit, most participants also experienced this shift as psychologically harmful due to the impact of isolation. Social distancing made it harder for many participants to build meaningful relationships with clients and maintain a satisfactory work–life balance.

Administrative stressors due to COVID-19

Participants described a variety of administrative stressors that made their work more difficult. A primary stressor for all participants was an increased workload. Some experienced organizational pressure to take on more clients to their caseloads or schedule additional meetings with clients than prepandemic levels. Others faced a general increase in workload across all professional roles they held. Some participants noted that the expectations of their roles changed, such as expanding in scope to take on more duties, and others were asked to stop providing treatment services to instead focus on organizational tasks unrelated to their roles as social workers. Many expressed feeling undervalued in response. Rosa was asked to stop providing psychotherapy, causing her to "feel like I was an auxiliary worker. I wasn't being used, you know, for…what I [was] needed for in the pandemic." Finally, numerous participants expressed frustrations about how the pandemic led to new systemic barriers within their work. They described bureaucratic hurdles and felt that their supervisors did not offer adequate support to meet the demands of an increased workload, all of which impeded their ability to provide effective client care. There were some exceptions, as participants also described experiencing systemic support. Dianne felt that her supervisors effectively supported their supervisees' increased administrative burden. Nevertheless, even those that experienced systemic support felt constrained by new and historical systemic barriers.

Emotional toll due to the pandemic

Participants expressed that the professional stressors they experienced in the pandemic took an emotional toll on them. Numerous participants felt helpless to support their clients in an environment of widespread suffering and uncertainty where much was beyond their personal control. Some participants experienced emotional distress due to the blurring of personal and professional boundaries. They felt unable to leave their work behind them when it occurred at home, which was exacerbated

because participants' work involved empathizing with clients' pain and they felt unable to escape this emotional burden without a dedicated safe space.

Additionally, nearly every participant expressed that it was difficult to adjust to the radical restructuring of society that the pandemic provoked. Government and organizational directives to stay at home and limit social interaction caused broad, abrupt changes that were difficult to process. Traci shared that these changes "came as a shock to me…things just shut down very quickly, and I found myself at a loss." Stay-at-home orders also reduced participants' ability to maintain their typical avenues of social support, adding to their feelings of isolation.

Participants further expressed that they felt afraid of personally contracting COVID-19 or a family member falling ill to the virus. The global focus on disease, underscored by the threat of death, prompted chronic worry for their health and for the health of their loved ones.

The sudden, radical changes to work and home life necessitated by the pandemic response fundamentally disrupted the routines in and meanings derived from their lives, shattering their sense of safety. Black social workers were tasked with reconstructing their understanding and scope of their professional roles and of the greater world around them, and they expressed difficulties in adjusting to the added weight of stress both on themselves and their clients.

Experiences related to being Black

All participants expressed that their racial identities were especially relevant as the pandemic co-occurred with renewed national attention on anti-Black violence.

Participants shared that the racial justice movement that burgeoned during the pandemic facilitated participants' increased comfort in explicitly discussing race in their personal and professional lives. For example, Alyssa relayed, "I feel like [race is] just engraved in my everyday conversation with my friends, my family… my supervisor, even. … race has just been at the forefront of my life in ways that it's never been before." The focus on race-based inequities and injustices empowered participants to contribute their perspectives in the workplace in ways that previously felt inaccessible to them.

Participants further expressed that their racial identities felt more relevant in their clinical work, especially with clients who also identified as Black. Some participants said that shared identities with clients fostered higher empathy for them, as participants were able to better understand their clients' experiences than a White clinician may have been, and underscored the responsibility they felt to advocate for their Black clients. Some participants felt that this deeper understanding of their Black clients' perspectives created an environment where clients felt safe to trust them and strengthened client relationships. However, one participant, Dianne, felt that shared identities with her clients did not impact the ways in which those clients related to her. Despite this exception, every other participant felt sharing the same racial identity with clients strengthened their therapeutic rapport.

While many felt greater ease in engaging in conversations about race, participants continued to confront the impacts of racism and question the authenticity of the heightened concerns about anti-Black violence. Many participants expressed that racism was a chronic plague on the social fabric of the country dating back to its creation. They felt incredulous that the heightened attention to anti-Black violence and other forms of racism would result in meaningful change, and they questioned why broad White-led initiatives to dismantle racism had not existed prior to the dual pandemics given the pervasive influence of racism.

Numerous participants shared that their work was affected by racism in the workplace. They described how Black employees were not represented in the leadership roles of their organizations even when their organizations' social work departments were composed of primarily Black clinicians and clinicians of color. In addition to systemic racism, some participants were subjected to individual racism. Some experienced microaggressions where White co-workers asked to touch their hair and referred to them as articulate, or White supervisors admonished them for the tone they used in

communications. Others described feeling marginalized and excluded from White colleagues' social circles.

These and other experiences led participants to feel psychologically harmed. Multiple participants felt constrained by racial stereotypes and that their colleagues made preconceived notions about them based on their racial identities. They expressed fear that if they spoke out, they would be perceived according to harmful stereotypes. Celeste shared that she felt her supervisor was "assuming the worst of me, assuming I'm this angry Black woman." Other participants described negative emotional reactions, such as feeling numb and demoralized, in response to these and other instances of racism.

These reflections highlight how participants experienced the societal focus on anti-Black violence amid the COVID-19 pandemic. Many felt that the national attention on attacks on Black life was disingenuous given the historic and pervasive nature of anti-Black racism. The pandemic prompted significant changes to daily life, but Black social workers' experiences of marginalization in their profession appear to have remained unchanged.

Beneficial experiences

In addition to the challenges, Black social workers also identified several benefits resulting from the societal shifts. One such benefit was a chance to reflect on and reevaluate their priorities in life. Participants felt that the government-ordered shutdowns, while stressful, also provided space to realize that an American culture of materialism had infringed on more important priorities such as relationships with loved ones. Others considered their career priorities. Some felt newly invigorated in their commitment to social work. Dianne, conversely, considered a shift away from social work after concluding that her heart was no longer in it. Similarly, despite the stressors of the shift to remote work, participants experienced benefit from this change in the form of a greater sense of control in their lives. Amy shared, "I felt more freedom…I like to kind of work at my own pace, and do kind of what I want to do." This increased sense of control and freedom supported social workers' ability to proactively cope with the challenges the dual pandemics created.

Participants also experienced financial benefits by both earning and saving more money. Keith opted to fill the time he usually spent commuting by taking on more hours and increasing his paycheck. Other participants saved more money than prepandemic due to shutdown-imposed restrictions on leisure activities and the federal moratorium on student loan repayments.

Ironically, though COVID restrictions contributed to greater isolation and limited in-person social activities, a final benefit that these participants described was that the pandemic created the opportunity to strengthen relationships with people in their social networks. Keith shared that the pandemic "rekindled some relationships… There have been quite a few Zoom connections with people that I hadn't seen in a long time." Others deepened their relationships with family members and romantic partners due to the opportunity to spend more time at home with them.

These beneficial experiences reflect the ways in which participants engaged in new meaning-making in the traumatic context of the dual pandemics. The societal changes prompted by the COVID-19 response motivated participants to reevaluate their values, personally and professionally, and they recontextualized their understanding of these distressing changes in a more positive framework.

Coping with COVID-19 and ongoing racism

To face the stressors of the dual pandemics, participants utilized three broad coping strategies, including emotional coping, proactive coping, and coping through social support.

Emotional coping strategies

All participants described relying on coping strategies that were emotion based. In the face of global changes beyond their control, participants coped by accepting their circumstances and focusing on what was within their locus of control, such as their emotional reactions. Dianne shared, "You can control how you react to [the COVID-19 pandemic]…but other than that you can't really control what's going to happen next." Many others echoed this sentiment and shared that accepting pandemic-imposed changes was integral to reducing their suffering. As part of this process of acceptance, participants focused on their gratitude to be alive and healthy in the midst of overwhelming disease.

Some participants also turned to their spiritual beliefs for coping with the unpredictability and loss brought by the pandemics. They expressed that their religious faith provided feelings of comfort that gave them the strength to face pandemic-imposed challenges.

Proactive coping strategies

As these Black social workers did their inner, emotional work to manage the abrupt social changes, many responded to the dual pandemics with action-based strategies. With greater public attention on human rights, particularly those of Black people, participants felt emboldened to increase their self-advocacy at work and more vocally address their professional needs with colleagues and supervisors. And in response to the blurred boundaries of remote work, many drew bolder lines between their domestic lives and occupational roles. Alyssa shared, "Beforehand, [my clients] can call me…on a weekend and I'll answer the phone. Now… I'm able to say, you know what, let's revisit this conversation tomorrow." Participants also engaged in their preferred leisure activities as much as possible, such as going on hikes amid shutdowns or returning to the movies when theaters re-opened. Many also attempted to control their physical environments while working from home to protect against disease.

Coping through social support

In addition to their emotional and proactive coping strategies, participants also sought out social support. To defend against the isolation of both stay-at-home orders and encounters with racism, they deepened relationships with members of their social networks. Multiple participants shared that their families were a primary source of support. Sasha commented, "I would say the one sole support was my parents. …I wouldn't be able to get through this without them." Others expressed that connecting with colleagues for emotional support, particularly those who were also Black and could understand their experiences, provided safety and comfort in the turbulence of the dual pandemics.

Although seeking social support was made more difficult by the isolating nature of lockdowns and pandemic restrictions, participants nonetheless sought and relied on social support in the ways it was available to them.

DISCUSSION

This study explored the psychological impact of the COVID-19 pandemic and the pandemic of anti-Black violence on Black social workers. The existential humanistic perspective is a helpful lens through which to examine how Black social workers made renewed meaning of their personal and professional selves in the face of existential challenges, including the stark reality of impending death, both restricted and expanded freedoms, and isolation and disconnection.

The findings demonstrate the compounded psychological risk factors that participants faced as Black social workers and survivors of the pandemic. In line with Vachon and others' (2016) existential perspective on trauma, previously-held meanings in participants' lives were shattered with the onset of the pandemic. The shift to remote work and added administrative barriers that participants experienced upended the ways in which they previously conceptualized the treatment they provided and the relationships they formed with their clients. Participants also grappled with existential guilt (Binder, 2022) in that they felt helpless to support their clients and thus unable to enact the service-oriented values of social work. Many participants expressed feeling demoralized and professionally undervalued amid these changes. They described how the previous ways in which they understood the world around them no longer applied in this changing time.

Additionally, participants' experiences reflected the ways in which they were confronted with Yalom's (1980) givens of human existence. Participants' fear for themselves and their loved ones of catching the virus and health-related anxieties illustrate the ways in which they were forced to face death on a broad scale. The ways in which participants re-claimed control of their lives while working remotely demonstrated contemplation of the freedom they held within pandemic shutdowns. And although participants were constrained by racism and ongoing racial disparities, their increased self-advocacy at work, strengthening of professional and personal boundaries, and increased comfort discussing race in the workplace demonstrated the ways in which they acted on the freedom they held even within these constraints. Participants' increased commitment to advocacy and their strengthened empathy for their clients reflected the responsibility they felt toward their clients. The responsibility they felt toward themselves was evidenced by the proactive coping strategies they used to protect their mental and physical well-being.

The heightened isolation spurred by pandemic restrictions contributed to disruptions to client relationships and difficulty assessing clients' needs, illustrating one way in which they experienced Yalom's (1980) notion of the unbridgeable gulf between self and other. Participants' isolation was also reflected in the barriers to social support they were met with due to COVID-related lockdowns, as well as in the ways in which they navigated various forms of racism in their workplaces and in a national culture dominated by White perspectives.

Further, the meanings participants derived from the world were fundamentally disrupted. The ways in which participants coped with these stressors suggested their ability to engage in successful posttraumatic repair. Participants were able to find new meaning from the trauma of the pandemics, a crucial step in posttraumatic growth (Joseph et al., 1995; Vachon et al., 2016; Wilmshurst, 2020). Participants' reflections on the benefits they experienced implied their ability to find new, positive ways to understand the changed world around them, reinforcing existential perspectives (Vachon et al., 2016; Wilmshurst, 2020) that have asserted the importance of meaning-making in healing from trauma. Other examples of meaning-making included participants' new perspectives on their clients and renewed commitments to advocacy prompted by pandemic-exacerbated racial inequities.

Additionally, their reliance on social support was an integral factor contributing to posttraumatic coping (Joseph et al., 1995; Prati & Pietrantoni, 2009). Their use of emotion-based coping also helped them navigate these collective, traumatic events (Regev & Nuttman-Shwartz, 2019). As they faced compounded traumatic stressors, these Black social workers demonstrated effective coping styles that supported resilience and posttraumatic growth.

Limitations

This study was limited in multiple ways. Its focus was on client-facing social workers who provided treatment services, yet social work is an enormous field that constitutes many roles. Further, this study's focus on social workers meant that it did not examine the many human service client-facing jobs that Black individuals hold beyond social work. Future research might study the impact of the pandemic on other Black mental health professionals, such as psychologists, professional counselors,

school counselors, rehabilitation counselors, and marriage and family therapists. This study was also limited by potential methodological biases. Seven of the eight participants were recruited through social-work-themed internet social media groups, illustrating that social workers who did not use social media were less likely to see and respond to the recruitment call. The 64-year-old, male participant implied a potential outlier given all other participants were women ages 28–34 and reflected the underrepresentation of men in US social work (U.S. Bureau of Labor Statistics, 2024). However, because the dual pandemics were novel for everyone and this participant did not have more experience as a social worker than other participants, analyses found that this participant's and the others' experiences of the dual pandemics did not drastically differ. Future research addressing social workers' experiences of the dual pandemics would nonetheless benefit from a wider range of ages and years of practice represented in participants.

Further limitations related to the small sample size of eight participants. Only 10 potential participants responded to the recruitment calls. The reasons for this are unclear but may have related to the principal researcher's identity as a White man and potential participants' understandable concern toward their vulnerability with a researcher who did not share their racial identity. Despite the small sample size, the collection of approximately 10 h of interview audio and 137 pages of data provided rich illustration of participants' experiences and allowed for analytic conceptual depth in accordance with principles of reflexive thematic analysis (Braun & Clarke, 2021). Future studies investigating similar populations may benefit from incorporation of larger sample sizes.

The identities and backgrounds of the research team, only one of whom identified as Black and none of whom were trained as social workers, presented further limitations in that data analysis was filtered through their perspectives. Further, the results cannot be generalized, a limitation inherent to all qualitative inquiry methods that instead typically aim for transferability of results to similar settings (Lincoln & Guba, 1985).

Finally, given the pandemic's disproportionate impact on numerous minority groups, future studies might seek to examine how social workers who identify with other historically oppressed groups have been impacted, including but not limited to those who identify as other racial and ethnic minorities, LGBTQ individuals, immigrants, people with disabilities, and those who identify with multiple marginalized groups. Particular attention might be paid to Asian and Asian American social workers, given the violence against Asian Americans and anti-Asian rhetoric seen during the pandemic (Tang, 2021).

Professional implications

The pandemic altered the nature of treatment in client-facing social work, particularly in the shift to remote work and addition of administrative stressors. Considering participants' grappling with the existential givens of human existence, organizations that employ social workers must also make dedicated space for their clinicians to talk openly about the existential issues they will confront in the context of their work. Creating organizational affinity groups for social workers who identify as Black can reduce potential existential isolation experienced by clinicians, heal the psychic wounds of absorbing their clients' traumas, and lead to a greater sense of connection, inclusion, and support. This would facilitate the holistic consideration of social workers' needs and ensure that social workers are seen as whole people by the organizations that employ them, rather than cogs in an impersonal machine.

Additionally, this study highlighted the unique pandemic experiences of social workers who identify as Black. Given that participants expressed that shared racial and cultural identities with clients provided benefits, in addition to creating affinity groups, social work organizations might invest in clinical training programs that explicitly address how to incorporate shared client and clinician identity factors into therapeutic treatment. And given that the racial justice movement of 2020 led to participants' feelings of emotional support via their increased comfort with explicitly discussing race in the workplace, social work organizations should hold regular diversity, equity, and inclusion (DEI) trainings

that all employees are mandated to attend and incorporate considerations of how to talk about race and identity in the workplace. Organizational literacy in DEI-related factors would empower Black social workers to discuss race with colleagues and supervisors who do not share their racial and cultural identities and ensure their perspectives are included in organizational frameworks.

Further, this study highlighted the factors that client-facing Black social workers faced in the dual pandemics that put them at risk of burnout. Organizations must reduce social workers' administrative burden. This may be achieved by ensuring that the total number of clients served by an organization is dictated by the ability of social workers to effectively support their clients and setting hard limits for the number of clients on each social worker's caseload. Additionally, organizations must hire enough personnel to meet all organizational demands so that social workers are not tasked with taking on duties beyond the scope of their roles. Given the stressors participants experienced associated with providing treatment remotely, organizations should invest in assessment of productive ways for both clients and clinicians to engage in telehealth treatment. Organizational leadership must also create a workplace culture that directs employees to set firm boundaries between professional and personal life and avoid implicitly or explicitly pressuring them to work outside of designated hours. Further, clinical supervisors must create space on a regular basis for social workers to discuss their client caseloads, enabling them to process the traumas of their clients and avoid compassion fatigue.

Finally, given that all participants expressed frustration and discouragement with ongoing racism and racial disparities, especially within the workplace, leadership in social work organizations must do more to ensure that Black professionals and other social workers from marginalized groups have meaningful representation in leadership and organizational decisions.

CONCLUSION

This study demonstrated the impact that the dual pandemics of COVID-19 and anti-Black violence have had on Black social workers, affecting both their personal and professional lives, and the ways in which they confronted the four existential givens of human experience. The pandemic prompted an increased national need for social services and an increased administrative burden. This burden in tandem with ongoing racial disparities and pandemic-related restrictions and policies contributed to Black social workers' emotional and professional overwhelm. Despite these unprecedented challenges, Black social workers made new meaning of their circumstances and reprioritized their care of themselves and their clients. Black social workers provide invaluable contributions that are all too frequently overlooked. Their perspectives and well-being are critical for rectifying the material and health disparities that have been exacerbated during this life-altering historical time.

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