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Resident Advisors React: Autoethnographic Reflections on High-Intensity Situations

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RESIDENT ADVISORS REACT:
AUTOETHNOGRAPHIC REFLECTIONS ON HIGH-INTENSITY SITUATIONS

BRENNA MERRILL

MAY 2015

A MASTER'S RESEARCH PAPER

Submitted to the faculty of Clark University, Worcester, Massachusetts,

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International Development, Community, and Environment

and accepted on the recommendation of

Laurie Ross, Chief Instructor

ABSTRACT

RESIDENT ADVISORS REACT: AUTOETHNOGRAPHIC REFLECTIONS ON HIGH-INTENSITY SITUATIONS

BRENNA MERRILL

Resident Advisors (RAs) are paraprofessional peer leaders who are trained to respond to high-intensity incidents. Upon witnessing a crisis situation, I found it difficult to reflect and maintain my own personal wellness. The intent of this research has been to learn of and to give voice to the multiple ways in which RAs respond to such scenarios.

Utilizing autoethnography, I incorporate my experience with the perspectives of my coworkers and multidisciplinary literature. Seven current RAs, who had self-identified experiencing such an incident, volunteered to be interviewed. These narratives are embodied in the text in order to establish a dialogue between researcher, participants, and readers.

The data reflected here synthesizes the reactions of eight different RAs. Given the qualitative methodology, broad generalizations cannot be made. However, it is evident that we exhibit helpful and inhibiting behaviors as a means to be personally well after professionally engaging in highly emotional experiences.

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Introduction

For the purpose of self-improvement, there is a need to deliberately reflect on how Resident Advisors (RAs) react after engaging with a high-intensity situation. Trauma-informed literature and research focused on self-care provide an insight into how individuals stay well within the helping profession. However, the role of an RA seems more nuanced because of its paraprofessional and peer based delineation. Through this paper, I engage my own experiences with those of my coworkers and with academic literature in an effort to give voice to these realities.

In an effort to collect literature for a different topic, I was reading a book by Hans Skott-Myhre (2008). He argues that we can only articulate what we research by the way we see ourselves reflected there. I stepped into the world of autoethnography, and I was captivated by the stories which I saw alive in the world around me. I was working as an au pair at the time, and in wonderment thought of how different research would be if in its telling, it paused for diaper changes and trips to the local science museum. I began to think of the stories I have woven into my life. Some are humorous, others reflective, and the occasional story I carry like a burden upon my heart. Together, these narratives create the framework for my identity and foster the questions I wrestle with.

This text was conceptualized, because I had felt so alone in my experiences. I have worked in Residential Life and Housing (RLH) for the past four years as a paraprofessional staff member. During the three years in my Resident Advisor role I responded to a multitude of incidents. I was trained to provide proper care and information

in situations ranging from mental health crisis to figuring out how to bunk the beds. Upon responding to a high-intensity situation, however, I felt unable to mend myself. This then impacted my ability to be supportive in the relationships I had built with my residents. I came to feel ineffective and isolated.

I wanted to know if there were others like me (see: Ellis, 2004). Through this research process, I talked with RAs to better know how my experiences compared. I did in fact find parts of myself reflected back in every interview. I was also told narratives of strength. People were able to frame their experiences as something that could be learned from. With this perspective, I began to use the knowledge I gained from research to restructure the story I tell myself. This document is alive, though it does not recount the number of ice cream cones I consumed in its drafting process or enumerate the external stressors and happiness which ebbed in and out of view through this past year. The stories recounted here are fluid snapshots editorialized with hindsight and a vulnerable awareness of potential audiences.

Some of the narratives articulated here may be distressing. They do not describe actual violence, but many of the narrators were privy to sensitive details while they responded to the situations they describe. Nevertheless, the emotional impact of these situations should feel intense. I hope you as a reader interact with the ambiguity, the anguish, and the moments of hope and health.

These reflections are framed through a baseline understanding of secondary trauma stress symptoms and self-care practices within trauma informed work. Exposure to high-

intensity situations understandably has an impact on service providers, and proper self-care methods and support structures allow for practitioners to remain well. However, little is written in regards to how Resident Advisors process their role in these experiences. Gaps exist in youth work, student affairs, and general human services literature in articulating the unique circumstances by which RAs intervene. The outcomes of this paper ought to better inform that literature.

My Story

I was watching Buffy. My assignments for the semester were finally done, and I was quietly celebrating my job acceptance from earlier that afternoon. I lay in bed, in an oversized t-shirt, no bra, and under my covers.

Someone knocked on my door. I am not on duty, I grumbled as I pause Netflix and throw off my sheets. I find pants. "One second," I call out. I open the door and find [Steph] standing outside my room. Frustrated, I wonder if she is locked out yet again.

"Hey," I state, puzzled. Her tight bun turns towards me as she looks shyly down the hallway. "You can come in and sit down if you want," I offer, as I am unable to read her silence and the discomfort on her face.

"Something is happening in the hallway," she finally says while still standing just outside of my door frame.

I peak around her and see a girl who is having trouble standing be led into a room by a much taller male. I am upset that my bedtime will be indefinitely delayed by this alcohol EMS call. I grab my cell phone from off my desk and close my door. But now, I have lost sight of them. Which room did they go into? How am I meant to find them now?

[Steph] has been a somber presence by me as we make our way down the hall. She has not told me who they were. In fact, I do not think she has even spoken. We get outside of her room, she looks at me, and we enter. [Madison] is curled up in bed. [Troy] is standing over her. I feel threatened; he is taller than me, a black bodied stranger, and I can

feel his energy depleting my own. “She was raped,” he tells me once he knows I’m an RA. “I’ve confirmed it with her three times.”

Those words hit my body. My heart pounds at the base of my throat and my hands shake. I am in shock. I cannot believe that this has happened to one of my girls, one of the women I live with.

Focus, I tell myself, as a reminder that I cannot run away from this situation. I am trained and I know what to do, my internal dialogue continues. So I turn and do my job. I follow protocol.

Of course, it should not have been such a shock. I knew that statistically speaking 1:4 or a conservative 1:5 women are survivors of assault or attempted assault. I have been through enough training to know that risk is increased at certain points in time – for instance, during one’s first year of college. I am competent enough to do the math; if I oversee a floor of 40 women, then I should expect 8-10 of them to experience sexual violence at some point in their life (not including relationship abuse or verbal harassment). I had just never realized what it would mean to see someone that vulnerable and to realize how much it would break my heart. After all, I have known the stories of other survivors. Yet there was something about how tangible the crisis was – the adrenalin of hatred her friend had against the perpetrator, the numbness of my shock, and the tears that seemed to be pounded out of my resident as she shook.

Thank G-d for [Caleb], the ProStaff member on duty that night. I call him in accordance with protocol, and he is there to back me up almost from the get-go. He contacts EMS as I hold back her hair while she vomits.

She asks to talk to a victim, and of all the things in the world I could offer her, that is not something I can immediately give. I feel as though I have failed her, and I do not know where to go from there. My brain is caught up in processing that she does not label herself as a survivor. An EMS staff member and a UP officer, both women and specially trained to respond to sexually violent incidents, enter the room like high energy and well-rehearsed angels. When the EMS personnel discloses her survivor status, relief floods me; [Madison] would get what I could not give.

It was striking to realize what an empowering space felt like. I knew the way I was intended to ask her questions. Such communication meant that I would not be told things if she did not want me to know, and I have no right to access that knowledge. It made me feel powerless. This was not a space where I could be an expert, come in to save the day, make things better, and make them whole. I had to be malleable and ready to be whatever I was asked to be. It was difficult to sit in a space and just feel pain. In my RA role, I had never felt quite so raw and human.

After the incident ended, I summarize to ProStaff what I knew and then went to document the situation so that it would be properly reported to the Dean and our Title IX officer. I am a slow thinker and writer so it took me about two hours to write up everything that had happened and all the information that I knew. I was a sentence away

from submitting it, and the program I was typing in erased everything I had written.

Though the second time went much quicker, I went to bed no earlier than 6am. I slept amid nightmares that it was happening again.

On Monday I went to my previously scheduled meeting with my supervisor. She had no idea what my weekend had entailed because of confidentiality procedures. Eagerly she asked me about what I did, about any emails, about anything new. I was hurt by how cheerful she was; I forgot that there was no way for her to know. When I realized that she was commenting on the job offer, I smiled politely and feigned excitement. How far away that happy moment felt and how irrelevant that was to my life now.

The semester soon ended. Of course I will tell someone at home, I reasoned. It will not break confidentiality, because I will not share too much. It is not as though they know anyone I go to school with anyway. But, how do I actually bring that up? Do I just wing it during a TV commercial? Can I mention it at the dinner table? Should I sit my parents and friends down more formally? I could not really do any of those things. I made up excuses, and I determined that it would be best if I did not stress out those I love with this news.

I felt a lot of shame over the next few months. I only fell asleep at night after I had cried myself to exhaustion. I would cry that my resident had been raped and for the self-blamed notion that I was clearly not doing my job well enough to have noticed. I cried for all the triggers it brought up for me of ways that I have felt sexually threatened. I thought about the way it feels to be hyper-sexualized, propositioned on the street, felt up on public transit, verbally harassed at work, and followed on my way home. Calculating my

experiences as inconsequential, I would mourn over the fact that people get raped every day. I was embarrassed that it had taken me so long to understand the gravity of the sorrow I now felt. The shame became a pattern that I welcomed.

I do not remember what made me choose to reach out to counseling services. I recall telling myself that this was depression, and that terrified me. So, about two months after I addressed the situation, I sent a diplomatic email to the counseling center. I felt safer writing it out than calling to ask. I stated that I was an RA, and I just wanted to debrief things. Instantly I felt better. When I got time slot options back for the following week, I picked the furthest one away.

I went, signed in, and talked about what had happened for the first time since that night. More importantly, we talked about what had been happening with me. I cried even though I thought I was not going to. I left feeling a bit more whole, knowing for the first time that I had done the right things and that my efforts were not meaningless. The counselor I saw told me to tell a friend, so I did. And I found that in sharing the weight, it was not so frightening anymore. With time, I stopped being oversensitive to every request and need that my residents had. I began to heal.

Literature Review

In early August I sat with Camille and Tom – two students who would grow into dear friends - and our first reader. I ventured that I was thinking about changing topics completely. I said something vague about how RAs respond to trauma but are also recruited as peer leaders. Tom interjected that it sounded a bit like secondary trauma, and I confirmed that I was looking into vicarious trauma literature. Laurie gave me a look, but I was too underexposed to her facial expressions to know if it was intrigue or hesitation. Perhaps it was both.

Secondary Trauma Stress

My original means of analysis stemmed from what I understood about my own experiences. A campus counselor had suggested that I was potentially so empathetic that I had transferred the emotionality of the situation onto myself. A Google search surrounding this idea brought me to terms like compassion fatigue, secondary trauma stress, and burnout. An amalgamation of these ideas, though varying slightly across psychological literature, suggests that practitioners can experience stressful reactions to indirect exposure to trauma (see: Figley, 2002; Shapiro, Brown, & Biegel, 2007; and Palm, Polusny, & Follette, 2004). Mirroring the reactions of trauma survivors themselves, this can appear as detachment, sleeplessness, and a disruption in world view to name a few. General speaking, secondary trauma stress “is a function of bearing witness to the suffering of others” (Figley, 2002).

Accessing Personal Care

Self-care can be broadly articulated as an awareness of one's own experiences (Shapiro, Brown, & Biegel, 2007). This reflection allows practitioners to understand their needs and access support. Engaging in therapeutic habits and professional development is a key way to access personal wellness. Indeed, at its most elementary level, self-care requires the cultivation and maintenance of healthy habits. Natural nonprofessional networks and engaging respite activities provide healthy coping outlets (Palm, Polusny, & Follette, 2004). Positive habits similarly positions individuals in patterns that highlight the strengths of situations (Mather, 2010). The personal development of a balanced lifestyle in effect makes caring for oneself more accessible.

Accepting and appreciating emotional reactions are a key component of ensuring personal wellbeing. When an individual becomes privy to a high-intensity incident, "emotional distress is a natural and understandable outcome" (Palm, Smith, & Follette, 2002). Indeed, our interactions with others should invariably change the way we feel, act, and see the world. Practitioners within relationship based fields must undoubtedly reflect on their own role and their reactions to various circumstances (Skott-Myhre, 2006). By reflecting on the impact our engagement with others has, individuals have the opportunity to become more self-aware (Mitra, 2008). Thus, any critical and productive effort to appreciate the difficulty of a situation can help normalize and validate the experience. This is a key component of self-acceptance.

Self-efficacy is a similarly important component of personal wellness. Hickman (2010) articulates this concept as “a person’s belief in his or her ability to succeed in a particular situation” (p. 10). Cultivating this aptitude can better ensure that practitioners are positioned to take proper steps to maintain emotional and mental health. If power is conceived as the ability to act and be responded to (Skott-Myhre, 2008), a deeper articulation of efficacious self-care is understood. Moreover, self-care occurs when practitioners are situated in a space where they feel more confident in advocating for their needs (Adams, Hazelwood, & Hayden, 2014). This vantage point engenders reflection which provides avenues for individuals to create change in their own lives as well as better care for others (Russell, Muraco, Subramaniam, & Laub, 2009).

Organizational Support

The working environment needs to be conducive to personal wellness. A poor organizational setting can catalyze symptoms of secondary trauma stress (Palm, Polusny, & Follette, 2004). Just as student affairs administrators must support counselors in setting limits (Kitzrow, 2009), so too must be done for RAs. Given that Resident Advisors balance multiple demands, as they are full time students and part time staff, the Department needs to be flexible to various priorities at any given time (Wu & Stemler, 2008). While particular articulations of self-care strategies cannot be mandated, employers and coworkers must still be responsive and flexible to the personal needs of each practitioner (Epstein, 2004).

One of the most important ways organizations can help support their staff is through creating a wholesome environment. Palm, Smith, and Follette (2002) articulate the responsibility that organizations have in fostering a supportive learning and healing space. To this end, perceived social support is undeniably essential (Epstein, 2004). If practitioners do not feel culturally safe in seeking help or have not been made aware of the means to do so, the actual structures in place to help RAs cannot be impactful.

This is not to say stimulating an organizational environment where relationships are always open and supportive is easy. As Larson, Walker, and Pearce (2005) admonish, “it is easy to espouse a given philosophy, but it is quite another thing to make it work within the complex realities of daily life” (p. 60). Yet, if employers fail to safeguard their employees, a disservice is enacted upon the work of the entire organization. This is particularly the case in the student affairs field, wherein full time staff members are charged with helping students overcome issues that inhibit learning (Adams, Hazelwood, & Hayden, 2014).

Paraprofessional Practitioners

Resident Advisors (RAs) are practitioners who engage in their communities as live-in peer leaders and policy enforcement. They mirror the broker model which Adams, Hazelwood, & Hayden (2014) describe in that the RAs are staff members who connect students in need with campus services. As paraprofessionals, their status as young adults is highlighted. This demographic has increased responsibility and independence, yet are still described as passing into a maturity achieved through adult partnered practice (Skott-Myhre, 2008).

The RA role creates a melding of relationships and responsibilities. RAs are students with diversified majors, cultural backgrounds, and career goals. They are sophomore, junior and senior peer leaders who have been enticed into a leadership development position that focuses on relationship building. They are paraprofessionals who have been trained on university policies and procedures, are mandated reporters, and yet defer to full time administrators and staff when incidents escalate.

Very little research has ventured to understand what these different roles look like. Youth Work peer leadership literature does not focus on responding to policy the same way a mandated reporter must. The field of Human Services more generally focuses on professional practitioners which limits possible comparisons to this novice role. Student Affairs scholarship centers on full time administrative staff or on supporting students generally. If RAs are discussed, the scholarly focus remains on picking the right ones or articulating that they make up part of the student support effort (see: Wu and Stemler, 2008; and Kitzrow, 2009). From my assessment, Higher Education literature that focuses on trauma tends to take the form of theory and best practices for university-wide responses (see: Adams, Hazelwood, & Hayden, 2014; Wilson 2013; Mather, 2010; Epstein, 2004). Thus, it has been difficult to understand the complexity of being a person, a peer, and a professional all within the University context.

As depicted in Image 1, there is a particular line of information transmission throughout the Department staff. Resident Advisors make up a building staff and are required to perform various duties throughout the semester, such as educational

programming and wellness checks. An RA is on duty in each building from 9pm-7am. Staffs often stagger who is on-call in the hall, but it usually equates to six days of duty a month. An on-duty RA serves as the point of contact for the hall after business hours. Nevertheless, any RA may be called to respond in their professional capacity at any point throughout the day. Each RA staff has a direct Professional Staff (ProStaff) supervisor. These are hall directors for particular campus buildings. ProStaff members also serve as rotate on-call personnel for all emergencies and after hours support. Therefore, a Professional Staff member may respond to incidents in buildings outside of their general supervision. A rotating Dean on Call serves a similar function, though one particular Dean responds to all sexual violence and is informed of psychological emergencies.

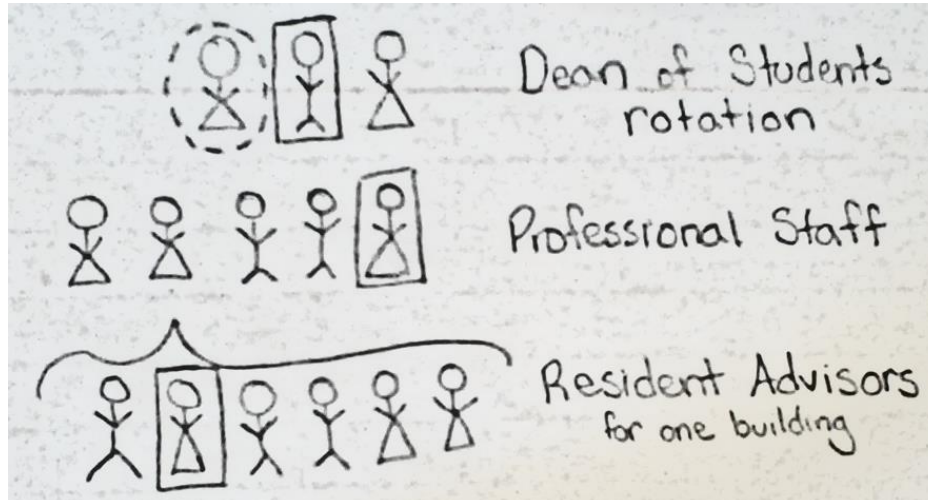


Figure 1: Administration Tree. Brackets demonstrate supervisory role. Boxes articulate a potential on-call alignment. The dotted circle highlights the designated Dean for certain emergencies regardless of place in rotation.

It is clear that in the work of Resident Advisors, organizational support should instill practices of self-care among its staff. Since this paper is not directly intended for psychological use, the degree to which an individual feels a response to secondary trauma exposure is of little relevance. However, the need to recognize these experiences is essential. I aim to give voice to these stories through my research. In such capacity, I want to learn how my peers have felt after a high-intensity situation, and what the role of healthy habits, emotional validation, self-efficacy, and organizational support were provided.

Methods

To understand more broadly the dynamics of Resident Advisors acting as trauma-informed service providers, I wanted to know the stories my peers had to share. By connecting these biographies with broader themes and theoretical constructs, I looked to reflect on the framing of my own experience.

Autoethnography, I hoped, would bring to light a different aspect of RA reactions than quantifiable metrics may otherwise divulge (see: Ellis, 2004; and Bochner, 2012). Power impacts the way in which we esteem the articulation of certain experiences (Skott-Myhre, 2006). This can create a particular way of knowing that privileges and normalizes certain reactions over others (Atkinson & Delamont, 2006). The subjectivity of this methodology works to break down the structures which impede different articulations of truth. “These truths are not literal truths; they’re emotional, dialogic, and collaborative truths” (Bochner, 2012, p. 161). Thus, this research style provides me with an avenue to be heard and to have that voice be a legacy for my colleagues and feedback to the Department. Autoethnography and the self-narrated style of my findings also work to expose the relational aspects in which these experiences are embedded (Lawrence-Lightfoot & Davis, 1997).

Moreover, experiences with trauma informed human service positions are undoubtedly relationship based and part of a very personal process. Like, Josselson (2006), I hope “to preserve the complexity of what it means to be human” (p. 3). Thus, I have retained the stories told by my peers as completely as possible. Their experiences have

undoubtedly left their mark on me, and the outcome of that interaction similarly deserves credence. Overall, I hope to see how we as people actively reflect on our own lives, and how that reflection can inform the way we interact with others.

Researcher

As I created my interview questions, I sought the approval of the Director of Residential Life and Housing. I had brainstormed a list of reasons for why this research was so important and was startled when the pushback did not appear. The Director did ask why I was so focused on volatile situations; surely a better sample size would come from focusing on self-care for all aspects of the RA job. That was not the point, I told him, though important. Later that week I received his okay, and I walked around with a smile on my face for days.

While waiting for IRB to approve my research proposal, however, I started worrying that perhaps I was the only one who had ever felt the way I had. The paraprofessional staff consists of 42 students, inclusive of me. Each of us has different time allotments of experience, vested with varying amounts of exposure to particular events. Situated now in a healthier and more informed state, it feels completely reasonable that some of my peers might in fact share in some of my emotional experiences. However, for a very long time I was nervous that I was alone. While I had spoken about instances of assault, suicidality, and general stress with my peers, I had never imagined that they might also be feeling deep emotional reactions. I accepted their external composure as proof that I was the only one unable to self-manage.

I also struggled with knowing how to be vulnerable and authentic without being fully cracked open. Ellis (1993) observes that “we will not know if others’ intimate experiences are similar or different until we offer own stories” (p. 725). Yet, as I wrote and rewrote how I felt after the incident, I found myself feeling more raw than whole. I watched a TEDx Talk late one night with Camille where I was reminded that courage is the audacity of self-acceptance (Brown, 2010). During this time I was also planning and hosting a women’s panel in my local congregation focused on abuse and mental wellness. I felt incredibly deviant for suggesting it, nervous that it would be misunderstood, and shocked by how well supported I felt in the endeavor. In that instance I could see that shining light on these untold stories was refreshing and wholesome. So I felt that perhaps if I shared my wounds, I might in this other instance also feel whole. In reality, it has been exhausting. It has required an incredible amount of reflection, to figure out what pieces of the story I am entitled to and what I actually want to write down as my memory of the event.

During one of our weekly cohort catch-ups, Camille showed Tom and me an activity where we threw out our hesitations and gobbled up the things we are looking forward to. It was goofy to be pretending to eat an invisible burger of dreams while sitting at a table in the library, but it was the first time of many that I felt like this work might have a meaningful impact. While my experience may be unique, I am certainly not alone in feeling such strong reactions to emotional aspects of my RA job. Regardless, I have a

cohort who wants to hear my story, and that is enough. They are enough for me. This rejuvenated my excitement about the topic.

Upon approval from the Institutional Review Board, I was able to request volunteers through email. As I copied my recruitment text into the body of the message, I became uneasy. I had waited months to get to this point only to discover that I was not yet ready for it. Shuman (2006) discusses how certain people are entitled to tell and to hear various stories. This is understandable, in that there are most assuredly things that I would tell my closest friends before ever telling an acquaintance. I realized, with my cursor poised over the send button that I needed to tell my parents my story before I interviewed anyone. My heart pounded in my chest as I contemplated the prospect of telling them all these things over the phone. I wrote out bullet points of what to say and the order to say it, anticipating their reactions as best as I could. I was more prepared for this than for any phone interview I have ever had.

I called late enough that my younger sister would be asleep. They each listened without hesitation or question. I told them about my research, and that part of that required talking about something which I should have said months ago. As I finished, more dry eyed than I expected to be, my dad said my name and paused. "I wish we had known sooner," he told me. "But I am glad that I know now. The repairing of your own life is a phenomenal feat." And then, I wept at his transparent support and love for me. We hung up the phone, and I hit send on that drafted email.

Participants

I recruited respondents from the current Residential Life and Housing paraprofessional staff. All 41 staff members, myself excluded, were solicited three times through email across the space of a month. This population did not include previous or current students who once were RAs but are no longer, which means students who may have left their role as a means to access personal wellness are not included. As all interviews were carried out in November and December, spring semester hires and those abroad were unable to participate. At the time of interviews, paraprofessional staff had the potential of having 1 month to 6.5 semesters of experience. These variations across the staff therefore may have shifted the probability towards a certain type of respondent experience.

The narratives documented in this paper were collected through audio-recorded semi-formal interviews. Almost all of these recorded conversations were held in a private library study room, though one individual did request to meet in a different office space for sake of ease between meetings. Between signing consent forms and beginning opening up the space for their narrative, I explained that within my role as an RA I dealt with a situation that was difficult for me to personally process and that I was interested in seeing how others handled things. I asked everyone “Can you tell me about the incident,” and “Is there anything you remember most significantly about that experience?” During most conversations, respondents answered my other questions before I had a chance to ask them (Appendix B lists the approved guiding questions in full). The longest two interviews

lasted approximately 40 minutes each and each of the shortest three clocked in just over 15 minutes. I transcribed the recordings and sent them to the narrators to make any alterations that they wished. None chose to do so.

Seven people participated and all self-identified as having responded to a high-intensity situation within their RA role. Their experiences ranged across the entire spectrum of involvement – in time (semesters employed), location and demographic (with RA experience in the First Year & Transfer and/or Upper-class & Graduate communities) and distance from incident (from occurring within the same semester to happening 3 years ago). I knew all of them, have served on a building staff with most of them, and have generally worked together often with all but one.

It is important to recognize the power negotiations that have allowed these stories to be told (Shuman, 2006). Lawrence-Lightfoot and Davis (1997) iterate that “human experience has meaning in a particular social, cultural, and historical context” (p. 43). My previous relationships with participants and the departmental context in which we are all embedded have an impact on how people understand their experiences and are able or willing to convey those understandings. The social interaction of interviews (De Fina, 2009) might then convey the ways through which coworker relationships can enhance patterns of self-care more generally.

Readers

Significant segments of the interview narrative are presented in this paper. They are analyzed by comparing participant experience to my own, to each other, and to relevant

literature. These accounts highlight different articulations of understanding and experience. While they cannot be generalized, these narratives ought to be subjected to critique and reflection like all other data (Atkinson & Delamont, 2006).

This research requires readers, as practitioners and academics, to actively participate with the texts. Moreover, “autoethnographies are not intended to be received, but rather to be encountered, conversed with, and appreciated” (Bochner, 2012, p. 161). Knowledge is best accrued through dialogue wherein individuals reflect and push against various ideas (see: Hickman, 2010; Josselson 2006; Lawrence-Lightfoot and Davis, 1997). A reader’s response can take many forms, but it must happen. “Empathy,” Shuman (2006) describes, “is one kind of obligation [which] requires either reframing experiences to find common ground or accepting the possibility that some experiences cannot be shared” (p. 152). Reflection must also respect the notion that we are not stagnant minds, and our reactions to stories – much like the stories themselves – are ever changing but no less valid (Bamberg, 2012). In this sense, this work does not end at its last written sentence. Invested engagement is an embedded feature of autoethnographic methodology.

Narratives

I was captivated by the notion that I could not tell a soul. I had a nagging fear that I was going to be misunderstood. Surely I was not the one going through the traumatic experience, and I clearly had the upper hand with my training. My feelings seemed undeserved. The following interviews tell me otherwise. They are retold in the order in which they were undertaken. I seek to articulate these reflections as full and multidimensional experiences.

Evelyn: “I’ve removed myself”

My first interview was with Evelyn. I have known Evelyn for much of my college career, and we have some overlap in our peer groups. However, it was only recently that I had an opportunity to work more fully with her. During the half hour between having lunch and meeting up with her, I review the questions I am going to ask and made sure that the voice recorder works. When I arrive at the office space which she had asked to meet in, Evelyn is already seated and ready.

I close the door and sit down on one of the chairs across from her. With a notebook in hand to jot down my thoughts and the voice recorder poised, I hand her a consent form. She laughs good heartedly at the formality, signs it, and listens as I began the interview script that still feels new in my mouth.

Evelyn tells me briefly of experiences she has had over the years which have been stressful. She summarizes, “I think as an RA you think you should be able to fix things. But that’s not always the point.”

She laughs, pauses, and begins to mention an incident that happened earlier that year. I quickly realize that I know which situation she is going to bring up. I am a bit nervous because I am not sure if it is a story that I want to hear. I know everyone involved, having worked directly with the main characters of the narrative. I should have supposed that this was the direction that the interview was going to take, but I had never consciously connected the dots.

“It wasn't my direct resident,” she states. I am aware of how potentially difficult this conversation may be for her as well. “I was on duty, and [outside of the building...] there was this [intoxicated] couple. I realized then that it was [Mason], who [is] my friend.

“[Emily, a Professional Staff member] wanted EMS to check him out. I really had never seen him that drunk before, so I was really angry,” she pauses. “I'm in a position of being in my job. So it's trying to weigh how much do I get personally involved and how much do I not be involved in it.

“[Mason] got triggered.

“By the time EMS got there, he's sitting, and he's crying. Just balling his eyes out. I'm trying to calm him down. He's freaking out. I sat next to him and I held his hand. The EMS personnel started to ask him questions and [Mason] started to get angry. At that point, I was just too upset to be in the situation. So I got up and I went and stood with [Emily].” Evelyn pauses.

“I couldn't watch. I had to turn away and not really be engaged in the situation. I think it is a combination of I've never seen him like that,” she looks down. “In him being

angry there is just this fear and this vulnerability. It's just in the way sometimes that people scream that you can feel it, you know? For me it was really hard to be there and granted you don't want to see that on anyone but to have it be someone who is your best friend and you know really well, I think was really hard for me.

“He was being really noncompliant with UP. The ambulance came and so I told [Emily]: 'I'm just going to go to the bathroom in[side].' I just couldn't watch them put him on a stretcher. In the bathroom I could hear him screaming. ‘Don't touch me. Don't put your hands on me.’ I waited for a couple minutes.”

The vulnerable memory of my resident strapped onto a stretcher and rolled away from me flashes through my mind.

“[Emily] ended up taking me back to [my room] and was like: 'Things will be better tomorrow. You have to remember it's not your fault and it's not your responsibility to worry about him.'”

“I had [Lani] come over, who is also an RA. I just cried and told her everything that had happened. I was just really upset. I think that it's hard knowing that you can't help them, and that's how I felt in the moment. It was very helpless.”

“I knew that she would be there and would just sit there and listen. I'm one of those people that I need to talk things out. When I'm left to be in my own mind, it's kind of a problem. I have tendency to just replay things,” she pauses. I marvel at how self-aware she is. I am also struck by the realization that we share the need to not be stuck inside of our head. I begin to notice that Evelyn's story is a lot less shameful than mine was.

“So I told him everything that happened, and his defense mechanism is kind of to joke and laugh things off. I think he got at least how bad it was, because I was upset, and I started to cry. To have his emotional meltdown be very public and,” she takes a breath. “Not be able to do anything to deescalate the situation I think was really hard.

“I went to counseling services twice. Which was very helpful, actually, for me. Sometimes having someone that's not involved at all can ask you the right questions. I will say that [Alexis, my supervisor] and even [Nick], were very much proponents of me going and talking to counseling services and making sure that I'm taking care of myself. So, I felt supported in that they wanted to make sure I was worrying about myself.

She continues, “I didn't hang out with him for a couple weeks. I kind of realized that I could be there for him but only to an extent, because I was still really upset about everything. I had a lot of anger about his actions and me being involved.

“He likes to say that he's sorry that he traumatized me,” Evelyn laughs. I know that she is describing secondary trauma. I wonder if her identification was informed with psychological theory or if those were just the words chosen to best articulate what she felt was happening to her. “Which is kind of a comical thing to say, but I think it's true. I think that I really was pretty traumatized by the whole situation.”

I feel elated with this admission. I am not alone; my experience is not an anomaly. No matter how the other interviews go, this one had made my research a success.

“I was really happy that [Emily] was there, because I felt like she supported me and told me that it would be okay and tried to keep me calm. I really didn't want to be there. I

think it's one of those things where you realize you can't handle a situation, and I think I realized that within the situation.” Her urgency of her narration subsides as she continues. “Which I think happens to people. I mean that's why you have ProStaff and EMS and UP there to kind of take control of the situation. But yeah. It was traumatic,” she laughs. “I guess one of the good things that came out of it was there's not a lot of situations that will be worse than that.”

“Hopefully,” I finally speak. We joke that we ought to knock on wood.

“I think I'm a very empathetic person which makes me a really good RA but it also makes it really hard for me sometimes to not feel what people are feeling, like, carrying that around with me.” In her words I hear my mother's echoed. She was worried that I might take on the emotion of my interviewees, as my own tendency towards empathy makes it easy for me to embody the narratives I hear.

Evelyn explains, “So, I think just because of the situation and how intense it was and how upset I was, I just knew that going to counseling services was going to be good. It was hard to process what I was going to [...] with our relationship and how it functions.

“I think that was the conflict of me deciding how much space do I need and how can I be there for home but not make it detrimental to me? Which is hard. I think that is something I struggle with in a lot of my relationships. How do you learn when to step back from things and let people figure out shit on their own? Or fail? I think that is some of it. You want to be able to be there for people and be a safety net for them. Yeah. I found this quote after everything that had happened. 'Sometimes you're so busy being everyone's

anchor that you don't realize you're drowning.' And I think sometimes in this job that's very true. You're so busy trying to be everything for everyone that you don't take the time to be like okay, well, actually, I need to get away from this and process what is happening.

Evelyn takes a moment to think. "The thing that sticks in my mind the most," she begins, "is just seeing someone that vulnerable and that upset. Outside of him being my best friend, seeing anybody like that...was a lot. That's where the fear comes from. It is seeing someone like that again and not really being able to do anything about it. I think that's the hardest things. It's not wanting to be in that situation again.

"I've removed myself from the situation, from being overly involved in that aspect of his life. A part of that comes from really knowing myself and knowing my limits and being able to step back and not be involved. I'm not sure everybody who is an RA can do that and realize that that's what they need to do."

Harper: "No sort of reassurance"

It is early afternoon and the sun is streaming in from the window. I have arrived a few minutes early. I am enjoying some apple infused chamomile tea while scanning through recent emails. Harper arrives. She is thrilled; she recently discovered that the campus' dining service offers peanut butter and jelly as a grab and go option. I teasingly bemoaned all the semesters of culinary excellence that she has lost out on.

Laughter subsided, Harper turns to me. "Ok. So I don't know how helpful my experience will be," she hesitates. "If we're half way through and you're like: 'This is not at all what I had in mind,' feel free to just call it short."

I laugh and tell her it is okay. I am not sure how to articulate the point that self-identification is enough. I am more interested in how her reactions fit into the genre of self-care than ascertaining what incidents ought to qualify as valid reasons to be emotionally impacted. I am also thankful that my IRB proposal was only accepted after I omitted a more detailed explanation of the key incident which I experienced; it would never have been my intention to invalidate her experience further.

“So,” I bring my thoughts back to the interview script. “I imagine you have an incident in mind?”

“Yes,” she affirms. She is seated kitty-corner from me, as if we were facing along the diagonal of the table rather than directly across it.

“So can you tell me about that incident?”

This was Harper’s first academic year working as an RA. In that sense, she is the most novice of all the people I would be interviewing. I wonder if the new-ness of the role in general will construct how she reflects on her experience. Of course, I have long known that she is incredibly introspective and mature.

“Sure,” she says. “I got an email from my supervisor saying: ‘Could you please check in with resident so-and-so. The incident wound up being that the school was sending her to a mental institution that focused on eating disorders, for an unspecified amount of time. She was leaving immediately. She had no idea what to do or how to process it, and had this mental breakdown in my room.

“So I had no idea what to do in this situation. I'm comforting her. I call ProStaff because she was screaming and was incoherent with sobs and shaking. Sort of collapsed on my floor.” Harper pauses, “She's also very underweight, so you could see her bones. Shaking.

“So ProStaff came and then eventually Dean of Students was called. The incident lasted,” she contemplates, “about three hours and resulted in me going with her to the pick-up point for transportation, but didn't actually go with her to the, uh, the home? Institution? I don't know what to call it.

Harper turns to me for clarification. “Do you want more information than that?”

“Yeah, whatever,” I say in an attempt to let her choose the path of the dialogue.

“Ok. Cool.” Harper begins again. “She was just paralyzed in terror, I guess. She really had no idea what to expect. She came to me...asking for help and advice but I had no idea how to help her.

“It was all very overwhelming. I at one point excused myself, because I was trying to fight back tears and stay strong for her.” I am intrigued that both Evelyn and Harper chose to do this. I wonder what about the situation made that option even occur to them.

“Yeah. It was intense. So, it wasn't exactly threatening to hurt themselves or sexual assault or anything like that, but it was really sort of a high intensity situation where emotions were running really high,” she trails off.

“Which I think is high-intensity,” I affirm.

“Ok. Cool! Cool. Yeah. So, I didn't really have any information to go off of, to give to her, or anything to comfort her. For her it was scary. And by default coming to me and sharing this with me, it was scary for me. Um. Yeah.”

I laugh, breaking out of the vulnerability which had filled the air. “Interview over!” I propose. She laughs and then waits for my next question. “So you touched on this a little bit, that you were feeling overwhelmed. Could you develop more what those thoughts and feelings were while you were in the situation?”

“I was feeling pretty shaky, like, not confident because my resident is [...] very quickly deaerating, just curled up in a ball sobbing, and I didn't know what to do.” Searching for the right words, Harper continued, “I haven't had to experience anyone who's threatened to hurt themselves. I have had a resident who had a previous case [of] sexual assault, which was difficult, but I knew how to handle it because I was confident in that. But this was just really very much out of my element.

“When Professional Staff came, I think they were also very unclear about what was happening. So there was just no sort of reassurance at any point that this is going to be fine, even if it wasn't, there just was [nothing]. I got overwhelmed, because I felt like I should have the answers. I didn't, and it was directly affecting someone's life.”

“If the resident is being taken away and having a mental breakdown, I can't say like: ‘Okay, don't go.’ But I also can't say: ‘Don't feel this way.’

“There's,” Harper repeats, “there's nothing I can do at this point. I feel like the resident in particular looked at me as someone who would help solve this issue, and there

was nothing I could do to solve it. And so I was being asked to do something I just didn't have the power to do, and it's a very helpless feeling because I would have loved to help her. But the help that she needed was going to this place and she didn't see that connection.”

“I think I was really shaken from it. I was.” Harper contemplates. There is silence as she forms her thoughts. “I didn't get a lot of sleep that night because I was just so stressed for my resident and about the situation.” My heart aches, having known that feeling.

“When she returned I definitely felt better. Especially because she was much more confident when she returned.

“There's a fine line between being an RA and being a caring individual,” she continues. “And how much you can know in situations. I felt like I [was] in the rabbit hole but not down the rabbit hole. I could tell that there was more but I couldn't know what was more about it. And I just sort of felt very much like [I'm] a tissue to cry on, when I felt like I could offer more. Or even for my own sanity I would have slept better at night knowing more information, like something reassuring or maybe not reassuring. It was the unknown that's terrifying.

“But I just felt very overwhelmed.” Harper is quiet.

“I actually went home. On top of all that I still had residents knocking on my door to do this or that or say hi or whatever, and I just sort of felt like I didn't have a space at that moment to recover. So I took 24 hours and went home, which isn't that far. It was a

Saturday to Sunday. I just packed my homework with me and went home. It was nice. I slept for a little bit and it was quiet, and took a bath, and watched some television, and just kind of hung out with my mom. It was a nice moment of no pressure, no requirements. That rebooted me to come back and be ready for college.” Harper laughs in exasperation.

Surprising me, Harper stated, “[The Dean involved] actually emailed me afterwards. I think it said something like: ‘You did a great job last night. It was a very intense situation. [. . .] Thank you for helping with that. If you have any follow up questions please feel free to direct them directly to me. [The Dean].’ Which is very short. It was a really nice touch, I think.”

After she wrapped up her thoughts, I asked her what she remembered most significantly about the experience.

She thought. “Um,” she stated. Her eyes shifted as she processed my question. “I guess two things. One is just the very tiny resident who was underweight, so just an incredibly tiny person just curled up in a ball.” The banter earlier in the conversation is gone. This statement feels tangibly melancholy. “Just, you know breaking down is just a very strong image. So I remember that pretty thoroughly.

“And then I remember, just walking the next day to the [cafeteria] just to get some food. People were running from lunch or from class. I remember just walking and being like, this is,” her eyes widen, “weird. Why is everyone just going about things normally? I was very out of my element and going through motions but still very shocked by what happened.

“Yeah. That makes sense to me,” I say back softly. I thank Harper for the interview and ask her if she has any questions for me. She asks me, almost incoherently, what I do to self-care and how I have dealt with my own high-intensity situations. I am stuck in wanting to tell her the most valuable answer and being overpowered by how vulnerable I suddenly felt.

“I didn’t take care of myself,” I laugh. “Which is the issue. I’m a very empathetic person and I’m also a very rule follow person. So I’d rather not do something good for me if I’m not sure if there’s a rule that I might break. So I thought, wow it would be really great if I could tell someone. But, I can’t. I can’t tell anyone. It has to be confidential. I told no one, for months, after writing my IR. That was hard because it was kind of that same thing, right? You all want to go have brunch and talk about organic farming, and I don’t care because this thing happened. How is the world not falling apart? Yet there was no way for anyone to know that I had experienced that.”

Christina: “Just roll with the punches”

I was working on some homework in the study room I had booked for this interview. Christina was running late as she was returning from an appointment off campus. When she arrived, she hurriedly took off her coat and scarf. Apologizing for keeping me waiting, she sat down across from me and was eager to start.

“I had a resident who was like on the administrative radar for having emotional, psychological, just instability issues. I wasn’t aware of that until the incident. This was pretty late, and I think I had already signed off of duty at this point, so it was past

midnight. She comes to my room and she says: ‘Can I talk to you? Something happened, and I’m feeling bummed out about it.’ I was like: ‘Sure, it’s late but come on in. I see that you’re stressed.’ We sat and we talked. Mostly I listened and she talked. [...] Everything felt like it was piling up at once. [They were] normal stressors. You’re worried about school, love life, family, all of whatnot. But what made it a really concerning situation was that towards the end of it, she told me her medical history of having depression and anxiety and suicidal thoughts and suicide attempts and I was like woooooahh.

“Before she left, I made sure to ask: ‘Are you feeling suicidal tonight? Am I going to be okay letting you go home alone and know that you’ll be alive in the morning?’ She was like: ‘Yeah, I’ll be okay. It was in the past. I’m stressed, but I’m not at that point yet. I just wanted to talk about it.’ So I’m like: ‘Okay.’ After she left I let ProStaff know, but that was like wooaahh.”

“Yeah,” I say, reflecting on how the intensity of this situation is displayed differently here than with the other two interviews I’ve done so far.

“That was probably my first psychological incident,” Christina explains. “It’s something that’s heavily emphasized in training but not really something you see in practice a lot, on a day to day basis. So it was interesting to have that happen.

“I just had that initial shock but I don’t think I reached out to anyone to cope with it or try to work through it on my end. I just kept on trudging through life,” she laughs. “So I don’t know how helpful that is, but it’s definitely an interesting sensitive situation that I experienced.

“Yeah, no that's good,” I respond. “I want to know too what you were thinking as she was talking with you, and then after she left, and then a few weeks down the road. What were your emotional reactions at those stages?”

“Well when she first came to the door my first reaction was of course, come in. Internally I was really excited and happy that a resident was coming to me to voice their concerns.” I laughed, recollecting that same reaction I have had even in tough situations. “That doesn't happen often, especially in the upper-class area.

“I was also genuinely interested, and I wanted to help her through whatever she was going through. I sat down and I listened. It ended up being a really long conversation. So, I was getting pretty burnt out, because it was heavy material and it's a lot of material. It was late at night. I was feeling like, wow, that's a lot that you're throwing at me all of a sudden. I was feeling a little overwhelmed in the moment. [I was] also still struggling with being ok. How do I be the most empathetic person I can right now to her? What can I do to help her right now?”

“As soon as she left, I went through kind of the robotic motions of our protocol. After that, I don't know if it was because it was such an intense conversation or intense information or because I was just so preoccupied with everything else going on in my life, I kind of just forgot about it.

“[She seemed to be happy afterword] so that made me feel very relieved. I don't know how much help I was, but she had expressed gratitude that I was there to listen. Even

if that was the help that she needed, I'm really glad that I was able to do that. Not having the burden of: oh my god, did I just fuck up her own emotional state?" She laughs.

I laugh. While a joke, I recognize the legitimate fear her statement could convey. Christina continues, "My personality is much more in tune with processing things internally and not really feeling the need to share with someone else. All of that combined together really didn't push me to go talk to anyone else about it." I wonder if RAs with different majors have identifiably different skills within this job.

"If I did tell a friend it was just to say: 'Hey, I had this really crazy incident. My residents are having all these problems; I'm the superhero. I helped them out!' Yeah, so I [was] praising that my residents felt comfortable coming to me, and praising the relationship I had with them. [I was] not necessarily trying to process my emotional response or my psychological response."

I smile deeply. Compared to how hopeless everyone else seemed to feel, her confidence was a breath of fresh air. It reminds me too of how I have felt in almost every other situation, which is, strong and knowledgeable enough to help create an impact on someone else's life.

"So then I guess how, on your own, in your own head, did you process it?" I asked.

Christina laughs to herself. "Very much like an objective clinician," she says. "Just looking at the situation. What are all the symptoms? What are the results? She's my resident and I actually care about her well-being so I tried to do as much as I could but not

push too much onto her. Seeing that she's okay both from an RA and a future clinician standpoint.”

“This was so long ago and so early on in my RA career,” Christina is one of the Department’s more veteran staff members. “Back then I was still a little confused on the boundary between being an empathetic, supportive, and encouraging RA and being a therapist. Even though that’s the field I want to go into, it's not something I can practice in my RA role.”

“Good. Yeah!” Some of the literature I have read, her experiences, and for what to me feels like common sense are all colliding. This makes sense to me, in that there ought to be a difference between a trained clinician and a peer to peer relationship. “Going off of that,” I ask, “how do you think that within the RA role empathy is different?”

“In terms of being empathetic and supportive it’s more so towards the peer to peer as opposed to a leader to peer or a mentor to peer. [...] It’s really just sitting and listening and providing them resources if they want them, but not really giving advice or pushing them to do things that are in line with *the recovery process of therapy*.”

Christina has been so reflective throughout the interview. I wonder if her distance from it has allowed her to talk about the experience in this way. She does not frame it as an incident that was happened upon, and the lessons learned are better outlined. So I bring the interview to an end, while still trying to process how seemingly different this experience feels from others.

“Probably the most significant thing about the situation was that my resident had been so open with me,” Christina tells me. “It’s not something that I had expected in the upper-classman area or that I had expected of my resident specifically. It was it was nice,” she smiles. “[It was] just really encouraging for me, as a new RA, to know that I could develop those kinds of relationships with my residents. [It was] also a little daunting because if they're giving me all this information, what am I supposed to do with it? Obviously the safety concerns would be appropriated up, and if I was having issues I would seek counseling to process it. But just the fact that I had all that information, I think the most significant thing was how do I deal with this? What do I do with this? Do I just put it in a folder and lock it away after I write the incident report? Or do I dwell on this, and see what comes out of it?” she trails off.

“But I think,” she concludes, “after three years I've come to learn that you have to just roll with the punches and take it when it comes. If you hold onto it, it is really just a burden. It just becomes overwhelming. You'll drown.”

Olivia: “You learn from it”

Olivia was one of the first people I told about this research. I had known she had responded to an incident which could qualify as high-intensity. I also trusted her honesty and have always felt my vulnerability validated in our friendship. I knew that if she thought this research was a bad idea, then everyone would. So her support inadvertently helped me stay engaged with the topic.

When she entered the room, she said hello brightly and asked how I had been. We chatted about the semester and the upcoming break. She took a seat across from me.

“So it was last year,” she begins, “and that was my first year being an RA. So I was already [feeling like] I don't know what to do exactly for everything. It was my first night being on duty which was also stressful. [. . .] I was in my room reading over the little handbook of what to say when you sign on the radio.” She laughs. “Just to make sure I knew what I was doing.

“Someone knocked on my door and I opened it. [. . .] It was one of my friends. So it wasn't a resident, but it was someone my age. She [looked incredibly disheveled, and] she just seemed really scared or something. [. . .] She came in and she was shaking so I let her sit down.” Olivia pauses. “She told me that she had just been assaulted. I was like: ‘Whoa.’

“I didn't really know what to do because [ResLife] hadn't talked to me much about the details. Also, I was like: ‘Oh my gosh. It's 8:30 and duty starts soon, but I don't know what to do.’ So, I was talking to her and asking: ‘Are you okay? Do you need, like, help - services, like EMS or something? Or are you, do you just want to talk about it, or something?’ And she said she was okay, but she wanted to go to the police. So, we went to the police. I wanted her to do what she wanted to do.

“I felt kind of in shock. This is my friend and she was assaulted out on the street. She said she came right from the street to my room, cuz I guess it was I was the closest person. That was just really scary to me.

“[...] Then I went back on duty and I think I called ProStaff and they were like: ‘That was not the right order of things to do.’”

I had been the one to have her call. As a senior member of the building staff, she had called me to try and figure out what to do, since it happened outside of the residence hall and to a friend. I told her she had to report it. Right now, I feel so sad being reminded of how hard that phone call was for her.

“It was a really weird situation. It was really intense, because it was the very beginning of RA life. I mean, it wasn't one of my residents so it's not like everyone in the hall knew that someone was assaulted or something. But it was one of my friends, which made it kind of even weirder.” She looks up at me. “Yeah. I don't know if that was a very good explanation.”

“No it was fine,” I tell her. I myself am shocked. There are so many aspects about that which I have no guess as to how I would have responded. “You touched on it maybe a little bit,” I ask. “But do you mind sharing more of what you were thinking and feeling as you were with your friend?”

Olivia moves her hands along the table top. “So when she first came in, obviously, I could tell something had happened to her. I didn't know what. And I didn't see any bleeding or anything so I knew she wasn't about to die. Which was a little better than what it could have been,” she laughs lightly.

“But I was freaked out because I didn't know what I was dealing with when she walked in the door. When she started talking, I was trying to think back on what to do if

this situation ever happened. It was really hard, because I feel like that was the one part they glossed over so I was kind of panicking because I wanted to-.” She stops and restarts.

“It was a situation that as an RA, you're supposed to deal with. If it's not your resident, it doesn't matter, it's still a situation. I also knew that she was coming to me as a friend, not [as] a person in the university. It was kind of conflicting because first I knew I should do something, like the protocols and everything. But also, I really wanted to make her feel better and help her. Not freak out and not be in a really bad place.

“[...] I was trying to help her, and,” she sighs, “I dunno. I was really nervous too because I knew that this was a really big deal, and I didn't want to do the wrong thing. Or say the wrong thing, because I didn't really know what to say. I've never done something like that before. So, it was kind of a lot of not-sure-what-to-do feelings.

“I feel like people don't usually think that that sort of thing will happen to them or you'll have something that close to your life. You'll hear that people get raped or assaulted on college campuses, and there's the statistics that 1 in 4, 1 in 5. You never think it will be you or one of your really good friends. I didn't even think that this could happen to me. And I mean, obviously to her. I never thought that I would know something like this and be part of it. Have it right now, while I was getting ready for something else.”

I think of how true that resonates for me. I have done the math on numerous occasions, but there is something that is intimately human that is missing in that numeric. “That makes sense,” I pause, struggling to articulate the right words. “Witnessing that, being part of that situation, how did that impact you?”

“Obviously it wasn't good. I feel like it was a good experience to have some sort of bigger thing happen and try to deal with it. It's almost like BCDs [Behind Closed Doors, which is a simulated training exercise] but more intense and actually real,” she giggles.

“I feel like it helped because later on we did a lot more talk about what to do in these situations. I wish I could have done everything right at the time. It's almost like you learn from it. So if that ever happens [again] I'll be way better. Even if it happens later in life, when I'm an adult. [If] something similar or close to that would happen, then I would have a better experience.

“It was a very different sort of thing to deal with. But I think it was good. For someone to have to be in that position, even though it's not a good thing and it's not fun, it was something that you can look back on and learn from and think about.

“Then, for the BCDs for fall training I [acted in] the sexual assault one. It was good to be in there and [to] help at the end when you talk about the experience of the survivors and everything.”

I am intrigued. I chose to act in the sexual assault scene the semester before for that exact same reason. I felt like I finally understood what it could look like. The ability to use my experience productively, in helping others think through similar situations, was also incredibly calming.

Lani: “I couldn’t help”

We walk into the library together, I pick up a key for the reserved study room, and we head upstairs. Lani says she has to ask me an important question. “Can men and women really be just friends?”

“I don’t know,” I groan. “That’s the *When Harry Met Sally* question. I find most often that men say we can’t.”

“Right,” she responds. “But that casts such a light on all the friendship relationships I have ever had with guys.” Her eyes widen in exasperation. We thus spend the next few moments bemoaning the complexities and nuances of platonic and romantic relationships.

Drawing it back towards the purpose of the interview, Lani explains the incident which compelled her to volunteer to be interviewed. “I was on duty one weekend and a resident came to me because someone was laid out in the stairwell crying. So I went down to address the situation, and it just turned out that she [had just been] having a very intense conversation with her partner.” Lani is now looking down at her hands against the table. “This partner threatened her and followed her, and [so] she ran into the building [to get away] and just kind of collapsed because she was going through a lot of emotions.”

Lani pauses, “Different forms of abuse were taking place with her and her partner. She was brushing it off and putting it back on herself as [if it were her] fault.

“I called for backup and Professional Staff came in. We finally were able to get her to move to a safe and closed off space. She continued to unravel about the story and it was much deeper. A lot more things [were] happening between her and her partner that were

just destructive to the both of them. So then she said that she was tired, and she just couldn't go on for the night. She just wanted to walk to her room, so Professional Staff took her.”

“Okay,” I question. “So she, just to clarify, was not a resident of your building?”

“Nope,” Lani confirms. I wonder how having a previous relationship would have made things different, for both the resident and Lani.

“My first thought was where was her partner? We are very open on this campus, and I was more afraid that when she went back to her room that her partner would have either been in her room or in the building or that the partner had come into my building. In which case I was worried about all the residents, just because I didn't know where the thought process of her partner was and who [actually] this person was. So that was going through my head.

“And thoughts of her, kind of putting this all back on herself was very troubling to me. I just didn't want her to feel like it was okay that she was being treated that way, and that she could control someone else's behavior towards her. I felt kind of sorry for her because there wasn't that much that I could do. I think to some degree people think that RAs can do a lot more than we have license to do. So I felt sorry in that regard.”

“I think for the first two days I was just in complete shock of what was going on in her life.” Lani pauses to regroup her thoughts. “Also, I don't know if I felt that I didn't do enough, or that I was somehow underprepared, or if I just felt guilty that I couldn't protect

this person anymore. So there was a lot of guilt afterward, that I couldn't help her. She wasn't my resident so I never had a vision of her.”

“I felt pretty alone for a week because I [felt] like no one truly understands what happened. I couldn't talk really to anyone about it so. It was guilt, isolation, a lot of stuff.”

“Mhmm,” I murmur. I can relate to that. “And when you were feeling that guilt,” I inquire, “how did you process that?”

“It's different for everyone, but when I process things I'm more of a self-attacking person. So it was guilt. [I] should have been more prepared or [I] should have offered this or why can't you give someone the resolve that they need or the resolution. I don't know if I ever fully, healthfully processed that. But I tried. And for isolation, I thought that was the best way for me to try to deal with it, was to deal with it by myself. I didn't think that I could really talk to anyone about what was happening. So again, did I healthfully process it? I don't think so. I got through it.”

“At any point in time did you decide, hey this isn't healthy, let me do something about it?” I wonder.

“No?” Her face frowns slightly. “I think I realized that a lot of people's assumptions [are] that I should be able to fix and do everything. I realized in that moment that all this guilt and isolation wasn't healthy. It's stemming from me thinking that I should be able to do things that are just really beyond my control.”

“I mean, it still is very upsetting. When you're an RA you want to fix and help. To some degree I always feel like I didn't do enough or I just didn't hit that bar that I think I should have hit.”

“Also, I had never dealt with a situation like this before and so knowing who I could talk to, could I talk to the Professional Staff member? I didn't know if I could be like: ‘Oh yeah, let's unfold every situation that happened that night and talk about how it affected me.’”

“We unpacked some things the night it happened. After that [I thought] the Professional Staff member has to move on and they have to deal with so many other things. Now I just need to sit with this by myself and unpack. But I think on some level I knew that if I had reached out, that this person would have helped me. Which I don't think everyone always knows or has that relationship with the Professional Staff member to know, which isn't great. Yeah, I think I knew.”

I am impressed by the honesty in her reflection.

She pauses before answering my final question. “I think what I really remember was the way this Professional Staff member handled the situation, because it could have gone in many different ways. But they kind of treated this woman with respect, and didn't try to have a hierarchical conversation and sat down and were just a person. Which, I think, to drop all of that, the shield of ‘I'm a Professional Staff member, I know all these things,’ [and] just talk[ing] to someone one on one is what really got her to calm down, to just sit

and think. I learned a lot from that. This is what I tried to remember, was at least she knew we all genuinely cared. So that was pretty solidified to me.”

Noah: “Trust my abilities”

It was just after 9am and the library was quiet as finals approached. I had been settled in the study room for a while before Noah arrived. The room itself was hidden behind a brick wall, and he had walked a full circle around the stacks before he happened upon it. I opened the glass door to let him in. I cringed as I realized my Pandora station was playing loudly enough to bother those studying at the tables nearby. Noah laughed a hello as he entered.

Noah and I were once on the same building staff. We hung out regularly, were duty buddies on multiple evenings, and he sometimes would share treats from home with me. Since living in different buildings and because of our hectic schedules, we have not seen much of each other this year. But I love to see how he has grown into a more confident leader and maintained his reflective and kind nature. In fact, I thought as he took a seat across from me, I missed having conversations with him.

“Okay. Oh, also, so sorry. Question,” Noah began after I explained my research objective. With a pause, “Right, okay. I was just going to say my high-intensity situation doesn't, like you said, it doesn't necessarily fit into the examples [of sexual assault, self-harm, and suicidality]. But that's fine?”

“Yeah. That's totally fine,” I say. I reflect that he is the second person to make that sort of clarification. I wonder if the issue he is going to bring up is something that as an

organization we do not discuss often. Moreover, does the label ‘intense’ privilege a particular type of situation insomuch that experiences not enumerated feel inadequate for the conversation? “Cool. All right,” I refocus. “So, you have a sensitive situation in mind; can you tell me about it?”

“Yes,” he begins, his hands tracing the outlines of his thoughts in the air. “I was in my room doing homework and [...] a resident knocked on my door telling me that another resident was freaking out in his room and that he needed to see an RA.

“So I remember I went over to his door. His whole room [was] just turned upside-down. Everything [was] on the floor. He [had] ripped the sheets off the mattress. He [was] clutching his mattress pad all the way. He was in hysterics; he was crying.

“He was on the phone with his parents and I didn't know what to do,” Noah laughs. “[We’re] not trained on what to do in this situation. I was really confused. I was scared for him personally, because I was not 100% sure what was happening right [then]. But yeah. He was having a panic attack.” Noah makes eye contact with me and the urgency in his voice calms. “It was high-intensity for me mostly because I didn't know what to do. Being trained on something and then it actually happening [are] two completely different situations.”

Noah pauses and thinks. “I was kind of nervous I guess,” he finally says. “It's like as an RA you feel like you should always have the answers to everything all the time. And then when you don't, it's like well I'm not 100% sure what I'm supposed to do. I hope that

whatever I'm doing is right, because I'm not sure. It was kind of nerve racking. That's how I felt.

“Then at the same time I was a little scared. One of my friends had a panic attack my freshman year but it was nothing to that extreme of a level. So I had never really dealt with someone in that frame of mind before. It was like watching someone who you can't help and you're not even sure if what you're doing to help is the right thing to do.”

“Yeah. That makes sense.” I realize that Noah never told me that this had happened.

Interrupting my reflection, Noah laughs. “Yeah. Not my favorite time.”

“I remember I talked to [my supervisor] afterwards. Talking to her it kind of came across [that] anything I did to help with the situation helped the situation. You know? Because we hadn't had training on it or anything, and so it's kind of like um...”

Noah trails off. His hands tap out rhythms on the table between us. “It kind of just taught me to trust my abilities to handle a situation. Even without training.” He looks up at me and says, “That being an RA, you have these innate set of skills even if you're not 100% sure of them at the time. That you can go back to that trust, because you were hired for a reason.

He takes a deep breath. Pauses. “Yeah,” he begins. “I was also frustrated that we hadn't had any training on that.” Noah gives a short laugh. “Even though at the next meeting, or whatever, they did a little blurb about that. Because [my supervisor] was like: ‘Yeah, I'll get them to do something about that.’”

“Yeah, I remember that,” I tell him. I had wondered why that was brought up at such a seemingly random time in the semester. I ask him, “Did you take any steps to help yourself process witnessing that situation?”

“I [knew] that if I talk[ed] to [my supervisor] that she [could] help. Even if it's just,” he smiles, “listening to me think. So, it was helpful. If something is going on in my life I just talk to people about it; that helps me. I don't know why, but it does.”

I smile thinking of how self-aware he is, and wondering if I am that personally reflective. We close out the interview and are taking a moment to catch up on the semester. A librarian knocks on the door to warn us that only 15 minutes are left until the next patron will be using the room. We gather our things, say goodbye. Noah goes to grab a late breakfast and I head in early to work.

Jayden: “There was no reflection”

It had been a hassle to schedule a time to interview Jayden. Our schedules kept conflicting, but we were finally able to meet on a Friday morning. He comes in with a to-go box filled with tater-tots and a hot breakfast sandwich. I think of how mundane my breakfast cereal was that morning.

Before I finish my introduction and ask my first question, Jayden has jumped in. “First year as an RA. I was on duty and it was a weekend night. The shift was over. I'm going to bed. I get a call from a student who's not an RA. They're saying there's someone throwing up in their room.

“I got another RA so we that we could key into the room. I keyed in to the room of a girl on the ground with no clothes from her waist down. So, as a man, my first instinct was she's probably been sexually assaulted. It was a very extreme thought, but that is what I thought. For a night-time, on the ground, completely unconscious. I left the room right away. So, we stayed outside the room. We locked the door. My initial thought process was immediate response. Not for me, but for her. So we called everyone and we tried to get as many [Estimated Times of Arrival]. Then respect for the individual. No men; I wanted no men in that space. We made sure that we had a female EMS person and that we had a female UP officer. Let's make sure she's cared for but let's make sure she's cared for by the right or appropriate individuals. And at that moment my gut feeling was that the appropriate individuals were females.

“For me, it wasn't anything high-intensity it was just more of the context of the situation. That was something that would have never crossed my mind that I would have been finding someone naked. From that day on it's just like, well, if I'm seeing that...

“There was no self-care. The thing is I don't think I've ever had the chance to self-care,” he explains, saying his thoughts as he thinks of them. “I feel like the incidents themselves were enough of a growing factor. So every time something bad happened, I grew from it. I just feel like the individual situations actually were an element of care. It's really hard to describe, but I feel like there was never a time where I'm like, all right let's go to the drawing board and be like what do we do next time? There wasn't a drawing

board. It's like, okay, that's another experience you add on and then it just adds on and adds on and adds on.

"That probably was the biggest mind fuck as an RA. I anticipated what? The drinking, the drugs, the vomiting, whatever you want. The obnoxiousness of first-year students! I didn't anticipate ever seeing...ever, ever, seeing someone naked."

"In such a rape dominated culture, that was just my thought. Like, fuck, I just don't know. Yeah, you can call EMS but what the hell do you do after that? There should have been a follow up after that. Not a follow up directly with the individual cuz the individual was probably already embarrassed as it is. But what could RLH have done differently for me or for another new RA that experienced that? [...] That was the one thing leaving college as an RA, being like, shit I hope that never happens to anyone else again."

"Yeah. Okay." I say, taking in everything he has just shared. I feel like there are two faces to college. One where students are leaders and go to class and the other that seems to creep alive in more private moments.

"I spoke a lot. Sorry."

He pauses to eat. "After having been in that situation," I interject, "did you reflect on it? Did you move on? Did you reach out for help? What were the next steps?"

"I think I reflected on it for a while, to the extent where I wasn't sure if I wanted to do this job anymore. And my biggest regret is that I didn't seek anyone out to speak about it. Out of respect for the individual."

I relate strongly to that emotion.

“I was a fucking sophomore in college,” he continues. “I’m just trying to get my feet wet. I didn’t take the appropriate steps, I guess, for myself. The job is already demanding as it is. I wish I had spoken to my supervisor about it. I also felt that my supervisor was very incompetent and that there was no understanding for one another. [...] The veteran RAs were too busy to even speak to a sophomore RA. Everyone else was all new.” He explains that his relationships with other staff members in the Department were also limited.

“So, I regret not doing what I should have done. What I should have done was actually seek out people who have been in the job, the role, longer than me. I should’ve sought out my boss, because he could have helped me at least think about it more, analyze it from a different perspective. I analyze it from my own perspective. My own perspective is a very limited perspective. I was only in the job for maybe five months then. Maybe a few drinking incidents, fine. That shit? No. You don’t see that. In fact, I don’t think I’ve even heard of anything like that. [...] I just regret not doing anything about it. I just kind of internally reflected on it, and it was never brought up again.

“I had a student suicide. Oh! Oh!” Jayden’s hand raises higher in the air with each exclamation. “I didn’t! Wow! I didn’t even bring that up! That was bad. Well, I think I did well in that situation. I had a student who [...] contemplated suicide. My biggest worry was that I didn’t get enough training on this. I went with a common sense approach. But, so while all this is happening I had to seek out my supervisor. But here was my issue. I didn’t seek out my supervisor for self-care. I sought out my supervisor, because I had to tell all

the other administration personnel what's going on. I'm doing everything for him. And that's fine; I have no problem with that. Brenna, maybe there was like one time they were like: 'Make sure you're doing okay.' Bullshit. It's easier said than done. That was my very first situation! I could probably check my emails and I just wouldn't find anything about 'you.' I find that [to be] bullshit.

“That transitioned very well into [this other incident], and that's why I thought the way I did.” Having been on a building staff with him the year after these incidents happened, I can see now some of the reasons he chose to pick some battles over others. I wonder how our relationship might have been strengthened if I had known what he had seen enough to understand where he was coming from.

“That was another situation where it wasn't about me. It feels kind of selfish. I understand my job. I need to help out this individual. But for me, I'd like to be recognized.”

“This goes back to everything that I've been saying. Yeah, I told my boss but there was no reflection stage. I think that's something that I regret not seeing in these three years, or I wish I had seen. There should be a reflection stage. So out of all the corny things that [one of the ProStaff members] does, that is something I wouldn't say is corny. Because it's true. [...] You work through it by reflecting. You work through it by thinking about situations: what is your game plan next time you go out into another Saturday night. What are you going to do differently that you did wrong or did okay on that you'd like to improve for the next time?

“I actually never reflected. This is probably the first time I've ever reflected on my experiences as an RA. That's sad. It's sad to do that now when I've had this chance a few times now.” Jayden tosses a tater-tot into his mouth.

“I probably inflicted harm to my self-care because I was so damn busy. I've been so busy for the past three years. For me college wasn't go to class and then go home. Never. For me college has been going to class, go to the library, do work, go eat, stay busy all day. I didn't come here four years to pay thousands of dollars to do nothing with my life, but I think I contributed in a harmful way to my self-care. I could never sit down and reflect and be like, hey how are you doing Jayden, what's going on? What are we doing wrong here?”

“People tell me all the time, you always look out for others, you never look out for yourself. I think it's so true. I was fucking depressed when I was a sophomore. Not many people know that. I was depressed toward the end of the year. I went to my room and did what depressed people do: be fucking sad and cry. I was depressed, and I was still being an RA! I was trying so hard to fight and fight and fight. I couldn't do it anymore. I left school a week early. You know, did my self-care a little too late. It was too late, and it's not good. But I think everything ended up working out in the sense that each situation was a growing situation and there was an indirect self-care almost. I found a way to make sure I got through the day.”

I remember him going home early that year. I was annoyed that he got out of his closing responsibilities. I was too unkind to respect the reasons for why that might be.

“There was never a set structure or plan to take care of myself. It was just kind of go with the flow. With no emphasis on that through RLH it won't surprise me if people keep dropping like flies. It's a very demanding job, and you have to prepare your people for what they're going to see. [...] I never hated this job. I really didn't think people would hate this job. They go in; they know what they're doing. You don't just become an RA to get a free room.”

Jayden looks at me. “It's really weird reflecting. Sorry,” he interjects into his soliloquy. “This is very weird. It's been really tough thinking about self-care. I've never done it.

“I don't think I'm done reflecting. [...] I don't feel like I'll ever be done. The reflection stage will probably finish when I die. You're just not done reflecting on your life, and this is just one little chapter. I'm never going to be done. You will never be done reflecting. I am so convinced of that.

Jayden begins packing up his things and putting on his coat. The interview is over in the same whirlwind fashion that it had begun. I am left bombarded with thoughts, but none so great as how much respect I have for this man.

Analysis

It has been a strange experience to sit at a desk with an assortment of highlighters in an attempt to pick out themes across transcripts. With this analysis, I aim to outline a broad scope from which conversations can continue. I found myself drawn towards passages that prove we are human. My peers and I think, feel, reflect, and process life experiences. We become better for it.

Limitations

The data cannot be generalized, given its qualitative nature. Nevertheless, these narratives do speak out about a subject matter that has not yet been fully analyzed or articulated. The summaries articulated throughout this section are created as jumping off points through which practitioners and academics can further engage with the subject matter. They by no means serve as an enumeration of key elements to self-care, nor do they fully outline the actions organizations and individuals must take in order to ensure wellness.

Since 8 out of 42 current staff members were able to articulate their reactions to a high-intensity situation, it is appropriate to conclude that such experiences do exist. There is no evidence presented in this paper to suggest how common high-intensity situations occur nor how many unique RAs are responding to those incidents. Given the isolation and confidentiality surrounding certain scenarios, there could have been more people qualified than those who chose to respond. The interview aspect of the research methodology may have inadvertently solicited responses from particular individuals. The need to self-identify

as having experienced a high-intensity situation may have disheartened other participants whose experiences may be in genre of those described here.

Assuming that the nature of the RA position is similar across the country, one can expect that a multitude of practitioners are responding to various sensitive situations. Reactions to those experiences may be different, given variations between persons, organizations, and exposure. However, as a practitioner of trauma informed services, RAs still must self-care. In that sense, the ideas brought forth in the research can provide a starting point for a dialogue at other universities.

It is similarly important to remember that not all RAs respond to such sensitive or volatile situations during their tenure. These experiences then do not fully describe the full Resident Advisor experience. This position does introduce a certain level of stress and responsibility into an RA's daily routine, an aspect of the job that is not explicitly discussed in this paper. Yet self-care is no less important. Attention ought to be given to those facets of the position in order to better aid RA practitioners and to understand the role more completely.

Emotionally Tangible Experiences

There seems to be something emotionally tangible that happens when an RA is informed of or responds to a high-intensity situation. This reaction can take upon itself symptoms of secondary trauma stress, but it may not necessarily have such significant repercussions. The severity of the reaction, so to speak, means very little. Emotions

begotten from a high-intensity incident are valid, and they are valuable in reflecting upon individuals are impacted by the world around them.

There seems to be an unexpected humanity to the experience which cannot be explained through theoretical discussions or an overview of protocols and policies. For many, the visual space and any verbal requests or statements remain the most striking memories of these events. Like Christina, the practitioner may be well aware of how to respond to any given issue, but they may not have had the previous exposure to feel immediately comfortable in that space. Evelyn and Harper both described how they pretended to go to the bathroom in order to escape the intensity of space for a few moments. Lani articulated how in shock she was as she worked to comfort a student.

For some, this surreal experience impacted the next few days, weeks, or months. Harper, for instance, took some time off campus in order to restart her mind after feeling so out of place. Evelyn felt emotions of trauma. I overextended my empathy. Lani engaged in self-criticisms. Burnout, isolation, and depression exist in the experiences of others as well.

In a more cognitive sense, some RAs experienced a change in their vantage points. Jayden relates how his experience on a college campus has altered his reality. There are issues that he better appreciates as his expectations about the world have been realigned to account for highly sensitive life-experiences. Olivia expounded upon the fact that she never imagined herself as one to actually respond to an incident surrounding sexual assault, even though she understood it as a possibility. When propositional knowledge becomes a tangible reality, its impacts are great.

As evident from each interlocutor's reflection, all interviewees were deeply impacted by the situations they described.

Maintaining Individual Wellness

As articulated through the literature review, wellness can be arrived at through healthy habits, emotional validation, self-efficacy, and organizational support. Following intense situations, certain Resident Advisors described themselves as having been able to process their reactions well. Such examples can be seen most significantly in the narratives of Evelyn, Christina, Olivia, and Noah.

Evelyn was situated in a space where she could healthfully remove herself from the intensity of the situation's aftermath because of healthy habits she had formed. She speaks, like many others, of being self-aware of her style of reflection. Self-efficacy and supervisory support promote her access to counseling services as a tool to process the repercussions of the situation. Had she not previously developed a sense of her limits, finding balance in her relationships afterwards may have been more difficult. This is also true in regards to the cultivation of her support network, as evident in this example by the trust she places in her friend Lani.

Christina articulated high praise and clear resiliency throughout her narration. This could have come from her acceptance of the emotionality of the incident. She proves able to label and process the negative feelings of the moment without tying them into her ability to do her job well nor do they become a part of herself. By granting herself the opportunity

to react, she accepts her emotions without giving them power over her. In fact, her story is framed through a positive lens which highlights this perception of wellness.

Olivia's experience underscores how exposure and reflection can improve one's practice. While she highlights many difficulties within the situation, she was effective in implementing new knowledge into the way she executed her role thereafter. Her willingness to guide her coworkers through practice scenarios similar to the one she was exposed to demonstrates this efficacy. Moreover, the growth in preparation and confidence between the novice acting in the story and the person I interviewed is evident through her readiness to improve. Olivia has allowed the legacy of this narrative to be one wherein she learned.

Noah explained how he came to trust himself more confidently through the support of his supervisor. The relationship on his building staff was such that he felt comfortable in seeking guidance, and affirmation from the ProStaff member was well received. In addition to support Noah in that particular incident, she helped to instill within him the perspective that he has the right to trust his instincts. The RLH department additionally provided impromptu training following this incident in reaction to his experience. Through each of these avenues, the organization supported Noah.

Inhibitors to Personal Wellness

In their interviews, some RAs did not describe a snapshot that highlighted an ability to immediately process the intensity of their reactions. Most often, these interlocutors seem to be missing aspects of personal care and organizational support, as

previously articulated. The narratives of Harper, Lani, and Jayden most concretely fit into this category. My story, as told at the beginning of this paper, could very easily fit here as well. No direct line of causation can be drawn from this data, however it is useful to parse out some of the complexities of these limited emotions.

I was intrigued by Harper's search for reassurance within the incident and the interview. Generally speaking, she was very capable in advocating for her needs to maintain personal wellbeing. However, she felt a limitation in some of the institutional support she was given particularly given the ambiguity of the situation. The feeling that this may not be the most common experience seems to have shaped the way she described her story to me.

Lani felt this same ambiguity with a sense of helplessness. Unlike Christina, her reaction was to become critical of her professional abilities. At least five of the narratives included in this paper include a statement similar to: People think RAs have the answers, but we do not. It is an outlandish notion given that these volatile spaces are oriented for residents to be heard and supported rather than have their problems entirely fixed. I posit that residents hold far less of this expectation than some Resident Advisors do for themselves.

When respondents describe having these sorts of responses, they are articulated as failed aspects of the situation. It seems the ideal would have been to feel completely confident in such an intense setting, to have no surprises or emotional reactions, and to have been able to solve everything. When articulated as such, this imagined outcome is

impossible. In fact, that response could not be empathetic enough to make the impact RAs are meant to have.

Shifting gears, Jayden stated that this interview process was one of the first times he had ever reflected on his experiences as a Resident Advisor. He assess this as a failure of department relationships and suggests that he is personal reflections are not habituated to include his paraprofessional work. Yet, he does explain that he feels that each interaction with his residents has taught him about how to improve for the future. Surely this is a type of interactive reflection. What seems to be lacking, then, is the sense that more deserves reflection that the altercation between RA and resident. One's own thoughts and feels should be incorporated as well. I would further this by highlighting the need for staffs to communally reflect on relationships and experiences. By creating avenues to share and to reflect, all RAs on staff might be better equipped to understand and support the emotionality an incident may bring about.

This research showed me that I was not alone. We are also all incredibly different. I process things differently than Noah, or Jayden, or Lina. This is true in two ways. First, different things startle and impact us. Second, we find different means through which to heal. By creating a basis for dialogue, I hope to see an increased understanding of one another in practice – that RAs might better understand themselves, and staffs might better support one another.

Conclusion

I have become a product of this text.

When my story began, I did not think I had the right to talk fully about the events in my life. As the research and writing process has continued, I have been met with the same dilemma. For a while I mentally gave the residents claim over these narratives. It is their lives which interventions are based around, so surely they deserve some hold. As I usurped those rights and gave the interviewees full control over their stories, I wondered if I would be able to hold the interlocutors' voices true in the analysis. To then create a more succinct paper, I went in, slimmed down parts of these stories, and fully came to realize that they have always been my own. I am not an empty sounding board bouncing narratives along the edges of a manuscript. I have felt and interacted with these ideas, and there is a truth that I have found reflected there. This discovery, though through my interactions with others, is wholeheartedly mine. That ownership gives me the power to articulate my life experiences. I am not an idle observer nor do I want to be someone that things happen to; instead, I act audaciously by creating meaning for the world around me.

It is true; I found that there are others like me. More important than having a shared experience, however, has been the realization that all experiences are valid. Even if I were the only one to have been in such a state of shock, the singleness of that experience does not warrant isolation. Instead, I have the right to proper care – both from myself and through the support of others.

APPENDIX A: Internal Review Board Approval

RA Self Care – Research Study Consent Form

The signing of this form constitutes consent to participate in the RA Self Care study being conducted by Brenna Merrill who is an IDCE graduate student working under the supervision of Professor Laurie Ross. The project's design is to provide qualitative data for a Master's paper. The purpose of this study is to better understand the experience of Resident Advisors (RAs) and the support that they are given after dealing with high intensity situations.

I will be asked to outline my experience(s) as an RA in a particularly sensitive, volatile, or otherwise extreme situation. I am aware that interview questions will focus on my reaction to witnessing the incident(s), particularly in regards to its impact on me.

I understand that my participation in this study is entirely voluntary. I recognize that I will receive nothing for my participation in this study.

My decision to participate or not will have no effect on my employment or standing at Clark University. The names of participants will, under no circumstances, be released to RLH Professional Staff. The Department will not be privy to any additional information outside of what is published within the final paper.

Confidentiality is ensured through the following process. My name and other identifying data will be coded through random numbers when transcribed. My signed consent form and the numeric key which associates the code to my responses will be stored in a locked file cabinet in the IDCE House accessible only to Professor Laurie Ross. These will be kept separate from the numerically coded audio tapes and transcripts which will be stored as electronic files on a password-protected computer, accessible only to Brenna Merrill. The digital audio files will be deleted on May 17, 2015 after the study is completed.

Participation in this study should take approximately one (1) hour for the interview to be completed. I understand that I may experience discomfort while describing my reaction to high intensity situations. Further, I am aware that I am free to terminate my participation in this research at any time, or to refuse to answer any questions to which I do not want to respond. I know that Clark University offers confidential counseling services through the Counseling and Wellness Center. They can be reached at 508-793-7678 or counseling@clarku.edu. I can also contact regional and national services as a means of support:

Clark Anti-Violence Education Program	508-793-7790;
Pathways for Change (sexual violence hotline)	800-870-5905
Daybreak (relationship abuse hotline)	508-755-9030
The Network/La Red (LGBTQ partner abuse hotline)	617-74-4911
National Suicide Prevention Lifeline	800-273-8255

I am aware that these services are available to me if distress, injury, or trauma occurs.

If I have questions or concerns about this study, I know I may contact Brenna Merrill at 847-767-6176 or bmerrill@clarku.edu. I may also contact her advisor Professor Laurie Ross at 508-793-7642 or lross@clarku.edu. By signing below, I verify that I have read this consent form and agree to participate in this interview. I have received a copy of this consent form.

_____ **(Printed name)**

_____ **(Signature)** _____ **(Date)**

I give permission for digital audio recording to be used.

_____ **(Printed name)**

_____ **(Signature)** _____ **(Date)**

** This study has been approved by the Clark Committee for the Rights of Human Participants in Research and Training Programs (IRB). Any questions about human rights issues should be directed to the IRB Chair, Dr. James P. Elliott (508) 793-7152.*



CHALLENGE CONVENTION.
CHANGE OUR WORLD.

IRB Proposal No. 2014-001

**REPORT ON ACTION OF
COMMITTEE ON RIGHTS OF HUMAN PARTICIPANTS IN
RESEARCH AND TRAINING PROGRAMS**

Investigator: Deana Merrill
Advisor: Laurie Ross
Department: BCE
Project Title: RA self care

This is to certify that the project identified above has been reviewed by the Committee appointed to review proposed research, training and related activities involving human subjects, which has considered specifically:

1. the adequacy of protection of the rights and welfare of the subject involved;
2. the risks and potential benefits to the subject of importance of the knowledge to be gained; and
3. the adequacy and appropriateness of the methods used to secure informed consent.

The collective judgment of the Committee is that:

(x) the study is **APPROVED**

Signature

[Handwritten Signature]
Chair, IRB

Date

10/22/14

APPROVAL EXPIRATION DATE: 10 / 23 / 2015

INVESTIGATOR RESPONSIBILITIES for all APPROVED research projects:

1. Investigators must keep consent forms on file for the three years following the date of IRB approval. Faculty advisors are also obliged to keep, for three years, consent forms received from research projects undertaken by students.
2. The investigator(s) must notify the IRB chair immediately of unanticipated problems that affect subject welfare.
3. Any changes to this protocol must be submitted to the IRB for review prior to being implemented.
4. The Office of Sponsored Programs and Research (OSPR) will send the investigator(s) a Continuing Review form, which is due by or before the expiration date above. Please fill out this brief form and return it to OSPR within two weeks of receipt. Indicate "Annual" if the study is ongoing or "Final" if the research has been completed. (Form is available at <http://www.clarku.edu/offices/research/compliance/humsubj/index.cfm> if investigator wants or needs to submit this form prior to review date.)

Clark University PWA#262

APPENDIX B: Semi-Formal Interview Questions

Semi-formal interviews were conducted with each participant. These served as guiding questions for the dialogue. All participants were asked the first and the last question. All others depended upon previous answers and the assessed need for clarification.

Questions were stylized to afford interviewees a space to easily decline answering. This was utilized to give respondents more control over the interview process, particularly given the potentially stressful nature of its content.

- Can you tell me about the incident? For instance, how did you become aware of the situation, and while maintaining confidentiality, can you summarize what happened?
- Do you mind sharing what you were thinking and feeling as you were with the resident?
- Are you comfortable in telling me about how being involved with that situation impacted you?
- Did you take any steps to help yourself process having witnessed that situation? If so, can you tell me what you did? Did it help? If so, can you share in what ways?
- Did you seek any outside help or tell anyone about what happened and how it impacted you? Would you mind explaining what led you to make that decision one way or another? Did it help? If so, can you share in what ways?
- When you think back on it, is there anything you remember most significantly about that experience?

GLOSSARY OF TERMS

EMS – Emergency Medical Service. Staffed by undergraduate volunteers, these personnel provide limited medical services to students on campus through the police department.

ProStaff- Professional Staff are Hall Directors and Area Coordinators who work as full time staff within the Department of Residential Life and Housing.

RA – Resident Advisor. These are undergraduate full-time students who live in a residence hall and oversee a floor or wing of approximately 40 students. They are paraprofessionals hired and trained by the university.

RLH – Residential Life and Housing. This is the university's department for on-campus living and programming.

UP – University Police.

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