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The Resident Assistant as Paraprofessional Counselor and Crisis Interventionist: A Study of Lived Experience

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THE RESIDENT ASSISTANT AS PARAPROFESSIONAL COUNSELOR AND CRISIS INTERVENTIONIST: A STUDY OF LIVED EXPERIENCE

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By

Eric William Owens

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ABSTRACT

THE RESIDENT ASSISTANT AS PARAPROFESSIONAL COUNSELOR AND CRISIS INTERVENTIONIST: A STUDY OF LIVED EXPERIENCE

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Dissertation supervised by Dr. Lisa Lopez Levers

Counseling and helping services on college campuses have changed greatly in recent decades, yet the services provided by college counseling centers are hardly keeping pace. Campuses have turned to other means of addressing the increased need for helping services, including training paraprofessionals to address many counseling and crisis situations that occur on college campuses. One of the most ubiquitous groups of paraprofessional helpers are resident assistants, undergraduate students trained to work with students living on campus who present with counseling or crisis intervention needs.

The concerns students bring to resident assistants are often beyond the scope of their training and experience; yet, these undergraduates are still expected to serve as the first responders on most college campuses. The literature is devoid of current, qualitative studies that examine what Figley (1995) described as the "cost of caring" (p. 10). The

purpose of this study was to examine, qualitatively, the lived experience of resident assistants during their service as paraprofessional counselors and crisis interventionists. Using purposeful and extreme case sampling, nine resident assistants served as key informants for this study. Data were collected through the use of individual, semistructured interviews.

The researcher conducted the introductory data analysis while the interviews were being conducted. These data were reduced, displayed, and conclusions were drawn. As subsequent interviews were conducted, the researcher continued to analyze the data until all interviews were completed. Following the data collection, the data were again analyzed through the processes of reduction and display. Through this iterative and recursive process, themes emerged and conclusions were drawn.

The individual and cross-case analyses yielded eight primary themes and four secondary themes. These themes related to the risk and protective factors inherent in the position, as described by Bronfenbrenner (1979, 2005). The emergent themes also spoke to training, supervision, boundaries, and the long-term effects of being a resident assistant, specific to the peer counseling and crisis intervention roles. The researcher examined and discussed the interrelationships between the various themes. Finally, the analysis yielded potential hypotheses, and implications were discussed for both future research and practice.

DEDICATION

This work is dedicated to all the young women and men who are out there, doing their best to help others, dealing with the "panic knock," and doing it for little more than a free room and meals in the campus dining hall. It is also dedicated to the devoted professionals who want to make the resident assistant position a little less big.

ACKNOWLEDGEMENT

As I reflect on the time, effort, and sacrifice that were dedicated to this project, it becomes all too obvious that there are many whose time, effort, and sacrifice was as great, if not greater than my own. To them, I offer these acknowledgements.

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cockroach-infested beginnings, it is hard to believe we have experienced so much together. You have been like a second family to me for the past four years: the responsible sister, the brother who keeps me out of trouble, the youngest sister who is always reminded that she *is* the youngest, and the older, wiser sister with whom I share a brain. My most sincere thanks go out to each and every one of you.

However, my greatest debt goes to my family, whom I will never be able to acknowledge with words, yet here is my best effort. To my mother and father: you both instilled in me an appreciation for learning and education that I have always valued and never forgotten. My mother taught me to be tenacious; my father taught me to do it humbly. This could not have happened without your love and support. I have tried my best to make the most of every opportunity you provided me; I hope I have.

Ryan William, you have been my inspiration. You will never know how much I struggled with the decision to sacrifice time with you to fulfill this dream of mine. At times it has felt selfish, and I will never forgive myself for missing your first steps. However, I hope you have learned some valuable lessons from my experience, and if you have not, here is the gist. Learning is the most valuable gift you will ever receive. Cherish it and it will repay you one-thousand fold. I want to thank you for letting me be myself.

Finally, I must thank my wife Shannon. There are no words. This is not my accomplishment; it is ours. In that, it is no different than anything else in our lives. There is no me, nor is there you; there is only us. This is how it has always been, and how it will always be. You are my courage, my strength, and my muse. You just asked me if I'm getting there. I have been there for longer than I ever knew; I just needed you to show me the way. "Climbing up on Solsbury Hill, I could see the city light."

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Chapter I: The Problem

Introduction

The terrorist attacks of September 11, 2001 shook a nation. In the wake of color-coded threat levels, anthrax filled-letters and growing fear of the unknown, Americans were understandably scared. College campuses were no exception, especially those with large numbers of international students. The fear of terrorism and potential future attacks created a sense of xenophobia in some corners. So it came as no surprise that students were concerned when a suspicious package was found on the steps of a University of Massachusetts residence hall (Bellis, 2002). The concern was compounded by the fact that the building housed students from countries around the world.

The package exploded.

Concern immediately turned to panic, and it was the job of the resident assistants in the building to address the crisis. No one was injured, but terror filled the halls. Resident assistants like Cristal Cruz were responsible for a myriad of critical duties, from assessing the degree of threat, to ensuring the safety of residents, to calming the fears of a scared student population (Bellis, 2002).

At approximately 6:45am on April 16, 2007, Seung-Hui Cho entered West Ambler Johnston Hall, a residence hall on the campus of Virginia Polytechnic University. Thirty minutes later, Cho began shooting. His first victim was freshman Emily J. Hilscher, a resident of the building. Upon hearing the gunshots, Ryan Clark, a resident assistant in West Ambler Johnston Hall, did what he was trained to do; he went to Hilscher's aid. In the process, Clark was shot and killed. Hilscher died several hours later,

and by the end of the day, 31 more people were killed, and another 17 were wounded (Virginia Tech Review Panel, 2007).

On a Saturday night in September, 2006, five basketball players at Duquesne University were shot outside a dance held in the campus student union, near the university's residence halls. The injured students attempted to find shelter in their residences, where a number of resident assistants performed first aid until public safety officers arrived. "Those resident assistants never expected to be performing first aid on gunshot wounds. These are kids who took a job because they wanted to help people, but not like that. They never thought they'd be dealing with a shooting." (S. L. Peters, personal communication, January 22, 2010).

Of course, these are the extremes; these are the crises that make the front pages of newspapers and lead the evening news. Other stories do not receive such media attention, probably because they occur all too frequently. Often, resident assistants are expected to respond to situations they never could have imagined. One resident assistant's story epitomizes that experience.

> It was a weeknight and a young woman was on our floor visiting one of my residents. Later that same night that same young lady was found naked in my floor lounge. Right from the start it appeared that she had been raped. It took a few days to sort out all of the information but eventually it was confirmed-we were dealing with a gang rape situation. The reports ran that anywhere from 5 to 10 people were involved-all of who [*sic*] lived on the floor. Those who weren't involved were scared out of their minds. In all honesty, so was I. I didn't know what to do. I felt responsible. I know now that there wasn't anything I could do

but still, at the time I felt like I had let this girl down. (D'Angelo, Connolly, & Oltersdorf, 2000, p. 37)

Resident assistants are students, most often undergraduates, who are hired by colleges and universities to provide a host of services related to helping and counseling the students who live in college residence halls (Blimling, 2003). Two of the roles most often served by resident assistants are that of counselor and crisis interventionist (Blimling, 2003; Hetherington, Oliver, & Phelps, 1989; Schuh, 1988, Upcraft, 1982). However, most resident assistants have no formal training in mental health counseling or crisis intervention, and many have no intention of pursuing such fields. In short, the resident assistant's role in helping others through personal troubles, psychological concerns, and individual or group crises might be best described as that of a paraprofessional counselor.

Background of the Problem

College campuses have a long history of addressing the personal needs of students. Since the Middle Ages, universities have provided some degree of oversight and assistance to students (Cowley, 1934). As universities developed in Europe during the 13th Century, so did the need to provide student housing (Cowley). Universities soon learned it would be necessary to provide a degree of oversight to student residences, first selecting older students for these roles, later hiring faculty members, and eventually returning to undergraduate students. As Europeans began to colonize America and establish higher education, they used models similar to those found in England, France, and Italy, that is, the notion of the residential campus with university administrators attending to the needs of young students (Cowley; Rudolph, 1990).

Historical developments throughout the 19th and 20th centuries led to the expansion of higher education throughout the United States. The Morrill Act of 1862 led to the establishment of land-grant colleges and opened higher education to students who were entering colleges to study agricultural and technical trades (Rudolph, 1990). Almost a century later, World War II ended, and the G. I. Bill was passed, allowing hundreds of thousands of former soldiers, sailors, and airmen the opportunity to return home from war and enter colleges and universities (Rudolph). Suddenly, the higher education system in America found itself overburdened. One response to this challenge was the development of an academic and professional field called student affairs, which was charged with meeting the extracurricular and personal needs of college students.

As the field of student affairs developed, so did college counseling centers. Originally, college counseling was designed to meet the developmental needs of students and served a proactive, preventative role (Council for the Advancement of Standards in Higher Education [CAS], 1999). College counselors addressed typical developmental challenges that students faced, and students with psychopathology and severe mental health needs often did not attend college or failed to succeed. However, as demographic trends changed in the United States, and consequently on American college campuses, students' mental health needs also changed (Choy, 2002; Kitzrow, 2003; Levine & Cureton, 1998). The number of students seeking counseling services increased dramatically, as did the severity of the problems counselors were addressing (Archer & Cooper, 1998; Benton, Robertson, Tseng, Newton, & Benton, 2003; Cornish, Kominars, Riva, McIntosh, & Henderson, 2000; Gallagher, 2009; Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998).

As this trend continued through the late 20th Century and beyond, counselors were finding themselves ill-equipped to address the growing need for long-term, intensive counseling services, let alone meet their original charge of addressing developmental and preventative needs. Counseling centers were forced to begin limiting the number of sessions and began referring cases off campus (Benton et al., 2003; Gallagher, 2009). In addition, counseling centers began looking to other departments within the academy to provide those developmental and preventative services that were once the role of the counseling center. With this shift in responsibility came an increased focus on the use of paraprofessional counselors who could help alleviate the taxed system.

One of the most common paraprofessional delivery systems on college campuses comes from residence life departments, and specifically, from resident assistants. Resident assistants serve many roles, one of which is paraprofessional or peer counselor (Blimling, 2003). As college counseling centers have seen significant increases in the quantity and severity of mental health concerns, it likely follows that peer counselors experience similar increases in quantity and severity of problems, as well.

Statement of the Problem

An article in the *Chronicle of Higher Education* has captured the problem this study sought to address in the following passage:

> More and more, student RA's are dealing with such difficult problems as alcoholism, suicide, homophobia, racism, date rape, eating disorders, and stress. And some administrators are asking whether the job has become too big for students, many of whom are only sophomores or juniors…many RA's say they are forced to call for ambulances at least once a semester for students who have

> become incoherent and sick after drinking too much…officials at several institutions say a few resident assistants quit each semester because the job becomes too trying. (Dodge, 1990, A1, A39-40)

The resident assistant position has become increasingly difficult in recent years. The position has existed in some form for decades, even centuries (Cowley, 1934). It has always been an expectation that resident assistants would be available to help residents in need; however, these needs have changed dramatically. There is little evidence that the resident assistant position has adapted to these changes.

Research has indicated dramatic increases in the developmental, interpersonal, and psychological needs of college students in recent decades (Benton et al., 2003; Cornish et al., 2000; Gallagher, 2009; Pledge et al., 1998). The issues that Dodge (1990) identified are not going away; in fact, the literature suggests these are growing concerns for both students and administrators. Eating disorders (Gallagher, 2009; Nelson, Hughes, Katz, & Searight, 1999) continue to be serious concerns on campus, as is sexual violence (Gallagher). Alcohol and other drugs are prevalent, and students continue to struggle with abuse and dependency issues (Gallagher).

Stress, anxiety, and depression are growing problems facing college students as well as for those who help students deal with these psychological challenges (Benton et al., 2003; Furr, Westefeld, McConnell, & Jenkins, 2001). Homophobia, racism, sexism, and other issues of intolerance continue to plague campus communities (Blimling, 2003). Suicidal ideation, gesturing, and completed suicides occur all too frequently among college students (Kisch, Leino, & Silverman, 2005), as do cases of self-injury and self-harm (Gratz, Conrad, & Roemer, 2002). In short, the issues Dodge (1990) discussed 20

years ago continue to challenge college students; in fact, the evidence suggests most of these issues are increasing in number and severity (Gallagher, 2009).

The mere fact that college students face such significant mental health challenges is a problem in and of itself. However, this problem is compounded by a number of factors. First, the counseling resources available on college campuses simply cannot meet the dramatically increased need found on many campuses (Archer & Cooper, 2003). College counseling centers have been unable or unwilling to increase staff to meet these needs (Benton et al., 2003; Gallagher, 2009) and instead have been forced to address the problem in different ways. Brief therapy models have been incorporated, even when brief models are inappropriate for the client's needs (Benton et al.). Counseling centers are placing limits on the number of sessions students may have, as well as training faculty, staff, and paraprofessional students to address relatively minor concerns in an effort to free resources for severe client presentations (Gallagher).

The research indicates that many students do not seek the help of professional counselors; instead, students seek help from their peers, often from peer counselors and undergraduate students who serve as resident assistants (Sharkin, Plageman, & Mangold, 2003). Whether out of necessity or desire, the literature unequivocally indicates that college students are increasingly turning to resident assistants for help in navigating their psychological concerns, through one-on-one helping interactions, psychoeducational groups, and crisis intervention (Blimling, 2003; Sharkin et al.).

Dodge's (1990) words suggest that the job may have become too great for undergraduate students who are often the same age or even younger than their clients. Resident assistants are selected on the basis of maturity, demonstrated leadership, and an

ability to meet the expectations of the position (Blimling, 2003). This should not suggest, however, that they are somehow exponentially more developed than their peers. Resident assistants are young adults who are still experiencing their own personal development, intellectually (Perry, 1968, 1981), morally (Gilligan, 1982; Kohlberg, 1981), and emotionally (Chickering, 1969).

Yet, the responsibility of helping students who are struggling with emotional and psychological challenges often falls to resident assistants (Blimling, 2003; Schuh, 1998). Resident assistants also respond to medical emergencies and psychological crises and must confront students who have acted violently or have threatened to act violently toward themselves or others (Blimling, Schuh). In fact, resident assistants are often the first to respond to sexual assaults, students with suicidal ideation, completed suicides, campus violence, and so forth (Blimling, 2003; Sharkin et al., 2003). In essence, resident assistants serve as paraprofessional counselors and crisis intervention workers.

However, many questions remain regarding the undergraduate students who take on these important and significant responsibilities. The student who accepts the responsibility of being a resident assistant is often exposed to some of the most serious events that occur on a college campus and are subjected to situations and events that would evoke fear in trained, experienced mental health workers. Yet, mental health workers are typically prepared for these experiences, have the benefit of clinical supervision, and have counseling and debriefing services available when needed. The last portion of Dodge's (1990) quote speaks to the issue in question. "Officials at several institutions say a few resident assistants quit each semester because the job becomes too

trying" (p. A39-40). Why are resident assistants quitting? What is happening to these young adults that cause them to become so discontented with the position?

Specifically, the literature lacks any detailed description of *what it is like* to be a resident assistant, especially in the roles of peer counselor and crisis manager. The literature does suggest some quantitative outcomes related to the resident assistant position in terms of stress, burnout, self-efficacy, and performance. However, these studies are dated, and none have examined the resident assistant position from a qualitative perspective, the lived experience of the resident assistant serving as the "counselor, mother, father, and doctor" (Dodge, 1990, p. A1, A39).

Clearly, resident assistants have challenging jobs, where they are forced to balance a multitude of roles and make difficult decisions, often with little training or supervision. There is sparse discussion concerning the experience of clinical supervision provided to the resident assistants as they serve in the role of peer counselors. The literature lacks deep discussion of issues related to self-care for live-in counselors who are expected to be available at any hour. While some studies have examined the nature of training and its effect on resident assistant burnout (Elleven, Allen, & Wircenski, 2001; Twale & Burell, 1994; Winston & Buckner, 1984), these studies have failed to delve into the lived experience of the resident assistant.

What the literature does indicate is that caregivers can be dramatically affected by their experiences helping others. There are a number of terms used to describe the various ways these effects may present themselves: countertransference (Freud, 1910), burnout (Maslach, 1982), compassion fatigue (Figley, 1995), secondary traumatic stress (Figley), or vicarious traumatization (McCann & Pearlmann, 1990a). Others have even suggested

that exposure to helping can result in growth on the part of the caregiver (Arnold, Calhoun, Tedeschi, & Cann, 2005). Regardless of the impact, the literature on lay counselors, and resident assistants in particular, fails to address the lived experience of these paraprofessionals.

In short, the problem this study attempted to address is the lack of academic discourse on the experience of being a resident assistant, specifically in the roles of peer counselor and crisis interventionist. The literature certainly suggests that the position is becoming increasingly difficult, and that the psychological challenges facing college students are growing in number and severity. Resistance to professional counseling and increasingly limited professional resources leads many troubled students to seek help from resident assistants.

But what then of the undergraduate students who take these positions with the hopes of helping others, who suddenly find themselves addressing issues of alcoholism, sexual violence, bigotry, suicide, self-injury, and a host of severe psychological issues? What happens to the developing young adult who serves as the peer counselor? Why are some college administrators "asking if the job has become too big for students" (Dodge, p. A39)? Do the resident assistants themselves feel this way? Is it possible that resident assistants feel burned out, overwhelmed, or even suffer from vicarious stress or trauma? On the other hand, is it possible that resident assistants find themselves feeling greater degrees of self-esteem, courage, confidence, and self-efficacy as a result of their work?

The literature neither answers these questions, nor does it describe the experience of *being* a resident assistant. These are the problems this study attempted to address.

Purpose of the Study

The purpose of this study was to explore the lived experience of being a resident assistant, vis-à-vis the roles of peer counselor and crisis interventionist. Through qualitative analysis, this study examined the lived experiences of these paraprofessional counselors living in university residence halls. The goal of this research was to find common themes, experiences, attitudes, and perceptions among resident assistants working on different campuses, with different populations, and at different stages of their own maturation.

A concept such as lived experience is quite broad and can best be explored by examining specific elements of the experience that, when viewed in the aggregate, constitute the notion of lived experience. Of significant interest was the essence of the interpersonal and intrapersonal processes that take place during the moment of the counseling intervention. In other words, this study examined what it was like for resident assistants when they provided counseling and crisis intervention services. This study sought to describe those experiences as accurately and completely as possible through the lens of the people living the experience. Also of interest was the personal process of the resident assistant, both during the counseling interaction and following it. Implicit in this discussion of counseling is the role of crisis interventionist. In other words, this study explored the essence of counseling as performed by resident assistants and examined how those constructs were defined by resident assistants who experienced them.

This study examined how resident assistants perceived physical and emotional boundaries and how these boundaries influenced the act of peer counseling, as well as the experience of the counselor. For example, resident assistants typically live in extremely

close proximity to the students with whom they work. Resident assistants also may develop close emotional relationships with their residents. This study also explored issues of training and supervision. Specifically, the project described how training and supervision were processed by resident assistants and the result of those experiences on the practice of providing paraprofessional counseling services.

Finally, this study examined the personal processes of resident assistants through the course of their work as counselors and crisis interventionists. That is, this study described how resident assistants experience change in themselves through the course of their work. Attention was paid to data that suggested burnout, compassion fatigue, trauma response, vicarious trauma, personal maturation, and post traumatic growth. In short, this study aimed to explore the essence of the experiences described in the introduction of this chapter. What is the lived experience of the undergraduate student who must respond to panicked students, students in distress, or simply someone who needs a safe space in which to share or feel?

Research Questions

The guiding question in this study was: What is the lived experience of the resident assistant as counselor and crisis interventionist? Of course, this question is quite broad and can best be answered through the investigation of a number of related questions. In these questions, the terms counselor and counseling include crisis response services.

1. What is the lived experience of a resident assistant as the paraprofessional is engaged in a counseling relationship?

2. What is the perception of the counseling relationship from the perspective of resident assistants?
3. How do resident assistants experience training and supervision specific to their roles as counselors?
4. How do boundaries (both physical and emotional) affect the lived experience of resident assistants?
5. What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor?

Theoretical Framework for the Study

This study was informed by the phenomenological approach to qualitative research. Phenomenology asks "what is the meaning, structure, and essence of the lived experience of this phenomenon for this person or group of people?" (Patton, 2002, p. 104). This theoretical approach explores how people make sense of an experience and transform that experience into their own consciousness (Patton). Phenomenology seeks to explore, examine, and capture some phenomenon, including how the participant experienced, perceived, described, made sense of, and felt about that phenomenon (Patton). In this case, the phenomenon under investigation was that of serving as a resident assistant, and specifically as a paraprofessional counselor.

Intertwined within the concept of lived experience are the systems in which human beings exist. The various systems in which people interact should not be separated from the essence of lived experience. Human beings exist within systems, and those systems influence the perception and notion of experience. Finally, resident assistants are young adults who are experiencing their own development and maturation as college

students, and the influence of being a resident assistant influences the trajectory of those developmental processes Therefore, the theoretical approach of this research used a qualitative approach that incorporated concepts from phenomenology, human systems and college student development theories.

Hermeneutic Phenomenology

While the concept of phenomenology guided this research, the specific approach was grounded in Van Manen's (1997) notions of hermeneutic phenomenology and lifeworld existentials. For Van Manen, "there is a difference between comprehending the project of phenomenology intellectually and understanding it 'from the inside'" (p. 8). Van Manen suggests avoiding the objective distance that is often expected of scholarly research, and instead, the researcher should make every effort to truly understand the essence of the participant's lived experience from the participant's worldview. In hermeneutic phenomenology, "human science research is rigorous when it is 'strong' or 'hard' in a moral and spirited sense" (p. 18). Dedication to the ideas under investigation is what provides hermeneutic phenomenology academic and intellectual significance.

In the field of hermeneutic phenomenology, research is the process of examining the interrelationships between several activities (Van Manen, 1997). First, the researcher must be seriously interested in the phenomenon under investigation and must be willing to investigate the experience as it is lived, rather than how one thinks it is lived (Van Manen). The researcher must be willing to reflect on the essential themes that characterize the phenomenon and must be able to describe it; the process of describing the phenomenon involves writing and re-writing (Van Manen). The researcher must remain focused on the phenomenon throughout the study, and must "maintain a strong

and oriented pedagogical relation to the phenomenon" (Van Manen, p. 30). Finally, the researcher must be able to balance the context of the study by viewing it in terms of its parts, as well as in the aggregate (Van Manen).

In addition to providing methodology, Van Manen (1997) suggests hermeneutic phenomenology can be explored using what he calls "lifeworld existentials" as guides for reflecting on the data collected in the study (p. 101). Lifeworld existentials are the fundamental themes that are common among all human beings, regardless of culture, social situation, history, or other factors (Van Manen). These lifeworld existentials include lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (communality) (Van Manen). These constructs will be discussed in greater detail in the following chapters.

The Bio-Ecological Model of Human Development

Regarding human systems, the theoretical underpinning of this research was Bronfenbrenner's (1979) work related to systems and his bio-ecological model of human development. Bronfenbrenner suggests that growth, development, and learning are the result of a human being's interaction with various systems, and the norms, rules, roles, and expectations of these systems. Bronfenbrenner identified four systems that influence the psychosocial development of the individual. The microsystem includes the immediate environment, while the mesosystem comprises connections between microsystems (Bronfenbrenner). The exosystem consists of environmental situations that indirectly shape individual development, while the macrosystem includes the larger, cultural context (Bronfenbrenner). Bronfenbrenner (1986) later added a fifth system, known as

the chronosystem, which incorporates a longitudinal approach to human systems, that is, an assessment of the evolution of systems over time.

Other aspects of Bronfenbrenner's (1979, 2005) theory of human development that provided context for this study were the notions of risk and protective factors. Specifically, Bronfenbrenner argued that risk factors are events in one's life that may potentially interrupt what would otherwise be normal human development. Traumatic events such as exposure to violence, sexual abuse, and so forth might be considered risk factors. Conversely, Bronfenbrenner also identified what he called protective factors, things that can serve to defend a person from the potentially harmful influence of risk factors. In the case of the resident assistant, for example, peers or strong supervision might serve as protective factors from potential risks of the position.

This study incorporated Bronfenbrenner's (1979, 1986, 2005) model through an examination of the lived experience of resident assistants in relation to the systems in which they live and work. Resident assistants may be exposed to potential risk factors, and may have developed protective factors to mitigate these risks. As human beings, resident assistants live in a variety of different microsystems that have an effect on their personal development. As college students and residents of a university housing system, there are even more systems that influence them. These microsystems will be examined in relation to Bronfenbrenner's mesosystems, exosystems, macrosystems, and chronosystems, as well as the four lifeworld existentials described by Van Manen (1997). Using these theoretical approaches, this study investigated the fundamental nature of being a resident assistant, specifically in the context of how these individuals experience their work, and how various systems influence that experience.

Student Development Theory

Among the field of human development exists a field of study specific to the development of college students, referred to as student development theory. (Rogers, 1990). Three specific student development theorists helped to inform this study, specifically the psychosocial developmental model developed by Chickering and Reisser (1993), and the moral developmental models of Kohlberg (1981) and Gilligan (1982). Chickering and Reisser described college student development as a process of proceeding through what they called *vectors*, or developmental processes. These seven vectors described by Chickering and Reisser identify the seven major psychosocial developmental processes experienced by college students. Specifically, the seven developmental vectors include developing competence, managing emotions, moving through autonomy toward interdependence, developing mature interpersonal relationships, establishing identity, developing purpose, and developing integrity.

In contrast to the psychosocial theory postulated by Chickering and Reisser (1993), Kohlberg (1981) and Gilligan (1982) described development in terms of morality and the moral development of human beings. Kohlberg described the moral development process in terms of progress through three levels of development, each containing two distinct stages; in sum, Kohlberg suggested human beings pass through six stages of moral development. These stages begin with the perception that morality is based on reward and punishment, then progress to a stage of self-interest, which is followed by a stage where meeting social norms is paramount. The fourth stage is a law-and-order orientation, followed by the fifth and sixth stages that speak to congruence between one's moral judgments and ethical principles.

Gilligan (1982) developed an alternate perspective on moral development, arguing that Kohlberg's (1981) theory was gender-biased. Specifically, Gilligan argued that men and women experience moral development differently, and that women view morality through an *ethic of care* that places interpersonal relationships above issues of justice. Gilligan described a different development route for women that stood in contrast to Kohlberg's model of moral development. These developmental models, and how they have informed this study, will be described in greater detail in subsequent chapters.

Rationale for the Study

There are a number of principles that drove the study described in this chapter. First, the literature is devoid of qualitative examinations of the experiences of resident assistants. Research exists that describes how the position relates to issues such as burnout, emotional exhaustion, depersonalization, and personal growth; however, the vast majority of the literature examines these concepts quantitatively. The goal of these studies has been to determine a factor or factors in the nature of the resident assistant position that can be used to make predictions or even suggest causality.

For example, Komives (1991) examined the nature of supervision and leadership, as these were reflected in the experiences of resident assistants, using a quantitative design. Deluga and Winters (1991) developed the Resident Assistant Motivation Questionnaire and used the instrument to determine that the resident assistant's stress level is directly proportional to the desire for power, while satisfaction in the position is directly proportional to helping others. Bierman and Carpenter (1994) found a significant statistical relationship between unmet needs and dissatisfaction in the resident assistant position. Paladino, Murray, Newgent, and Gohn (2005) found significant statistical

relationships between certain aspects of the resident assistant position and factors associated with burnout.

Studies of this sort can be found throughout the literature, although few have been published recently. Regardless, these quantitative approaches all seek a statistically significant relationship between constructs, usually the resident assistant position in general and some specific outcome such as performance, individual wellness, emotional well-being, and so forth. However, it remains that little is known about the phenomenon of being a resident assistant; the scholarly literature lacks qualitative examinations of the lived experiences of resident assistants, especially in terms of their roles as counselors and crisis responders.

There also has been a tendency for researchers to examine the roles of the resident assistant in the aggregate. For example, Blimling (2003) describes five roles resident assistants perform: counselor, student, administrator, role model, and teacher. Considerable attention has been paid to the multiple job functions played by the resident assistant (Blimling, 2003; Crandall, 2004; Schuh, 1988; Upcraft, 1982). While the literature is rich with studies of the effects of the resident assistant position on the individual, little attention has been paid to the counseling role, specifically. Researchers have failed to isolate the impact of the counseling role on the development and experience of resident assistants.

Another reason for conducting a study of this type was to explore the preparation, training, and supervision of resident assistants as paraprofessional counselors. The literature is replete with studies examining the training and supervision of professional counselors, as well as issues related to self-care and the cumulative effects of counseling

on the helper. Organizations such as the Council for Accreditation of Counseling and Related Educational Programs (CACREP) establish standards for the training and preparation of professional counselors. State licensing boards and national certification organizations ensure people practicing as counselors are trained and supervised, and organizations such as the American Counseling Association and the National Board for Certified Counselors have established ethical codes to guide counseling practice. However, no such safeguards are in place for paraprofessional or peer counseling. An outcome of this study may indicate if the status quo is acceptable, or if changes should be considered.

The literature lacks an in-depth examination of the cumulative effects of being a live-in, paraprofessional college counselor. While many studies have examined this concept from a predictive or causal perspective, few researchers have deeply explored the experience of being a resident assistant. The literature lacks detailed descriptions of what it is like to be available, 24 hours a day, seven days a week, constantly on the ready to provide helping and crisis intervention services to a clientele with whom one lives. The scholarly research has failed to examine the issues of cumulative effect from a qualitative, phenomenological perspective.

Finally, it should be emphasized that resident assistants are typically undergraduate students who are engaged in their own maturation and developmental processes (Blimling, 2003). An entire field of scholarly literature has focused on the human development of college students, and these young adults typically face a host of challenges, from the intellectual (Perry, 1968, 1981), to psychosocial (Chickering & Reisser, 1993), to moral development (Gilligan, 1982; Kohlberg 1981). Many resident

assistants are no older than the students for whom they are responsible, yet are facing the same developmental needs as their clients. It is a great deal of responsibility to place on people who have themselves recently matriculated into college and are in the process of navigating their own development as young adults.

Significance of the Study

This study was important in a number of ways, both in terms of its contributions to the scholarly literature as well as to those in the practice of counseling, training, and supervising resident assistants. From the practitioner's perspective, understanding the lived experience of the resident assistant as a counselor and crisis interventionist is crucial to working with this population, as well as shaping the roles and expectations of the resident assistant position. The essence of what it is like to be a resident assistant has not been examined in the scholarly literature. In order to select individuals effectively for this position, it is critical to understand the unique experience of being a paraprofessional counselor who is expected to have virtually unlimited availability and little physical distance between self and client. In order to supervise resident assistants effectively, it is necessary to understand their experiences, both in the moment of serving as a counselor, as well as after the counseling encounter is over.

It is often the responsibility of professional counselors to prepare resident assistants in their roles as paraprofessional helpers through the development and implementation of training programs. In order to effectively design this training, the counseling profession must understand the needs of the resident assistant as a counselor and crisis interventionist. This research provides guidance and direction to professional counselors when developing and facilitating training programs for resident assistants.

Finally, it is quite common for college counselors to work with resident assistants who experience psychological distress through the course of their work. College counselors also provide debriefing services to resident assistants who have responded to crises, such as those described at the beginning of this chapter. This study provides descriptions of these phenomena from the perspective of the resident assistant. These descriptions offer guidance to the professional counselor who is called upon to provide counseling services for resident assistants in distress.

I have noted previously that qualitative studies describing the lived experiences of this population are lacking in the scholarly literature. This study served to enrich the academic discourse by opening a qualitative dialogue regarding the resident assistant as counselor, as well as regarding paraprofessional counselors, in general. Residence halls are certainly not the only places where paraprofessionals are employed in counseling positions; it is the goal of this research to establish a basis for further study of issues regarding paraprofessional counseling.

Additionally, rich descriptions of the lived experiences of paraprofessional counselors will enhance the existing literature. Adding a qualitative examination of the resident assistant experience to the scholarly literature will broaden and deepen the intellectual understanding of the population and these phenomena. For example, this qualitative study allows us to better conceptualize the quantitative studies that currently exist. Astin (1977, 1993) suggests that active involvement in campus life, such as employment as a resident assistant, is positively related to a student's personal development. Other studies regarding resident assistants have yielded mixed results. Understanding and appreciating the essence of the lived experiences of this population

serves to deepen our understanding and provide a new context in which to examine these quantitative studies. In other words, as researchers, educators, and counselors, we may better understand the existing quantitative literature by better understanding the lived experience of resident assistants.

Definition of Terms

Client: Unless otherwise indicated, an individual who is engaged in a helping relationship with a professional or paraprofessional helper.

College: A degree-granting institution of higher education. The terms **college** and **university** may be used interchangeably in this text.

Graduate Assistant (GA)/Graduate Resident Director (GRD): A graduate student who is assigned to supervise some aspect of a residence life program. Often Graduate Assistants and Graduate Resident Directors are responsible for direct supervision of resident assistants

Helping: The process of assisting "others to understand, overcome, or deal with external or internal problems" (Okun, 1992, p. 5).

Lived Experience: The direct, first-hand experience of a phenomenon of interest (Patton, 2002).

Paraprofessional Counselor/Lay Counselor: A person who "is engaged in the provision of mental health support, but does not possess a professional degree in mental health services" (Everly, 2002, p. 89).

Peer Counselor: Meets the definition for a paraprofessional counselor, however must also be engaged in helping relationships with members of one's peer group.

Residence Hall: A campus residence housing undergraduate students.

Residence Life: The student affairs department that focuses specifically on residential living communities on college campuses. Residence Life is typically responsible for selecting, training, and supervising the residence hall staff, including resident assistants.

Resident: A student who lives in a college or university residence hall.

Resident Assistant (RA): An undergraduate student who is employed by a college or university and is responsible for oversight of some portion of a residence hall (e.g. a residence hall floor, a wing of a floor, several floors, etc).

Resident Director (RD): A resident assistant's direct supervisor. Resident directors typically live in the residence halls for which they are responsible, and supervise a number of resident assistants.

Student: Unless otherwise indicated, this term indicates an undergraduate enrolled at a college or university.

Student Affairs: The system of functional areas that deliver extracurricular services to students at colleges and universities. The term may also refer to the academic discipline that studies these services and trains individuals to perform said services.

Student Development: "The ways that a student grows, progresses, or increases his or her developmental capabilities as a result of enrollment in an institution of higher education" (Rogers, 1990, p. 27).

University: A degree-granting institution of higher education. The terms **college** and **university** may be used interchangeably in this text.

Organization of the Dissertation

This dissertation begins with an overview of the problem, rationale, and significance of the study. Chapter II includes a comprehensive review of the related

literature. Because this study bridges the fields of counseling and student affairs, the literature review has included research from both fields. Chapter II begins with an overview of the psychological issues facing college students as well as college counselors. As this study examined the experience of resident assistants as paraprofessional counselors, the next section of the literature review examines the training, supervision, effectiveness, and various uses of paraprofessional counseling. The literature review then shifts attention to the impact of working in the helping professions, including issues such as: countertransference, burnout, secondary traumatic stress, vicarious trauma, and post-traumatic growth.

The review of the literature focuses on the resident assistant position, including the history of residence hall staffing, the roles played by resident assistants and the paraprofessional counseling role, specifically. Additionally, a number of quantitative studies examining the impact of the position on the student have been examined. Finally, Chapter II examines the theoretical framework that serves as the backdrop for this study, including Van Manen's (1997) approach to human subject research, Bronfenbrenner's (1979, 1986, 2005) bio-ecological model of human development, and a number of college student development theories.

Chapter III discusses the design and methods that were used in conducting this qualitative study. Specifically, this chapter further reviews the theoretical underpinnings of this research design, as well as the techniques that were employed in selecting participants and collecting data, as well as means of strengthening the design and increasing the trustworthiness of the results. Ethical considerations are discussed, as are

the processes of analyzing the data. Finally, Chapter III discusses the specific procedures used for gaining entry to the field, selecting participants, collecting data, and so forth.

Chapter IV provides a thorough account of the data collected in this study, as well as an analysis of those data. Each interview was analyzed independently, using the theoretical underpinnings that informed this study, as well as qualitative data analysis methods. The findings are presented in relation to the research questions described previously in this chapter. Chapter IV also provides a cross-case analysis of the data, including descriptions of commonalities among the data obtained in the individual interviews. Finally, Chapter IV provides an overview of the primary and secondary themes that emerged from the cross-case analysis.

Chapter V includes a thorough discussion of the findings in this study, as well as the implications of those findings. First, Chapter V describes the emergent themes in greater detail and also suggests possible relationships between these themes. The chapter also provides a discussion of the relationships between the research questions that informed this study and the themes, with particular focus on how the themes answered the questions in this inquiry. Potential hypotheses that emerged from the study are discussed, as are the implications for practice and future research. Finally, Chapter V provides a discussion of the possible limitations of this study, as it was designed and implemented.

Chapter II: Review of the Literature

Introduction

A study such as the one proposed here requires a review of literature across a number of academic disciplines and fields of study. As the study examines counseling in a collegiate setting, the literature review begins with an overview of college counseling and the issues facing those who provide counseling services to college students. This overview includes the history of college counseling, changes in the field, and common issues facing college counselors and campus communities.

The literature review continues with a discussion of the research related to paraprofessional counseling. As this study seeks to examine the lived experience of resident assistants as paraprofessional counselors, it is important to examine the research on the use of paraprofessional counselors in helping professions such as counseling and psychology. This includes an overview of paraprofessionals in counseling settings, as well as the selection, training, and supervision of paraprofessional counselors. Finally, this review examines the effectiveness of paraprofessionals in the helping professions.

The next body of literature reviewed in preparation for this study involves what Figley (1995) described as the "cost of caring" (p. 10). Specifically, this section examines the impact and effects of helping on the helper. Issues such as countertransference, burnout, compassion fatigue, secondary traumatic stress, vicarious trauma, posttraumatic growth, and vicarious posttraumatic growth are discussed. This literature review next examines the nature of the resident assistant position on college campuses. A brief history of the position is discussed, as are modern roles of the resident assistant, resident

assistants as paraprofessional counselors, issues facing resident assistants in their roles as helpers, and the effects of the position on the individual.

This review discusses the theoretical underpinnings of the research methodology and data analysis. Specifically, Van Manen's (1997) description of hermeneutic phenomenology is discussed as background for the research methodology, as are Van Manen's four lifeworld existentials that will be used in analyzing the data. Bronfenbrenner's (1979, 1986, 2005) bio-ecological model of human development is described, specifically related to the impact systems have on the development of the individual. Finally, a small selection of student development theory is examined, related specifically to the psychosocial and moral development of college students.

College Counseling: It's Not Your Father's Counseling Center

The purpose of counseling centers on college and university campuses is to "assist students to define and accomplish personal, academic, and career goals by providing developmental, preventative, and remedial counseling" (Council for the Advancement of Standards in Higher Education (CAS), 1999, p. 67). Historically, counseling centers have focused services on developmental and preventative counseling. However, the role of college counseling centers has continued to evolve in the face of changing social, political, and economic factors (CAS, 1999). This evolution is also a result of the changing demographics among collegiate communities, which is represented by a growing heterogeneity in the race, gender, ethnic background, sexual orientation, and age of today's students (Choy, 2002; Kitzrow, 2003; Levine & Cureton, 1998).

With this change in demographics has come a change in the mental health needs of college students (Kitzrow, 2003). Meeting the multitude of needs presented by today's

students has become a challenge, one Archer and Cooper (1998) described as "daunting" (p. 13). Specifically, they express concern that counseling centers are not able to meet the litany of needs of today's student: career counseling, developmental concerns, gender and cultural issues, issues related to stress and violence, as well as serious psychopathology. Compared to services provided in previous decades, college and university counseling centers have reported a significant shift in the presenting needs of students, from common developmental concerns to serious psychological illness (Benton et al., 2003; Cornish et al., 2000; Gallagher, 2009; Pledge et al., 1998).

Gallagher (2009) has completed a survey of counseling center directors annually since 1981 that is designed to "stay abreast of current trends in counseling centers," including staffing, treatment, and problems presented by students" (p. 3). Of the 302 centers surveyed, 93% reported that their clients have presented with increasingly serious psychological concerns and 48% of their clients come to counseling with "severe psychological problems" (Gallagher, p. 6). Additionally, counseling centers have experienced considerable increases in the severity of client issues over the past five years. Of these, the most significant included: psychiatric medication issues, crises requiring immediate staff response, self injury, illicit drug use, alcohol use, eating disorders, sexual assaults, and problems related to sexual abuse (Gallagher).

Of the counseling centers surveyed, almost 90% had experienced the psychological hospitalization of a student and 25% had experienced a completed suicide attempt during the previous academic year (Gallagher, 2009). Of those suicides, 19% occurred on campus and another 15% occurred near campus; to the extent known, 80% were suffering from clinical depression at the time of their attempt (Gallagher). When

asked to describe services offered by their centers, 73% described their services as primarily related to mental health and psychological treatment (Gallagher). The survey also examined changes in protocols to meet increased student need. Over 60% reported they have provided additional training to faculty and staff on campus in how to respond to students in distress and make appropriate referrals (Gallagher).

These data are supported by other studies found in the literature. Pledge et al. (1998) conducted a longitudinal quantitative study that examined students' presenting psychological concerns over a six-year period. The purpose of the study was to compare the severity of client problems at a large Midwestern university to issues seen in previous decades. Researchers examined the presenting issues of over 2,300 clients and found students presented with issues of greater severity. These presentations included: interpersonal concerns; physiological concerns such as sleep disorders; depression; behavioral issues; and suicidal ideation, gesturing, and attempts. (Pledge et al.). The authors found these severe symptoms remained constant throughout the six-years of the study, suggesting this trend was not an abnormality but instead was expected to continue.

Cornish et al. (2000) conducted a study that examined the presenting concerns of 982 clients who entered counseling at a small, private Western university during the period from 1986-1992. The purpose of the study was twofold: first, to determine if the level of distress experienced by these students had increased and second, to determine if the number of extremely distressed students had increased. Statistical analyses confirmed the findings of Pledge et al. (1998), that is that student clients were experiencing increasingly severe psychological concerns. (Cornish et al.).

Another study examined the reasons students entered counseling over a 13 year period (Benton et al., 2003). The study included over 13,000 students who were clients at a counseling center at a large, Midwestern university from 1988 through 2001. In contrast to previous studies, this research used an instrument that allowed the clinician to determine the severity of the presenting problem, rather than client self-reports (Benton et al.). Through quantitative analyses, the researchers attempted to determine the degree of increase among 19 typical issues that students bring to counseling. Increases were found in 14 of the 19 areas, and dramatic increases were found in some of the most serious client issues (Benton et al.). For example, the number of students presenting with clinical depression doubled, while the number of students experiencing suicidal ideation tripled (Benton et al.). The researchers found that the number of students entering counseling as the result of a sexual assault quadrupled, and increases were seen across a variety of less severe client issues, as well (Benton et al.).

There are various causes for these increases, causes that have been examined in the literature. Gallagher, Gill, and Sysko (2000) suggest changing cultural factors have led to a need for additional counseling services for students. Specifically, the study suggests factors such as divorce, family dysfunction, poor parenting practices, decreased tolerance for frustration, family instability, poor interpersonal attachments, and early experimentation with drugs, alcohol, and sexual activity may account for some of the increases found in these studies. In addition, severe psychological disorders such as depression, bipolar disorder, and schizophrenia tend to manifest in late adolescence and early adulthood (Chisolm, 1998). The effectiveness of recently developed psychotropic medications has allowed people with severe mental illness access to college, students

who may not have been able to successfully navigate college without these medications (Gallagher et al.). Finally, the increase in the need for mental health services may reflect increasing pressures found in American society on the whole (Berger, 2002, Goetz, 2002), as well as a decrease in the stigma around mental health counseling (Berger 2002, O'Connor, 2001).

College counseling centers have adopted policies to address these changes. Benton et al. (2003) report that counselors in their center now receive additional training in crisis intervention, as well as in diagnosis and treatment planning. The counseling center in their study also adopted a brief model of counseling, which "at times can feel incongruent with client needs" (Benton et al., p. 71). The authors in this study suggest that they have attempted to alleviate some of the stress on resources by consulting with a variety of other college departments, including residence life, in the treatment and care of the most severe client presentations (Benton et al.). Among the many changes described, the authors report that the counseling center hired no additional staff members (Benton et al.).

Other studies discuss how counseling centers are addressing the issue of increased quantity and severity of student concerns. While only 28.5% of the centers in Gallagher's (2009) study increased staff to address increased need, approximately half of those centers surveyed provided additional training, expanded referral networks, provided psycho-educational information on websites, and trained others on campus (e.g. faculty, staff, and student paraprofessionals) on identifying and addressing students in crisis. Almost 17% of those surveyed implemented training in brief therapy models, and a number of centers trained faculty, staff, and students to serve as gatekeepers who prevent

unnecessary referrals to the counseling center (Gallagher). Additionally, 31% of centers place a limit on the number of client sessions and another 41% promote brief therapy and encourage staff to use judgment in limiting the number of sessions with a client (Gallagher, 2009).

The literature suggests students are entering counseling with more significant concerns, and centers are experiencing significant increases in quantity and severity of cases. However Sharkin et al. (2003) found that students are not quick to seek out assistance from college counselors, instead preferring to turn to their peers for help. In their study of 136 undergraduates from a small university, respondents indicated the most serious issues for students included drug and alcohol use, depression, relationship issues, and anxiety, (Sharkin et al.). Other issues included eating disorders, coping with grief, suicide, and self-injury. Of the respondents, the majority indicated that they would likely not seek counseling, nor would they refer their peers to professionals. Instead, most participants indicated they would attempt to find resolution within their peer groups (Sharkin et al.). The reasons for these results were varied, but included: not believing the problem was serious enough to enter professional counseling, not knowing about the resources available, or not believing counseling would help (Sharkin et al.).

In short, the literature suggests that increased numbers of students are seeking counseling, and the severity of their concerns is increasing, as well. The research suggests the majority of students who are in need of help do not seek it, nor do their peers encourage it. Instead, students would prefer to seek out the assistance of friends and other students. However, the majority of colleges have not increased staff in response. Instead, they have begun training others to help provide assessment and helping services, and

have decreased the quantity and intensity of services offered, moving to brief therapy models where the number of sessions is limited either by policy or by encouraging clinicians to limit the time spent with clients.

The Paraprofessional Counselor

Background

On February 5, 1963, President John F. Kennedy gave an address to Congress in which he "heralded the creation of a national community mental health system predicated upon the principles of prevention and outreach" (Everly, 2002, p. 89). A result of the community mental-health approach was the creation of crisis-intervention telephone hotlines and walk-in community mental health clinics. These facilities are often staffed by volunteers who lack formal training in mental health diagnosis or treatment. It was Kennedy's address that led to the development and establishment of paraprofessional counseling; in order to meet increasing needs, these centers needed to select, train, and supervise lay counselors (Everly).

Everly (2002) defined a paraprofessional counselor as a person who "is engaged in the provision of mental health support, but does not possess a professional degree in mental health services" (p. 89). Paraprofessional counselors have been used in a variety of mental health settings, including psychiatric hospitals, and community mental health agencies, and have been chosen from populations such as parents, college students, pastors, and other religious workers (Tan, 1997). Peer counselors have provided therapeutic services in a variety of settings such as inpatient and outpatient hospital environments, telephone hotlines, suicide prevention programs, church-based counseling centers, and peer counseling programs in schools, colleges, businesses, churches, prisons,

and community agencies (Tan, 1992). In an era of rising health care costs and managed care, the use of paraprofessionals is expected to increase (Tan, 1997).

Tan (1991, 1992) described three general models of delivering paraprofessional counseling services: spontaneous, informal, and formal models. The spontaneous model involves relationships between peers who have pre-existing relationships in a natural setting; in this model, the helper has little to no training. Peer helping is an example of this model in which the paraprofessional may receive some training in basic helping skills, but receives little supervision or direction in the practice of counseling. Typically, spontaneous paraprofessional counseling occurs between people who are friends, colleagues, neighbors, and so forth.

The second model is an organized, yet informal model, where paraprofessional counseling is still provided in a natural setting (Tan, 1991, 1992). These settings may include homes, hospitals, classrooms, churches, restaurants, community centers, businesses, prisons, or other community locales. What differentiates this model from the spontaneous model is that the counseling provided in the informal model is well-organized, with consistent training and supervision of the paraprofessional. However, it is not necessary that training and supervision come from professional mental health workers. Tan (1997) identifies the paraprofessional counseling provided in schools and colleges as examples of this informal model of paraprofessional counseling.

The final model of paraprofessional helping is an organized, formal model where the paraprofessional receives significant training and supervision, typically from a mental health professional (Tan, 1991, 1992). This formal model is usually used in settings such as hospitals, community agencies, or religious counseling centers. Examples of this

model include the use of student volunteers as counselors in psychiatric hospitals and the use of volunteers in mental health agencies (Tan, 1997).

Selection, Training, and Supervision of Paraprofessionals

The literature suggests that selection, training, and supervision of paraprofessionals are critical to the success of the lay counselor. Tan (1992) identifies a number of important criteria in selecting paraprofessional counselors. The paraprofessionals must possess personal maturity and psychological stability. Lay counselors must also exhibit the ability to be empathetic, warm, and genuine with their clients. Another important criterion is the possession of a degree of life experience, and while it is not necessary, previous training or experience in helping people can be beneficial. Finally, Tan suggests paraprofessionals should have an appropriate sociocultural background, must be available and teachable, and must demonstrate an ability to maintain confidentiality.

The training of paraprofessionals has also been examined in the literature. Everly (2002) suggests that all paraprofessional counselors receive 40 to 100 hours of specialized training in crisis intervention. Walfish and Gesten (2008) identify a variety of training programs, and conclude that while these programs may differ, it is critical that paraprofessionals receive training that is targeted toward the work they expect to perform. The development of interpersonal skills and the ability to develop relationships with others should be emphasized in any training program (Christensen, Miller, & Munoz, 1978; Danish & Hauer, 1973, Tan, 1997). According to Christensen et al., a comprehensive paraprofessional training program consists of four elements: role playing specific communication and counseling skills, instruction in ethics and personal

responsibility, specific training in interventions that will be delivered, and continued supervision.

Armstrong (2003) examined the effectiveness of a 40 hour training program in solution focused counseling for paraprofessionals at a community agency in Scotland. The training program consisted of three core training modules that were implemented over an 11 day period. The first module focused on examining trainees' skill level, orientation to the philosophy of the training course, and the development of interpersonal skills. The second module examined trainees' beliefs and attitudes toward counseling and mental illness, while the third module focused on specific intervention skills in solution focused counseling. Ongoing training and supervision after trainees began their work reinforced the knowledge and skills emphasized in the training program.

Participants completed a pre-training questionnaire as well as a post-training instrument that was designed to assess the impact of the training (Armstrong, 2003). Trainees also completed the Counseling Self-Estimate Inventory (COSE), a 37-item instrument designed to measure counselors' self-efficacy (Larson et al., 1992). Results of the study indicated that the training program had positively influenced the personal development of participants, as well as their professional development as lay counselors. Participants reported an increased sense of self-efficacy and confidence in their ability to help others. Results indicated statistically significant increases in the majority of the counseling skills measured by the COSE.

Irrespective of training, the literature consistently stresses the need for effective and appropriate supervision of paraprofessional counselors. Supervision is not only necessary for lay counselors to be effective, it is also necessary to ensure client safety

(Everly, 2002; Walfish & Gesten, 2008). Azar (2000) suggested a cognitive-behavioral approach to paraprofessional supervision which focuses on the paraprofessional counselor's irrational beliefs about the nature and scope of the work. These irrational beliefs are identified, challenged, and replaced with appropriate, flexible, and adaptive beliefs. According to Azar, this approach to supervision works especially well with paraprofessionals because it challenges the unrealistic expectations lay counselors may have regarding their ability to facilitate change. In short, a cognitive-behavioral approach to supervision challenges unrealistic beliefs that paraprofessionals possess about their own abilities and expectations.

In a study of the effectiveness of group supervision for paraprofessionals, Kruger, Cherniss, Maher, and Leichtman (1988) studied four supervision groups over a 45-day period. The study was conducted at a community agency where counseling services were delivered to emotionally disturbed children, with the supervision groups consisting of one supervisor and four to six supervisees. All the supervisees in the study had at least one year of college education, but their levels of experience, training, and education ranged considerably. Researchers collected data based on observations of the supervision groups using an instrument designed and tested by the authors. They also distributed questionnaires designed to assess supervisees' satisfaction with supervision, the interpersonal climate in the group, and the extent to which paraprofessionals developed skills and knowledge as a result of supervision.

The conclusions in this study are important in the development of supervision programs for paraprofessional counselors. First, the supervision meetings tended to be highly task-oriented, with the focus directed toward problem resolution (Kruger et al.,

1988). Supervisors participated to a greater degree than did supervisees, although the difference was marginal. Overall, supervisees reported satisfaction with their experiences in supervision and had positive perceptions of the climate in their supervision groups. However, the level of supervisor experience had a significant impact on the experience of supervisees. The degree of experience of the supervisor was directly and positively related to supervisees' satisfaction with the experience. One important nuance of this study is the differing degrees of experience among the supervisors who participated. While one of the four supervisors had earned a doctorate in psychology, two others were enrolled in graduate programs, and the fourth had 10 years of experience in the field but lacked an undergraduate degree. In short, three of the four supervisors in the study fit the definition of a paraprofessional described in Chapter I of this dissertation.

Effectiveness of Paraprofessionals

In examining the effectiveness of paraprofessionals, the literature consistently sites three sources. Durlak (1976) examined 42 research studies comparing the effectiveness of professional and paraprofessional helpers. For the purposes of the meta-analysis, Durlak defined professional counselors as those "who have received postbaccalaureate, formal clinical training in programs of psychology, psychiatry, social work, and psychiatric nursing" (p. 80). Mental health workers who did not fit this definition were considered paraprofessionals.

Durlak's (1976) meta-analysis examined a variety of research in different mental health fields. The paraprofessionals in these studies worked in a wide variety of locales, including universities, psychiatric hospitals, community agencies, schools, and other settings. While the roles and settings of the paraprofessional helpers varied greatly,

Durlak found consistency among the results of these 42 studies, specifically, that the therapeutic outcomes achieved by paraprofessionals were significantly greater than those obtained by professional counselors. Based on his meta-analysis, Durlak concluded that the data suggested "that professionals do not necessarily possess demonstrably superior clinical skills, in terms of measurable outcome, when compared with paraprofessionals" (p. 89).

Nietzel and Fisher (1981) re-examined these results and found Durlak's conclusions dubious, specific to three concerns with the original study. First, Nietzel and Fisher questioned the internal validity of the 42 original studies, arguing that the majority of the studies were "not adequately designed to assess differential effects of professionals and paraprofessionals" (p. 556). Second, Nietzel and Fisher questioned Durlak's definitions of professional and paraprofessional. While Durlak considered graduate students to be professionals, the authors of many of the original studies defined graduate students differently. Third, Nietzel and Fisher claimed that Durlak misinterpreted the original authors' statistical analyses by assuming that failure to reject the null hypothesis assumed affirmation of the null. Instead, Nietzel and Fisher claimed that failure to reject the null hypothesis proved only that significant results could not be reported.

In response, Hattie, Sharpley, and Rogers (1984) conducted their own meta-analysis of the literature on the effectiveness of professional versus paraprofessional counseling. These researchers examined 154 statistical findings among 39 research studies comparing the effectiveness of professional and paraprofessional counseling. Hattie et al. took into account the criticisms of Nietzel and Fisher (1981) and attempted to resolve those critiques through quantitative design. These analyses, specifically related to

effect size, were designed to mitigate issues of design quality and appropriateness raised by Nietzel and Fisher. Their results indicated that paraprofessional counselors were just as effective as professionals, and in many cases, were more effective. This meta-analysis also determined that experience, training, and the timing of the training all were correlated with the effectiveness of paraprofessional counseling.

Sink or Swim? The Problems and Possibilities in the Helping Professions

Introduction

The notion of counseling suggests a relationship between a counselor and client, that is, a helper and one who is in need of help. Much of the literature in the helping professions understandably focuses on the outcome for the client. However, there has been little attention paid to the impact of counseling on the other member of this relationship, the helper (Everly, 1995). The literature includes a number of terms used to describe the effects of helping on the helper, but there is no universally accepted term used to define the impact of counseling (Stamm, 1997). Among the concepts that will be examined in this review are: countertransference, burnout, compassion fatigue, secondary traumatic stress, and vicarious traumatization. Recently, there has also been research that has focused on the potential for growth as a result of engaging in intense helping relationships.

Countertransference

The concept of countertransference was introduced by Sigmund Freud (1910) to define the reciprocal relationship between the therapist and client during the course of the counseling relationship. In Freud's notion of psychoanalysis, it was common, and even necessary, for clients to project their thoughts, feelings, and desires on to the clinician;

Freud defined this process as transference. Countertransference, then, is the yang to the yin of transference; it is the process of the therapist projecting his or her beliefs, attitudes, and feelings, on to the client. Freud never fully developed the notion of countertransference, but certainly believed it to be detrimental to the therapeutic process and viewed countertransference negatively (Gorkin, 1987). Freud believed countertransference results from the unresolved conflicts in the counselor's own life, and resolution of these conflicts was necessary for effective helping (Gorkin).

Corey (2005) claims that countertransference occurs when counselors identify too much with the client, see themselves in relation to the client, or meet their own needs through the therapeutic relationship. However, an opposing perspective on countertransference suggests that it is to be expected in the therapeutic process and is a natural consequence of empathy development and a working alliance between counselor and client (Wilson & Lindy, 1994). Rather than viewing countertransference negatively, some research suggests that countertransference can be useful in the counseling relationship in that it can help counselors better understand their clients, and at worst, should be evaluated and used carefully (Gorkin, 1987; McCann & Colletti, 1994).

Transference and countertransference should be evaluated differently when working with survivors of trauma. Neumann and Gamble (1995) discussed the nature of transference and countertransference when counseling clients who have survived traumatic events. Specifically, they suggest that counselors may find themselves fantasizing about rescuing their clients and that these rescue fantasies may lead to preoccupation on the part of the counselor. Neumann and Gamble also believe that counselors who work with traumatized clients are at risk of questioning their beliefs

about the nature of human beings and becoming preoccupied with the capacity human beings have for evil. In response, counselors may attempt to distance themselves from clients by intellectualizing their clients' experiences, or making unfounded generalizations about the nature of trauma (Neumann & Gamble).

Burnout

Freudenberger (1974, 1975) is often credited with introducing the term burnout to describe a consequence of human service work, and discussed burnout as it related to the career counseling process. Freudenberger and Richelson (1980) identified burnout as the process of repeatedly attempting to meet self-imposed, but unrealistic goals. This self-defeating process leads to the exhaustion of an individual's emotional, mental, and physical resources. Others have also examined the relationships between work environment and employee burnout (Elloy, Terpening, & Kohls, 2001; Maslach & Jackson, 1986, Zunker, 1998).

Maslach (1982) first examined the phenomena of burnout as a relationship between the individual and their environment. Maslach defined burnout as a "syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind" (p. 3). Burnout is a response to the intense and seemingly unending strain of working closely with other human beings, especially people who are severely distressed or have a multitude of problems (Maslach). Burnout is characterized by chronic stress that results from the frequent and intense personal relationships found in the helping professions. Unlike other types of stress, burnout is unique in that it results from the social interaction between helper and recipient (Maslach).

Maslach, Jackson, and Leiter (1996) described depersonalization as the development of cyclical negative attitudes about the clients with whom the helper works. Maslach (1982) defined depersonalization as "viewing other people through rust-colored glasses-developing a poor opinion of them, expecting the worst from them, and even actively disliking them" (p. 4) Emotional exhaustion is characterized by the belief that the helper's emotional resources are spent and there is nothing left for the helper to give, psychologically (Maslach et al.). Finally, reduced personal accomplishment is the "tendency to evaluate oneself negatively, particularly with regard to one's work with clients" (Maslach et al., p. 4). In short, burnout is a response to working with people who are troubled or in need of help; it results from the emotional strain of consistently being needed by others.

Burnout is cumulative, that is, it typically manifests initially with mild symptoms but progressively increases in severity if left unchecked (Gentry, Baranowsky, & Dunning, 2002; Maslach, 1982). Burnout typically results from feelings of powerlessness, frustration, and inadequacy in meeting goals and can manifest itself through physical and emotional symptoms such as: sleeplessness, nightmares, headaches, back and neck pain, physical exhaustion, repeated illnesses, irritability, emotional exhaustion, and aggressive behavior (Maslach; McMullen & Krantz, 1988). It can result from intense work stressors or from pressures from supervisors or subordinates (Valent, 2002). Additionally, misunderstanding among co-workers may also lead to increased degrees of burnout (Valent).

Compassion Fatigue and Secondary Traumatic Stress

In order to understand the concepts of compassion fatigue and secondary traumatic stress, it is important to first examine the notion of trauma. From a diagnostic perspective, the first edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)* addressed the concept of the individual's psychological reaction to trauma (APA, 1952). However, the diagnosis included in the original DSM, entitled Gross Stress Reaction, addressed only catastrophic events of a military or civilian nature. The second edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)* renamed this diagnosis Adjustment Reaction of Adult Life (APA, 1968). This new diagnosis expanded the criteria to include a variety of emergent events such as car accidents, airplane crashes, train accidents, as well as unwanted pregnancy, combat stress reactions, and reactions to impending capital punishment.

In 1980, the APA published the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III),* as well as a revised edition in 1987 *(DSM-III-R).* These editions of the DSM included a new diagnosis, Post Traumatic Stress Disorder (PTSD), which "views common symptoms experienced by a wide variety of traumatized persons as a psychiatric disorder; one that can be accurately diagnosed and treated" (Figley, 1999 p. 5). The inclusion of PTSD changed the perception of trauma and its treatment. It provided specific criteria for diagnosis including re-experiencing the traumatic event, avoidance and numbing reactions to the traumatic event, and symptoms of increased physiological arousal (APA, 1987). The changes made in the DSM-III-R also attempted to clarify a number of issues related to trauma, including implementing

common language, universal understanding of the disorder, and general reactions to trauma (Wilson, 1995).

The most recent edition of the *Diagnostic and Statistical Manual*, the DSM-IV-TR (APA, 2000) includes the following language concerning PTSD:

> The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (APA, 2000, p. 463)

For the purposes of this discussion, the critical element of this definition is the final phrase, that is, the criteria in the DSM-IV-TR recognizes that one does not have to experience the traumatic event firsthand to experience a traumatic response (APA, 2000). Learning about traumatic events can also illicit a trauma response, and people can be traumatized without directly experiencing the event. The DSM-IV-TR also identifies a wide variety of specific events that can be considered traumatic and may result in PTSD.

Figley (1995) originally developed the term compassion fatigue to describe the PTSD-type symptoms that may emerge among individuals who learn about trauma secondhand. Figley (1995) later redefined compassion fatigue as Secondary Traumatic Stress Disorder (STSD) and defined STSD as "the natural, consequent behaviors and emotions resulting from *knowing about* a traumatizing event experience by a significant

other. It is the stress resulting from *helping or wanting to help* a traumatized or suffering person" (p. 10). Figley (1999) suggests that STSD symptoms can be nearly identical to those of PTSD, except that some symptoms may be experienced vicariously. For example, symptoms of PTSD include re-experiencing the traumatic event. In the case of STSD, the symptom may be the recall of the experience of the traumatic event as described by the traumatized person (Figley, 1999).

Figley (1998) suggests that any number of people can suffer from STSD. Family and friends of a traumatized person may experience STSD, as can helping professionals. For Figley (1998), one must be empathetically involved with the traumatized person in order to be susceptible to STSD. Research into STSD has suggested that individuals who work with survivors of trauma often experience similar symptoms to those whom they help (Beaton & Murphy, 1995; Figley, 1995, 1999; Jankoski, 2002; Lepore, 2004; Wilson & Lindy, 1994). These symptoms can include sleep disturbances, flashbacks, nightmares, anxiety, avoidance, and hyperarpousal (Figley, 1999).

Vicarious Traumatization and Constructivist Self-Development Theory

In an effort to better describe the consequences of trauma on the helper, McCann and Pearlman (1990a) introduced the term vicarious traumatization. Vicarious trauma has been defined in a number of ways. For example, McCann and Pearlman stated that "persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons" (1990b, p. 133). Pearlman and Saakvitne (1995) defined vicarious traumatization as "a transformation in the therapist's (or other trauma worker's) inner experience resulting from empathic engagement with the victim's trauma material"

(p. 151). Regardless of the syntax, the issue remains; exposure to graphic accounts of traumatic experiences and the reality that human beings can behave in inhumane ways can cause a traumatic reaction for the helper.

Vicarious traumatization is cumulative and permanent and will manifest itself in both the helper's personal and professional lives (Pearlman & Saakvitne, 1995). Vicarious trauma involves a profound change in the helper's core sense of self. (Pearlman & Saakvitne). These changes can cause a disruption in the one's identity and worldview, the ability to manage emotions, to maintain positive self-esteem, to connect to others, in spirituality and existential view. Vicarious traumatization can also have an impact on the helper's basic needs and mental schema about issues such as "safety, esteem, trust and dependency, control, and intimacy" (Pearlman & Saakvitne, 1995, p. 152). Individuals suffering from vicarious traumatization are also vulnerable to intense images and other PTSD symptomology. There are two factors than can impact a helper's susceptibility to vicarious traumatization: the nature of the therapy and its context, as well as the characteristics and vulnerabilities of the helper (Pearlman & Saakvitne).

Vicarious traumatization is best understood in the context of what McCann and Pearlman (1990a) defined as Constructivist Self Development Theory (CSDT). CSDT posits that individuals possess the ability to construct their own realities as they interact with their environments. CSDT focuses on three psychological systems: the self, an individual's psychological needs, and cognitive schemas (McCann & Pearlman, 1990a). The premise of CSDT is that individuals balance these three systems in order to make sense of the world and interpret new experiences. Because new data is always being evaluated in terms of these systems, a person's constructed reality is constantly changing

in reaction to these new data (McCann & Pearlman, 1990b). These cognitive schemas are based on the individual's beliefs, assumptions, and expectations about the self and environment. When disturbing, frightening, and traumatic experiences are introduced into this constructivist system, it can impact the individual's entire worldview.

Vicarious Post-Traumatic Growth

While the literature is rich with descriptions of pathogenic responses to trauma, there has been little attention paid to the potential for personal growth from the experience of trauma. However, there recently has been a paradigm shift among some researchers from pathogenic to salutogenic approaches to trauma responses. (Morris, Shakespeare-Finch, Rieck, & Newberry, 2005). The assumption that all trauma causes negative consequences has been replaced with the notion that there exists the potential for positive, personal development that can result from exposure to trauma. This phenomenon has been defined in the literature as post-traumatic growth (PTG) (Zoellner & Maercker, 2006). Despite its relatively recent addition to the literature, the notion of PTG has received significant attention (Helgeson, Reynolds, & Tomich, 2006).

Calhoun and Tedeschi (1998) provided one of the earliest descriptions of PTG found in the literature. According to Tedeschi and Calhoun (2004) PTG is the "experience of positive change that occurs as a result of the struggle with highly challenging life crises" (p. 1). PTG can manifest itself in a variety of ways: increased self-esteem, improved personal relationships, increased appreciation for life in general, and an increased sense of self-efficacy or personal strength. PTG can result from a variety of experiences including: chronic or severe illness, sexual assault, combat, natural disasters, shootings, injury, and recovery from substance abuse (Linley & Joseph, 2004).

Growth does not occur as a result of trauma, but rather new cognitive schemas that develop following the traumatic incident (Tedeschi & Calhoun, 2004). Similar to Constructivist Self Development Theory, PTG suggests that the traumatic incident can cause the individual to reevaluate their worldview (Tedeschi & Calhoun). In contrast to the negative reactions of CSDT, Tedeschi and Calhoun suggest a traumatic experience may cause a positive reevaluation of that worldview. Individuals who experience PTG may experience an increased sense of resilience, hardiness, and optimism (Tedeschi & Calhoun).

Tedeschi and Calhoun (2004) suggest that PTG begins with a major life crisis that shatters the individual's sense of self and place in the world. Previously held beliefs, attitudes, and coping systems are challenged and, in some cases, dismantled. The individual may initially respond negatively, but through cognitive processing and the development of new coping strategies, the person may begin to experience positive development. Cognitive processing and social support are considered central to the PTG process. Over time, new cognitive schemas develop to replace those that were initially lost or damaged.

Others discussions of PTG have been identified in the literature. Stuhlmiller and Dunning (2000a, 2000b) have examined the move from pathogenic to salutogenic models of secondary trauma response in working with first responders and others who help survivors of trauma. They suggest that the pathogenic response is incorporated in the medicalization of American culture. That is, Americans tend to focus on diagnoses, symptoms, treatment, and even medications when addressing physical and psychological distress. Stuhlmiller and Dunning (2000a, 2000b) also discuss the growth of debriefing

models for addressing trauma and those who respond to traumatic incidents. These authors suggest that debriefing may not only fail to help, but may instead serve to re-traumatize people or hinder the potential for post-traumatic growth by interrupting the development of positive schemas. In making these points, Stuhlmiller and Dunning (2000a) provide a quote from a firefighter following a debriefing intervention:

> "You know, I didn't like being put on the spot like that…it was like, show and tell, show me your trauma and I'll get the chief to lay off…Either they accuse you of not being tough enough or of being a cry baby. Am I supposed to get these symptoms or what? If I do, is that good or bad?" (p. 311)

Janoff-Bullman (2004) discussed three other models of PTG found in the literature. The first model involves uncovering strengths the individual may possess that were not obvious to the survivor prior to experiencing the traumatic event. This model also involves the development of new coping strategies for life's challenges. The second model describes the creation of a new sense of psychological preparedness. Here, the individual overcomes the irrational belief that traumatic life events cannot happen, and accepts that traumatic experiences can occur to anyone, but these experiences need not be detrimental. Rather, one can fins strength in surviving a trauma. The third model is one based in existential philosophy. This model stresses that tragedy can lead to a new appreciation for life, as well as the positive characteristics of our existence.

While the literature on PTG has focused mainly on the experiences of trauma survivors or first responders, Arnold et al. (2005) conducted a study on the possibility that psychotherapists may experience vicarious post-traumatic growth. In their study, they used convenience and snowball sampling to select 21 licensed psychotherapists from

one U.S. city for the research. All of the participants indicated they regularly worked with survivors of trauma, and 17 of the 21 participants indicated some personal trauma history. Through qualitative inquiry, the authors examined if these helpers had experienced symptoms of either vicarious trauma, or post-traumatic growth. The reports of secondary post-traumatic growth were quite similar to those described by people who experienced primary PTG. These results suggest that there may be potential for growth on the part of the helper who works with survivors of trauma, and point to the possibility of vicarious post-traumatic growth (Arnold et al., 2005). While the methodology limits the generalizability of the study (e.g. sampling methods, small sample size, and the qualitative nature of the inquiry), the results certainly imply that vicarious post-traumatic growth may be possible.

The Resident Assistant

Introduction

While reviewing the literature regarding resident assistants, it became clear that researchers have neglected the study of this population for some time, an observation reiterated by Frame (2009). As previously described, the psychological needs of college students have evolved considerably over the past 20 years. Consequently, the resident assistant position has also changed and grown in complexity during this period. However, research in the fields of counseling and student affairs has failed to adequately address these trends. The review of the literature related to resident assistants will include a brief history of the position, as well as the roles of the resident assistant position, with specific focus on that of paraprofessional counselor. Finally, this review will examine the research

that describes both the immediate and cumulative effects of the resident assistant position on the student.

From Faculty Master to Student: A Brief History of Residence Hall Staffing

Colleges began providing housing for students in the Middle Ages, with the first campus residences found at Oxford University, the University of Paris, and the University of Bologna (Cowley, 1934; Rudolph, 1990). Specific student housing was not an option; in the 13th Century the student population often exceeded the population of the city proper many times over (Cowley). Initially, universities had little or no connection to these student communities, but with time, the university began to administer these residences. University officials selected individuals to oversee the life and behavior of students in these houses; initially these overseers were elder students, but faculty soon replaced students as supervisors of college residences (Cowley).

As graduates of the European universities came to America, the educational traditions of the English universities at Cambridge and Oxford logically followed, including the tradition of faculty masters governing the residential life of students (Winston, Anchors, & Associates, 1993). Similar to 13th Century Europe, developing cities in the New World were ill-equipped to handle the influx of students that came to study at the new American universities (Winston et al.). As higher education developed in the United States, so did college residences. The University of Chicago, Yale, Princeton, and Harvard all began erecting university housing at exponential rates (Blimling, 2003). "By 1915 residence halls were being built at a faster rate than at any other time in the history of American higher education" (Winston et al., p. 171).

As the 20th Century brought an increase in college housing, universities began employing non-faculty resident assistants (Blimling, 2003). With the end of World War II and the passage of the G.I. Bill, 360,000 veterans returned from war and chose to postpone work and enter higher education. Universities responded by building high rise residence halls that could house more students than ever (Blimling). With this increased concentration of students living in smaller spaces, there was more need than ever for residence hall staff who could address the daily issues of residential students (Frame, 2009). During this period the faculty abdicated their role as residence hall managers, providing for the growth of the field of student affairs, that is, campus staff who would oversee the daily lives of students (Schroeder & Mable, 1994). As the field of student affairs developed, so did the resident assistant position. Resident assistants became a necessity as more and more students were choosing to live on campus.

The Nature and Role of the Resident Assistant

Most colleges hire resident assistants to oversee student life in university residence halls (Blimling, 2003). Resident assistants are students, primarily undergraduates and peers of the students for whom they are responsible (Blimling). The resident assistant position is a 24-hour a day, seven-day a week job, often requiring students to sacrifice a great deal of their own time and energy to the demands of the work (Hardy & Dodd, 1998; Paladino et al., 2005). Blimling identified five major roles of the resident assistant position: student, role model, counselor, teacher, and administrator. Each of these roles has a myriad of associated responsibilities and expectations.

Winston and Buckner (1984) identify a number of duties common to the resident assistant position. Like Blimling (2003), they identify the administrative role as

significant. Examples of administrative responsibilities include distributing and collecting forms, preparing reports, and reporting housekeeping and maintenance needs (Winston & Buckner). A number of researchers (Blimling, 2003; Hardy & Dodd, 1998; Winston & Buckner) also discuss the importance of the resident assistant as an educational programmer or group facilitator, providing psychoeducational group interventions for students in their housing units. Resident assistants are responsible for initiating, developing, facilitating, and supporting these group counseling efforts.

Resident assistants are responsible for developing community as well as understanding, monitoring, and reporting on the group dynamics in their living units (Winston & Buckner, 1984). The position also requires establishing healthy living environments and mediating interpersonal disputes among roommates and students in their areas (Blimling, 2003; Hardy & Dodd, 1998). Resident assistants provide campus information (Winston & Buckner, 1984), counsel on academic matters, and enforcement of college policies (Blimling, 2003). In general they provide leadership and role modeling for their students (Blimling, 2003). Finally, they provide a number of "people-related activities" (Hetherington et al., 1989, p. 266) such as counseling and making referrals to campus and community resources (Blimling, 2003; Hardy & Dodd, 1998; Winston & Buckner, 1984). Finally, resident assistants are often the first to respond to crises, emergencies, and acts of violence (Blimling, 2003; Hardy & Dodd, 1998).

The Resident Assistant as Paraprofessional Counselor

Throughout the literature, the peer counseling role is identified as an essential element of the resident assistant position (Blimling, 2003; Hardy & Dodd, 1998; Tan, 1997; Winston & Buckner, 1984). These counseling roles include individual, one-on-one

helping relationships, the facilitation of psychoeducational group interventions, and crisis intervention. Increasingly, resident assistants are addressing more severe concerns, including alcohol and drug abuse, suicide, issues related to culture and racism, homophobia, sexual assaults, eating disorders, anxiety, and stress (Dodge, 1990). Resident assistants are often placed in the roles of first responders, calling for help when students are sick or injured (Dodge). From typical developmental concerns such as relationship issues, to severe crises, resident assistants are regularly addressing the psychological needs of their residents.

Blimling (2003) describes a number of counseling roles resident assistants play in the regular performance of their duties, going so far as to state that "some RAs join a residence hall staff expecting to become full-time counselors" (p. 127). Blimling argues that resident assistants are in no position to provide professional counseling services or perform psychological assessments. Instead, Blimling suggests the resident assistant should be considered a "peer counselor" (p. 127). He asserts that resident assistants must have strong human relation skills, sensitivity and empathy, an accepting personality, an ability to work in groups, and a desire to help others (Blimling). It is not enough to simply possess these character traits; resident assistants must be able and willing to learn how to successfully transform these characteristics into effective counseling interventions (Blimling).

Blimling (2003) identifies three common complaints resident assistants voice concerning their roles as paraprofessional counselors. First, resident assistants struggle are commonly asked to perform trivial duties that are not necessarily related to the counseling role, such as unlocking doors or enforcing policies related to noise. Second,

resident assistants have difficulty discerning between an in-depth conversation and a counseling intervention. Finally, resident assistants believe they are well trained in the theory of counseling, but are seldom given the intervention skills necessary to translate theory into the practice of helping and counseling.

One way resident assistants are trained for their role as paraprofessional counselors is Blimling's (2003) five-step model. According to this model, the goal of helping encounters is to "help students make positive, self-directed choices about their own lives and that aid them in their development and return them to their previous state or an improved state in which they can again function" (p. 132). The first step in this model is what is called the precounseling stage (Blimling). During this stage, a student either approaches the resident assistant, or the staff member initiates the counseling relationship as a result of a referral or assessed need. This stage is marked by initiating the intervention and developing trust and rapport.

The second stage, described as listening, involves active listening on the part of the resident assistant (Blimling, 2003). Common counseling micro-skills are the trademark of this stage, including asking clarifying questions, confirming meaning and understanding, being authentic and empathetic, restatements, and so forth. The purpose of this stage is for the resident assistant to continue rapport building, while gathering information necessary to help the student. The third stage of the process is problem identification and analysis (Blimling). During this stage, the peer counselor and client begin to develop options for resolving the identified problem and assess whether these options are ideal and realistic.

The fourth stage of the counseling process is called the resolution stage (Blimling, 2003). During this stage, the client confirms an understanding of the available options for resolution and develops an action plan. This may include a timeline for implementation and the identification of specific steps necessary to reach the desired outcome. The final stage of the process, the follow-up stage, involves revisiting the issue with the client (Blimling). During this stage, the peer counselor expresses caring and a continued interest in the client's concern, and is also able to assess whether or not the presenting problem is resolved. If it is not, the resident assistant may revisit the model and repeat the process, or refer the student for professional counseling services (Blimling).

The literature identifies many situations in which resident assistants are called upon to provide counseling services. This examination will delineate resident assistant counseling services using the following categories: typical developmental tasks, common emotional concerns, severe psychological issues, and finally, crisis intervention. This certainly is not meant to be an exhaustive list of student needs, but instead highlights those issues most commonly brought before resident assistants in their roles as peer counselors.

Typical developmental tasks facing college students. As previously discussed, college counseling has shifted focus from addressing the students' common developmental needs to issues of psychopathology. However, that is not to say that human development is no longer a priority for colleges. In fact, one of the primary responsibilities of resident assistants is to assist students in their psychological and developmental growth (Blimling, 2003). Three of the most common types of psychological growth discussed in the literature are: psychosocial, moral, and cognitive

development (Blimling, 2003). Psychosocial developmental theory focuses on the affective aspects of human growth and development (Rodgers, 1990). Chickering (1969) developed a widely accepted theory of college student psychosocial development, which was later revised by Chickering and Reisser (1993). In this theory, students face a multitude of developmental tasks during their college experience, including: developing personal competencies, effectively regulating emotions, balancing independence and interdependence, establishing personal identity, finding a sense of purpose, and developing personal integrity.

The work of Kohlberg (1981) is often used as the guiding theory for the resident assistant's interventions in the area of moral development. Kohlberg argued that individuals develop through three levels of moral reasoning: preconventional, conventional, and postconventional, and each of these levels consists of two substages. Most college students enter college at the first substage of the conventional level of moral reasoning, where "right" is determined by one's peer group (Blimling, 2003). As students mature through this stage they enter the second substage of the conventional level, where right and wrong are based on principles of law and order, rules and formal mores of the community (Kohlberg). Resident assistants are often charged with helping students move from through these two substages, and even on to the postconventional level of development, where one's own conscience determines moral values (Kohlberg).

The final theory driving the counseling interventions of resident assistants is Perry's (1968, 1981) theory of cognitive development. According to Perry, individuals move through three major stages of cognitive development: dualism, relativism, and a commitment to relativism. During the dualism stage, students identify with the notion of

absolute truth, that is, information is either correct or incorrect, with no possibility for a relative truth based on mitigating factors. As students move through this stage to the relativism stage, they begin to recognize that there is legitimacy to uncertainty. Rather than looking to experts for correct answers, they seek out individuals more knowledgeable than themselves in an effort to make sense of their own questions and ambiguities. Finally, during the final stage, a commitment in relativism, students develop a mature sense of adult issues such as careers, marriage, and lifestyle.

These three theories drive a great deal of the resident assistant's counseling work, with individual students and groups (Blimling, 2003). For example, resident assistants will often work with clients to find better ways of managing emotions, work through relationships, or explore career options. Resident assistants must also enforce college policies, and in doing so, have the opportunity address issues of moral development. Finally, as academic counselors, resident assistants work with students in better understanding the intellectual life at the university level, and develop the ability to think critically and determine the relativity of truth.

A more thorough description of student development theory will be provided later in this chapter.

Common emotional concerns of college students. Blimling (2003) identifies a number of common issues resident assistants must address in their positions as peer counselors. During the first-year, many students face difficult personal and academic transitions; specifically, the first six weeks of college often present students with some of the most difficult transitions they will face throughout their lives (Blimling). Students are suddenly removed from long-standing peer groups and thrust into new ones. Pressure to

conform to new expectations can be great, and changes in friendships, lifestyles, and group norms can overwhelm college freshmen. Levitz and Noel (1989) found that almost half of all students who drop out of college do so during the first two to six weeks of their academic careers.

Levitz and Noel (1989) identify a number of causes for attrition during the initial weeks of a student's first semester. Students can become bored with academic work and may find freshman year classes do not meet their expectations. Many students must take general education courses outside their preferred fields of study and they may find those courses irrelevant or fail to recognize a reason for their efforts. Students may come to college with unrealistic expectations of what their freshman year will be like. As a result, they may be complacent and wait for their expectations to come to fruition, rather than proactively engaging in the campus community. Some students come to college unprepared for the academic rigor of academe and become frustrated by failure. Students may find it difficult to transition to the academic and social expectations of college, or may lack certainty about majors or careers. Both frustrate students to the point of dropping out of school. Finally, some students choose colleges that are simply not a good fit for them, culturally or geographically.

Students may have difficulty learning to live with a roommate or manage conflicts with others in their new environment (Blimling, 2003). Changing relationships with family members, especially parents, can create psychological dissonance for students (Powell, Plyer, Dickson, & McClellan, 1969), as can homesickness (Blimling). Dating relationships typically become more difficult as students mature and develop more fully in their sexuality. This is a period when gay, lesbian, bisexual, and transgendered

students begin questioning their sexuality or struggle with the process of sexual identification (Blimling).

As students continue through their sophomore, junior, and senior years, they face changing developmental challenges. Students continue navigating the development of mature relationships and value systems, as well as conflict management skills (Blimling, 2003). As students grow emotionally, they may become distressed as their interpersonal relationships change. Financial issues can create hardships, and as senior year approaches, anxieties about career development and vocational counseling may become more immediate (Blimling).

Severe psychological concerns addressed by resident assistants. Resident assistants work with students who struggle with a variety of severe psychological concerns and diagnosable disorders. A common issue faced by resident assistants is the student who presents with an eating disorder (Blimling, 2003). As resident assistants live in close proximity with their clients, they often see evidence of students' eating disorders firsthand, or are approached by friends or roommates of the affected student. As Gallagher (2009) found in his survey of counseling center directors, almost 27% of those surveyed experienced an increase in students presenting with eating disorders, while only 6% experienced a decrease. Other studies have found eating disorders prevalent among both college-aged women (Mintz & Betz, 1988) and men (Nelson et al., 1999). Resident assistants are often trained to identify characteristics associated with bulimia and anorexia nervosa and are expected to provide counsel to students who present with these symptoms (Blimling).

Similarly, resident assistants provide counseling and referral services to students who are struggling with drug and alcohol abuse (Blimling, 2003). Resident assistants are expected to be able to identify symptoms of alcohol abuse and dependency, and are trained in identifying various drugs and drug paraphernalia (Blimling). As campuses experience significant increases in drug and alcohol issues, resident assistants are faced with increasing numbers of students struggling with these concerns. Gallagher (2009) found 45% of counseling centers reported an increase in alcohol-related cases and a 46.5% increase in students presenting with concerns related to illicit drug use.

Increasingly, college students are suffering from depression and anxiety. Clinical depression has been identified as a serious challenge for many college students (Benton et al., 2003; Furr et al., 2001), and can be a central factor in a student's decision to withdraw from college (Meilman, Manley, Gaylor, & Turco, 1992). Blimling (2003) suggests that resident assistants must be aware of the symptoms of depression, especially as untreated depression can lead to suicidal ideation. Additionally, college students are increasingly coping with a variety of anxiety-related disorders (Benton et al., 2003).

Among the various other issues facing resident assistants, students often seek assistance concerning issues of sex and sexuality (Blimling, 2003). Many resident assistants are trained in issues related to sexually transmitted diseases, safer sex practices, contraception, pregnancy and abortion (Blimling). In addition to sexual activity, resident assistants must be prepared to assist students who are questioning their own sexual identity (Blimling). These peer counselors are educated on issues related to development of sexual identity. They should also be prepared as to discuss issues of sexuality with

students who identify as gay, lesbian, bisexual, or transgendered, as well as students who are still seeking to find their sexual identity (Blimling).

Finally, resident assistants must be knowledgeable on issues of diversity and multiculturalism, and are often expected to provide individual and group interventions around these topics. Many students struggle to understand their own feelings and reactions to increasingly diverse campus communities, communities that are often much more diverse than the areas from which they have come (Blimling, 2003). Issues of gender, race, religion, and ethnicity are commonly raised on residence hall floors, and resident assistants must be prepared to help students better understand their own beliefs and reactions to others (Blimling). Resident assistants are trained in cultural sensitivity issues, as well as how to address students who present with concerns related to multiculturalism and diversity (Blimling).

The resident assistant as crisis interventionist. Of the many counseling issues resident assistants address, none is more challenging than when resident assistants must intervene in crises. Resident assistants are trained in crisis intervention, and must be prepared to address a host of different issues that present in residence halls (Blimling, 2003). The anecdotal evidence in Chapter I suggests that crises certainly do occur in residence halls, and many of these are psychological in nature. In Gallagher's (2009) counseling center survey, 91% of respondents reported an increase in the number of students who come to campus already taking psychiatric medications, almost 90% report an increase in the number of students with severe psychological problems, and 70% reported an increase in crisis situations that require immediate response, with only 1% reporting a decrease in crisis situations. Of those surveyed, 90% had hospitalized a

student for psychological reasons, and 48% of clients have severe psychological problems.

Of the crises that present on college campuses, none is more serious than the suicidal student. Suicide is the third leading cause of death among Americans between 18 and 24 years of age (Barrios, Everett, Simon, & Brener, 2000), and Gallagher (2009) found that almost one quarter of all the campuses surveyed had experienced a completed suicide. Nineteen percent of these suicides occurred on campus, 15% occurred near campus and 66% that occur off campus, Regardless of the locale, these students are still part of the campus community, and residence hall students are typically affected by the suicide of a friend or acquaintance.

In a recent study by the American College Health Association, almost 16,000 college students were surveyed using the National College Health Assessment Survey (NCHA) (Kisch et al., 2005). Of this sample, 1.5% of respondents indicated they had attempted suicide and 9.5% indicated they had experienced suicidal ideation. Even more poignant, 33.4% of respondents indicated a feeling of hopelessness three or more times in the previous year, and 44.5% indicated feeling depressive symptoms so severe they found it difficult to function. Critical to the discussion of resident assistants as counselors, less than 20% of those students reporting suicidal ideation reported that they had sought or were seeking mental health treatment.

While a suicide attempt or completed suicide will obviously result in crisis, suicidal ideation also will evoke a crisis response. Suicidal ideation has been found to be quite prevalent among college students (Benton et al., 2003; Brener, Hassan, & Barrios, 1999; Furr et al., 2001), and Blimling (2003) suggests that resident assistants must be

trained in the etiology of suicide, symptoms of suicidal behavior, how to intervene with a suicidal student, and how to refer a student to professional counseling. Most importantly, Blimling suggests that an attempted or completed suicide can have a major impact on an entire residence hall community, and resident assistants must understand how to debrief such a situation with their students.

Suicide is not the only crisis situation facing the resident assistant. Self-injurious behaviors are increasing dramatically among college students, with Gallagher (2009) finding a 55% increase in students presenting in counseling centers for self-injury. Other studies also indicate a significant increase in self-injurious behaviors among college populations (Gratz et al., 2002; White, Trepal-Wollenzier, & Nolan, 2002). Additionally, rape and sexual assault continue to be major concerns for college communities. Of the 302 counseling centers in Gallagher's study, only 2% reported a decrease in students presenting after being sexually assaulted, with an almost 25% increase in these cases. Resident assistants are trained in how to counsel survivors of sexual assault, as well as how to make appropriate referrals (Blimling, 2003). Resident assistants must also be prepared to address issues of domestic abuse, as well as other violent crime on campus (Blimling).

Sink or Swim, Redux: The Effects of the Resident Assistant Position

While much of the literature is dated, a great deal has been written on the impact of the resident assistant position on the individual, as well as students' performance in the position. Burnout is one of the most often examined topics related to the impact of the resident assistant position. Using Maslach's (1982) definition, Hardy and Dodd (1998) examined the role of burnout in the lives of resident assistants. Fifty-seven resident

assistants were surveyed using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS; Maslach & Jackson, 1986). The study found significant levels of depersonalization among specific groups of resident assistants, specifically those who worked exclusively with first-year students. However, the mixed results related to emotional exhaustion and personal accomplishment, accompanied by the relatively small sample size, create some question about the generalizability of the results.

Paladino et al. (2005) studied the role of burnout in the effectiveness of resident assistants. This study examined almost 200 participants at two different institutions using the MBI-HSS. The instrument was adapted slightly to reflect and measure issues specific to the resident assistant position. The study found resident assistants at a midsized university experienced significantly higher levels of depersonalization than did their peers at a smaller university. The authors also found significantly greater degrees of depersonalization among male resident assistants as compared to their female counterparts. Resident assistants who identified themselves as non-Caucasian also experienced higher levels of depersonalization as measured by the MBI-HSS.

Fuehrer and McGonagle (1988) described a similar study that examined the predictors of burnout among resident assistants. Using two instruments, the Resident Assistant Stress Inventory (Dickson & Ritter, 1975) and the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981), an earlier version of the MBI-HSS, the study examined specific experiences that can promote stress and burnout among resident assistants. Using a sample of 164 participants, the study found significant differences between male and female resident assistants in degrees of stress and burnout. Women reported greater stress when faced with situations related to the development of personal values, and women

experienced greater degrees of emotional exhaustion and lack of personal accomplishment. Resident assistants in first-year halls reported significantly lower levels of frequency and intensity of personal accomplishment. The study also found differences between gender and client population when work roles required emotional resiliency, confrontation skills, and peer counseling. While dated, the results provide a wealth of information regarding the experiences of resident assistants and provide predictive data concerning burnout and stress.

Another dated, but intriguing study examined stressors that negatively impact the performance of resident assistants (Deluga & Winters, 1990). The researchers explored the impact of role ambiguity and role conflict on the degree of success resident assistants experienced in the position. Sampling 42 resident assistants at a small, private business college, participants were asked to identify role ambiguity and role conflict through a series of questionnaires. These constructs were evaluated in relation to the performance of the resident assistants in the study as reported by their residents, as well as their immediate supervisors. The study found significant results between role ambiguity and conflict related to the perceived stress of resident assistants. Ambiguity among roles of leader, peer counselor, and policy enforcer were identified as causing significant stress. The small sample and dated results limit the generalizability of this study, but the results still indicate significant impact of the resident assistant position on students.

A year later, Deluga and Winters (1991) examined the relationships between motivation for becoming a resident assistant and interpersonal stress and job satisfaction and. One hundred forty-four resident assistants at eight Northeastern institutions were asked to complete several self-report instruments related to stress, job satisfaction, and

their motivations for becoming resident assistants. The study found resident assistants who desire power, are seeking financial compensation, hope to develop career skills, and hope to grow developmentally all experience significantly higher levels of stress. However, resident assistants who help others (e.g. through peer counseling) experience significantly higher levels of job satisfaction.

Self-efficacy is another trait that has been explored in the literature. Denzine and Anderson (1990) examined the relationship between self-efficacy and resident assistants' perceptions of their abilities. Sampling 111 participants, the authors used a 22-item survey designed to measure self-efficacy. For the purpose of this study, self-efficacy was defined as the ability to fulfill the responsibilities of the position. Overall, resident assistants in the study reported high levels of self-efficacy and believed they were positively impacting their residents' experiences. Additionally, the study suggested that resident assistants are able to accurately self-assess their performance, that is, the authors found a positive relationship between self-efficacy and self-reported performance assessments.

Theoretical Framework

Introduction

There are a number of theories of human development and behavior that will drive this research study, as well as theory regarding research design and methodology. This section will review the theoretical underpinnings that form the basis for the methodology described in Chapter III. Specifically, this section will first review the literature related to Bronfenbrenner's (1979, 2005) bio-ecological model of human development, as this theory will form the basis for a number of assumptions about human

beings and how people develop in the context of environment. Next, this section will describe Van Manen's (1979) theory of hermeneutic phenomenology, which will inform the qualitative research design. Finally, theory related to the development of college students will be examined, specifically focusing on the moral and psychosocial development of students. In conjunction with the bio-ecological model, student development theory will provide assumptions about the population to be studied, as well as provide the backdrop for evaluating the data collected in this study.

Bio-Ecological Model of Human Development

The bio-ecological model of human development was first proposed by Bronfenbrenner (1979). His premise was that previous theories of human development failed to consider the evolving interaction between the individual and one's environment. Bronfenbrenner cites the work of Lewin's (1935) classic formula that posits human behavior as a function of the individual and interaction with the environment. This model can be expressed in mathematical terminology as follows:

$$B=f(PE)$$

Bronfenbrenner (1979, 2005) suggests Lewin's formula does not go far enough. Specifically, Bronfenbrenner argues that not only can human *behavior* be expressed with this formula, but that if the formula is taken to its logical conclusion, human *development* can be expressed using the same function.

$$D=f(PE)$$

In the bio-ecological model, human development is a joint function of the individual and the environment (Bronfenbrenner 1979, 2005). For Bronfenbrenner (1979), "development is defined…as a lasting change in the way a person perceives and

deals with his environment" (p. 3). The notion of perception is an important one for Bronfenbrenner, as he believed that behavior and development hinge on how the individual perceives the environment, rather than how the environment exists in objective reality. For Bronfenbrenner, objective reality was a moot concept if it differed from the individual's perception.

Bronfenbrenner (1979, 2005) argued that a person's environment could interrupt the assumed developmental path suggested by stage-related developmental theories. Specifically, Bronfenbrenner suggested that negative events in a person's life could disrupt the notion of normal human development. Bronfenbrenner posited that continued interaction with particular negative environmental factors could create the risk of abnormal development. Bronfenbrenner referred to these negative factors as risk factors. Lynch and Levers (2007) define risk factors as "those that have the potential to interrupt the individual's normal developmental pathway or trajectory" (p. 590).

Conversely, Bronfenbrenner (1979, 2005) suggested that people can and will find ways to mitigate these risk factors. Bronfenbrenner identified factors that alleviate the effects of risk factors as protective factors. Protective factors are "those that can serve to buffer the individual from the influence of risk factors, such as the presence of a caring or nurturing adult" (Lynch & Levers, 2007, p. 590). Protective factors create a defense between the individual and the risks the person identifies in the environment. In the absence of protective factors, these risks may cause an interruption or change in the individual's developmental progress. The concepts of risk and protective factors can be better understood in relation to the stage-related student development theories described later in this chapter.

Bronfenbrenner (1979) also theorized that the roles people play greatly impact their development and that changes in roles can cause movement along the continuum of human development. Bronfenbrenner (1979) called changes in roles or settings "ecological transitions" (p. 6), and these transitions typically occur throughout one's life. Ecological transitions can involve events such as the birth of a sibling, entry into school, finding employment, being promoted, graduating from school, marrying, having children, moving, or retirement (Bronfenbrenner). For Bronfenbrenner, "roles have a magiclike power to alter how a person is treated, how she acts, what she does, and thereby even what she thinks and feels" (p. 6). This impact goes beyond just the individual, but to others in that person's environment, as well (Bronfenbrenner).

Bronfenbrenner (2005) noted that both he and Lewin had failed to take into account another crucial aspect of human development, the nature of time. Both of the formulas provided above operate statically, but do not account for longitudinal changes. Bronfenbrenner (2005) added the notion of time to the theory and adapted his definition of human development. In his 2005 work, *Making Human Beings Human*, Bronfenbrenner states, "The characteristics of the person at a given time in his or her life are a joint function of the characteristics of the person and of the environment over the course of that person's life up to that time" (p. 108). Additionally, Bronfenbrenner dismissed the notion that human development could be described in terms of simple addition; he did not believe that people develop in linear ways and that the whole could be described as the sum of its parts. Instead, he referred to a process of synergism, that is, that multiple forces acting together will result in an effect that is exponentially larger than the sum of those forces.

Bronfenbrenner (2005) identified what he called "ecological niches" as "regions in the environment that are especially favorable or unfavorable to the development of individuals with particular personal characteristics" (p. 111). For Bronfenbrenner (2005), it was also important that these interactions between the person and environment be continuous, and that in order to be effective, the interaction must occur regularly over extended periods of time. Bronfenbrenner (2005) referred to these continuing, regular interactions between person and environment as "proximinal processes" (p. 6). These interactions may occur from person to person, or from person to object, or may involve symbols or other aspects of the environment.

Bronfenbrenner (1979) defined the ecological environment as a nested structure with multiple levels. These levels become larger and more complex while hosting the smaller levels, like a set of Russian dolls. At the most basic level is what Bronfenbrenner (1979, 2005) called the microsystem. The microsystem includes patterns of activities, roles, and personal relationships in a face-to-face setting (Bronfenbrenner, 1979, 2005). The microsystem also contains other people who possess distinctive temperaments, personalities, and beliefs (Bronfenbrenner, 2005). Examples of microsystems include homes, schools, peer groups, and workplaces (Bronfenbrenner, 2005).

The next level of the bio-ecological model moves beyond the individual and any one particular microsystem. Bronfenbrenner (1979) assumed that most people exist within a multitude of microsystems, and the relationships between those microsystems are critically important to human development. Bronfenbrenner (1979) referred to the linkages and processes that take place between two or more microsystems as the

mesosystem. The mesosystem can be defined as a system of microsystems, that is, a system of immediate, but different environments in which the person exists.

The third level of the model moves further from the individual and posits that human development is "profoundly affected by events occurring in settings in which the person is not even present" (Bronfenbrenner, 1979, p. 3). The exosystem is comprised of the processes that occur between two or more settings, one of which is not an ordinary part of the developing person's immediate environment (Bronfenbrenner 1979). However, events that occur in the exosystem influence processes within the microsystem (Bronfenbrenner, 1979). These external settings may indirectly affect development; an example of an exosystem might include the relationship a child has between the home and a parent's workplace.

The fourth system in the bio-ecological model is the macrosystem (Bronfenbrenner, 1979, 2005). The macrosystem can be considered as the larger cultural context in which smaller systems exist. The macrosystem consists of overarching patterns of microsystems, mesosystems, and exosystems found within a given culture, subculture, or other broad social context (Bronfenbrenner, 1979). It is important to note that the macrosystem embodies the beliefs, resources, lifestyles, hazards, options, opportunities, and patterns of social interchange that are found in the smaller systems (Bronfenbrenner, 2005). The macrosystem is the "societal blueprint for a particular culture, subculture, or other broader social context" (Bronfenbrenner, 2005, p. 150).

Bronfenbrenner (1986) later added a fifth level to the bio-ecological systems model, the chronosystem. The chronosystem focuses on the construct of time, and the developmental changes that may be triggered by life events and experiences. Changes

that can occur over time may occur within the person (e.g., puberty, chronic illness) or externally, in the person's environment (e.g., winning the lottery, entering school, divorce, death of a loved one). Critical to Bronfenbrenner's notion of systems is that these changes over time will not only affect the individual and the environment, but also can change the relationship between person and environment (Bronfenbrenner 1986, 2005). The chronosystem may be examined in either the short term, or over the entire lifespan (Bronfenbrenner, 2005).

Hermeneutic Phenomenology

Hermeneutic phenomenology was described by Van Manen (1997) as "a human science which studies persons" (p. 6). The use of the word *persons* was intentional for Van Manen, as he was seeking to avoid the traditional research terminology that refers to people as subjects or individuals. Van Manen believed these terms dehumanize the process of human subject research and create an environment of generalizability where people are replaceable with others. From Van Manen's perspective, phenomenology is the study of what cannot be replaced, what is unique, and what makes human beings different from each another.

Van Manen (1997) described hermeneutic phenomenology as the explanation of phenomena as they exist in our consciousness. Consciousness is the person's connection to the world, and therefore all we can know is what exists in our consciousness (Van Manen). By default, if something exists outside our consciousness, it exists outside our lived experience. Phenomenology is also the study of essences, the nature of the phenomenon under investigation (Van Manen). It is the process of attempting to uncover and describe the structures of the lived experience (Van Manen).

Hermeneutic phenomenology describes the meaning of experience as the person lives it (Van Manen, 1997). It provides a depth and richness to the explanation of human experience that differs from the quantitative, empirical descriptions often found in the social sciences (Van Manen). Most importantly, phenomenology is, at its core, the scientific study of phenomena (Van Manen). It is systematic in that it uses accepted and practiced methods and is explicit in its attempt to explain the structures of meaning embedded in lived experience (Van Manen). Phenomenology is self-critical and intersubjective, that is, the human science researcher needs another person in order to develop a relationship with the phenomenon under investigation (Van Manen). Phenomenology is a human science that exists in the human world (Van Manen).

In order to practice hermeneutic phenomenology, the researcher must engage in "the attentive practice of thoughtfulness" (Van Manen, 1997, p. 12). Thoughtfulness is key to Van Manen's view of phenomenology and relies on the thoughtful consideration of the researcher, that is, a mindfulness about the topic being explored. Phenomenology is the search for what it means to be human, and it is a "poetizing activity" (Van Manen, p. 13). As such, there is no conclusion or summary in Van Manen's approach to research. Hermeneutic phenomenology tells a story and it is up to the reader to draw the conclusion or extract the meaning (Van Manen).

As described in Chapter I, Van Manen (1997) suggests six essential research activities that are necessary for successful hermeneutic phenomenological research:

1. Turning to a phenomenon which seriously interests us and commits us to the world;
2. Investigating experience as we live it rather than as we conceptualize it;

3. Reflecting on the essential themes which characterize the phenomenon;
4. Describing the phenomenon through the art of writing and rewriting;
5. Maintaining a string and oriented pedagogical relation to the phenomenon;
6. Balancing the research context by considering parts and whole. (pp. 30-31)

Lived experience cannot be grasped in the present, but must be reflected upon as past experience (Van Manen, 1997). Lived experiences gain significance as we reflect upon them and interpret their meanings. For Van Manen, it is critical to intensify our efforts to identify and reduce our biases and predispositions about a given phenomenon if we are to truly understand it. Our assumptions and presumptions can impede accurate understanding of a phenomenon, even before we have fully developed the question under investigation. In the words of Van Manen, "the problem with phenomenological inquiry is not always that we know too little about the phenomenon we wish to investigate, but that we know too much" (p. 46).

According to Van Manen (1997) all efforts to research human experience are explorations of the lived world as it is experienced in common situations and typical relationships. Lived experiences and related themes are useful guides to reflecting on what is learned about the human experience, and for Van Manen, there are a number of fundamental themes that constitute lifeworld "existentials" (p. 101). Van Manen identifies four lifeworld existentials that are especially helpful in evaluating lived experiences and reflecting on the research process: lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality or communality).

Lived space is more than the traditional notion of space measured in inches, feet, or meters. Lived space is the space people feel, and conversely, lived space affects how people feel (Van Manen, 1997). "Lived space is the existential theme that refers us to the world or landscape in which human beings move and find themselves at home" (Van Manen, p. 102). The space in which people find themselves can provide a degree of meaning, and can serve as a way of understanding the lived experience of human beings in phenomenological research.

Lived body refers to the notion that the body exists in physical space and that when we come in contact with others, we first meet the other through our physical bodies (Van Manen, 1997). Van Manen suggests that through bodily presence we are constantly revealing and concealing parts of ourselves, not always deliberately, but sometimes in spite of our efforts to the contrary. "Under the critical gaze the body may turn awkward, the motions appear clumsy, while under the admiring gaze the body surpasses its usual grace and its normal abilities" (Van Manen, p. 104).

Lived time does not refer to time as measured by hands on a clock; rather lived time is the subjective time people experience in the moment a phenomenon is occurring (Van Manen, 1997). Lived time refers to the reflections on the past, the experience of the present, or the expectations for the future (Van Manen). Lived time describes the all too common experience of time coming to a standstill when we are bored, anxious or anticipatory, while speeding frantically when we are excited and happy (Van Manen). For Van Manen, "when we want to get to know a person we ask about his or her personal life history and where they feel they are going—what their project is in life" (Van Manen, p. 102). The past, present, and future comprise a person's aggregate concept of lived time.

Lived human relation "is the lived relation we maintain with others in the interpersonal space we share with them" (Van Manen, 1997, p. 102). As we meet other people, we approach them through the sense of lived body. However, as we move past the corporeal, we develop deeper understandings and appreciations of the others in our lifeworld. These relationships transcend the individual and create a sense of the communal; community provides a sense of purpose and meaning (Van Manen). It is the essence of interaction with others, of the existential need for relationships that constitutes the notion of lived human relation.

Student Development Theory

For as long as people have studied human behavior, researchers have developed theories about why people act as they do, and what drives people to change. A subset of human development theory is student development theory, which refers specifically to theories related to the growth and behavior of college students. Rodgers (1990) defined student development as "the ways that a student grows, progresses, or increases his or her developmental capabilities as a result of enrollment in an institution of higher education" (p. 27). Student development theory attempts to explain the interpersonal and intrapersonal changes that occur while a student is in college, the factors that lead to this development, and aspects of the collegiate experience that encourage or hinder growth (Evans, Forney, & Guido-DiBrito, 1998). This section of the literature review will examine three different perspectives on student development: Chickering's (1969) theory of psychosocial development, Kohlberg's (1981) description of moral development, and an alternate perspective on moral development proposed by Gilligan (1982).

Psychosocial development theory. Psychosocial developmental theory focuses on the affective features of human growth and development (Rodgers, 1990). One of the most often discussed psychosocial theories of student development is Chickering (1969) seven vectors of student development. Later revised by Chickering and Reisser (1993), the theory postulates that college students move through seven stages of psychosocial development that begin early in childhood and extend throughout life, but are most prevalent between the ages of 18 and 24. For Chickering and Reisser, these stages are not necessarily sequential or ordered. In fact, many of the tasks associated with one vector may be associated with others and many tasks are interrelated.

Chickering's first vector, developing competence, includes the "three-tiered pitchfork" of intellectual, physical, and interpersonal competences (Chickering, 1969, p. 8). As students increase their skill levels in each of these domains, they develop confidence in such tasks as critical thinking, physical and manual skills, and communicating in social situations (Chickering and Reisser, 1993). When students successfully develop competence, they will take increased risks, which in turn lead to development growth (Chickering and Reisser). According to this theory, it is not enough to develop competence; students must also develop confidence (Chickering and Reisser).

The second vector, managing emotions, involves both internal and external aspects of the self (Chickering and Reisser, 1993). As students learn to manage emotions they better understand the feelings they experience internally; externally, students become more aware of how they express emotions to the others (Chickering and Reisser). Resolution of this developmental task involves recognizing and labeling emotions, trusting one's feelings, and determining which emotions will be expressed outwardly and

to whom (Chickering and Reisser). Development in this vector is marked by learning to deal with anger and disappointment, controlling impulses, and balancing negative and positive emotions (Chickering and Reisser).

Chickering (1969) described the third vector of development as moving through autonomy toward interdependence. This stage involves developing competence in three specific domains: emotional independence, instrumental independence, and interdependence (Chickering and Reisser, 1993). Emotional independence is marked by the recognition that the self is part of a larger world where one can, and must, depend on others (Chickering and Reisser). Instrumental independence refers to the student's ability to cope with challenges without seeking help. This stage involves a gradual reduction in the need for approval and movement toward independence and self-regulation (Chickering and Reisser). Typically, the process involves less dependence on parents and the growth of peer relationships. The final challenge in this stage is to become interdependent, to find the balance between freedom and the importance of being an active part of the communities in which the student lives.

The fourth vector, developing mature interpersonal relationships, is marked by an increased tolerance and acceptance of differences as well as the development of mature romantic and platonic relationships (Chickering and Reisser. 1993). The development of skills necessary to successfully navigate a multicultural world occurs in this stage. Relationships are marked by increased openness, trust, and empathy, and the student develops increased skill in listening and is less judgmental of others (Chickering and Reisser). Students gain a greater appreciation for diversity and a clearer understanding of

differences in values and customs, as well as an increased awareness of stereotyping and discrimination (Chickering and Reisser).

The fifth vector, establishing identity, can be found across all seven vectors and refers to the ability to discover or confirm who one is at their core (Chickering and Reisser, 1993). Students develop their own preferences in activities, interests, roles, friendships, and lifestyles. Also critical during this stage is the student's conception of body and appearance (Chickering and Reisser). During this stage, students develop sexual identification, as well as mature in their attitudes about gender roles and gender identification. Finally, the establishment of identity includes developing a positive self-image, the ability to face crises, and a degree of comfort in social settings (Chickering and Reisser).

The sixth vector, developing purpose, is defined by the ability to articulate clear life direction and long-term goals (Chickering, 1969). Most often, these goals are educational or career oriented, but may also include recreational interests and lifestyle matters (Chickering and Reisser, 1993). As students engage in increasingly mature activities, they must budget their time and prioritize their interests. Commitments and priorities are reevaluated and clarified as students begin to develop an orientation toward the future (Chickering and Reisser). At this stage, students begin to seriously consider issues such as marriage, family, and raising children.

The final vector, developing integrity, occurs when the individual appreciates the relationship between beliefs and behaviors and acts congruently (Chickering and Reisser, 1993). The student develops the ability for objectivity and critical thinking, and begins to

develop a core set of principles, values, and beliefs. Chickering (1969) uses the analogy of urban development to describe this task:

> Old structures are torn down, blown apart, or otherwise demolished-and the demolition frequently is carried out at the same high level of indiscriminate fervor and ponderous momentum that recently has destroyed many fine buildings of former times. Misery and misgivings are the lot of nearby inhabitants and distant admirers. But dig he must, and for some college students, blasting is the only way to prepare the ground for new structures better able to carry the increased traffic and new modes of existence. (p. 128)

This final vector typically occurs late in a student's academic career or may not develop during the college years, at all. Instead, it may take graduation into a different environment to spur the development of integrity (Chickering and Reisser, 1993).

Moral development theory. Kohlberg (1981) developed the *theory of moral judgment* that describes moral development in terms of objectivity, justice, and fairness. This theory argues that an individual passes through three distinct levels of moral development, consisting of two stages each, creating a hierarchy of six total stages. At the first level, the *preconventional* level, people respond to cultural rules and labels such as good and bad, right or wrong (Kohlberg). Individuals act based upon the consequences of their behavior, such as reward or punishment, as well as on the power of the person expressing the rules (Kohlberg). Typically, children are found at the preconventional level.

The two stages that make up the preconventional level are stage one: *punishment obedience orientation* and stage two: *instrumental-relativist orientation* (Kohlberg,

1981). In the first stage, the person is typically consumed with the avoidance of punishment and will typically defer to the judgment of people who are perceived to be in authority (Kohlberg). In the second stage, moral reasoning is based on reward seeking behavior (Kohlberg). Specifically, children will act for their own hedonistic desires and self-gratification. Moral decisions are based on reciprocity and equal sharing (Kohlberg).

In the second level, the *conventional* level, the individual makes moral judgments in an effort to meet the expectations of social groups: family, peer groups, or other community norms (Kohlberg, 1981). Moral decisions are evaluated on the norms of these social groups, regardless of the consequences. There is loyalty to the peer group, support for it, identification with it, and a psychological justification for it (Kohlberg). Most college students enter the university at the conventional level.

The conventional level consists of stage three: *interpersonal concordance orientation* and stage four: *law and order orientation* (Kohlberg, 1981). In the third stage, behavior is driven by the need for approval from others within the social group (Kohlberg). There is conformity to stereotypical assumptions of how the majority behaves (Kohlberg). A decision is considered moral if it pleases others in the group. In the fourth stage, moral decisions are determined by fixed rules that serve the purpose of maintaining the social group (Kohlberg). The correct decision is the one that meets group norms, upholds the structure of the group, and is congruent with those considered legitimate group leaders (Kohlberg).

The final level, the *postconventional* level, is characterized by the definition of moral values that are based on critical and principled thinking and an attempt to internalize and personalize value structures (Kohlberg, 1981). Morally correct decisions

meet the individual's critically developed concept of justice (Kohlberg). In contrast to previous stages, the basis of morality is not determined by punishment or reward, nor is it evaluated in terms of external forces. Instead, morality is internalized, based on the careful evaluation of one's own beliefs, values, and principles (Kohlberg).

The postconventional level consists of stage five: *social contract, legalistic orientation*, and stage six: *universal-ethical-principle orientation* (Kohlberg, 1981). In the fifth stage, morally acceptable decisions uphold the rights of the individual as agreed upon by society. In this stage, democratic decision-making processes are emphasized and laws are valued, although this stage also allows for laws to be reevaluated if society deems them flawed (Kohlberg). When decisions cannot be made based on democratic principles, social contracts between individuals form the basis of moral evaluation (Kohlberg).

The highest level of reasoning in Kohlberg's (1981) model is stage six, the universal-ethical-principle orientation. At this stage, the individual is concerned with consistent, comprehensive, ethical principles and decisions that conform to one's own conscience (Kohlberg). Ethical principles are logical, universal, and consistent. Decisions are made on the basis of internal principles, not external rules (Kohlberg). Principles that may impact behavior in this stage include fairness, equality, dignity, and human rights. In short, the sixth stage is marked by a shift away from the self to a focus on what is right and good for others (Kohlberg).

Gilligan (1982) developed a theory of moral development that differed from Kohlberg's assumptions of human behavior. Gilligan was originally a colleague of Kohlberg's but believed his theory of morality was gender biased and the notion of

justice he proposed did not apply equally to women. While Gilligan believed men were prone to making moral judgments based on their perceptions of justice, she believed women were more apt to use an "ethic of care" in moral evaluations **(**Gilligan 1982, p. 63**)**. Gilligan proposed that women tend to make moral decisions through situational context, and women emphasize relationships over the concept of justice. Women seek to understand and respond to others' needs and moral dilemmas are perceived in terms of the relationships and the prevention of harm.

Gilligan (1982) proposed a theoretical framework for the moral development of women that involves three levels, and clearly defined transitions occurring between each level. At the first level, *orientation to individual survival*, women focus on their self-interests and the self is the sole object of concern. Women are primarily interested in survival and what is in their best interests. The transition from first level to the second is the *transition from selfishness to responsibility*. In this transition, women move from an egocentric orientation and begin to acknowledge that they have a responsibility to others and that their actions have consequences that may affect others.

The second level in Gilligan's (1982) model is called *goodness as self-sacrifice*. Self-sacrifice is considered morally superior to the egocentric nature found at the first level, and women tend to depend on the perceptions of others; they begin to care more about what others think of them. Here the woman adopts societal values and community membership. Generally, at the second level women put the needs of others above the needs of the self.

Gilligan (1982) called the transition from the second to third level *from goodness to truth.* In this transition, women integrate the reasoning found in the previous stages.

They develop a sense of objectiveness about situations and tend to develop independence from the opinions of others. They begin to find balance between their own needs and the needs of others. Finally, in the third level, *the morality of nonviolent responsibility*, women accept responsibility for making their own judgments and become accountable for the consequences. Individual needs are weighed against the needs of others and moral actions are evaluated in terms of the consequences involved. The critical element of this level is the desire to minimize harm to self or to others.

Chapter Summary

As evidenced by this literature review, there has been considerable research into the lives of college students and the psychological challenges they face. This review began with an examination of the changing nature of college counseling and the increased quantity and severity of the psychological challenges facing college students, as well as those who provide helping services on college campuses. While college counseling once meant addressing the typical, routine developmental challenges facing young adults, it is clear from this review that counseling services have changed in the face of increased need.

This review examined the roles paraprofessionals play in the helping professions. From community agencies to college campuses, paraprofessionals have been employed in a variety of helping functions. Paraprofessional counselors have been found to be as effective, if not more effective, than professional helpers in a variety of studies, but effectiveness depends on well-designed programs of selecting, training, and supervising these paraprofessionals. This review further examined the impact helping can have on the

helper, from a range of pathogenic effects to the possibility and potential for personal growth.

This review also examined the literature related specifically to the resident assistant position. The development of the position has occurred over hundreds of years, but has evolved into a critical component of the helping services provided on college campuses. Roles of the resident assistant were discussed, as well as the impact the position can have on the student. Finally, this review examined the various theories that will form the underpinnings of the research methodology and data analysis. Specifically, Van Manen's (1979) concept of hermeneutic phenomenology was described, as it will significantly inform the development of the research methodology. The bio-ecological model of human development was discussed as were a number of student development theories. These models will inform the analysis and interpretation of the data collected in this study.

Chapter III: Research Methodology

Introduction

As discussed in Chapter I, this project incorporated a qualitative design in an effort to address the problem, purpose, and questions associated with this study. According to Patton (2002), the choice of quantitative versus qualitative methodology is a question of pragmatism:

> Some questions lend themselves to numerical answers; some don't. If you want to know how much people weigh, use a scale. If you want to know if they're obese, measure body fat in relation to height and weight and compare the results to population norms. If you want to know what their weight *means* to them, how it affects them, how they think about it, and what they do about it, you need to ask them questions, find out about their experiences, and hear their stories. (Patton, p. 13)

Qualitative methodology allows the researcher to study an issue in detail and depth (Patton, 2002). This approach removes the constraints of predetermined categories of analysis (Patton), and as Berg (2007) points out, social science researchers have traditionally relied too heavily on quantitative methods, regardless of the appropriateness to a particular research question. The quantitative, or positivist perspective, requires meeting the ideal of the natural sciences, that is, objective, research based on repeatable designs. Quantitative research, such as that common to the natural sciences, relies on notions of statistical reliability and validity, as well as positivist testing of empirical hypotheses (Berg). The ultimate goal of quantitative design is generalizability, predictability, and establishment of causality.

In contrast to the natural sciences, the quantitative methodology in the social sciences cannot meet the degree of precision required to determine causality, or even predictability in many cases. When working with living, human beings who are affected by their environments, it is nearly impossible to control for the various factors that can influence results. Furthermore, it is difficult to design instruments that can accurately and completely measure life-world constructs such as emotion, meaning, symbols, empathy, and the other subjective topics that are often the focus of the social sciences (Berg, 2007). In short, a qualitative approach was chosen for this study, because it is most appropriate for the questions under investigation. Additionally, using the "theory-before-research" model suggested by Nachmias and Nachmias (1992, p. 46), it is important to understand the theoretical underpinnings of the research topic before designing and implementing the study. In this case, the theories discussed in Chapters I and II lend themselves best to a qualitative approach.

This chapter describes the rationale, theoretical underpinnings, techniques, and procedures that were used in this qualitative research design. Additionally, this chapter reviews the development of the interview schedule and data analysis processes. Data collection for this study occurred between August and October, 2010, and subsequent follow-up data collection, analysis, and interpretation occurred in the months that followed. The purpose of this research was to explore the lived experiences of resident assistants in their roles as paraprofessional counselors, and the effects of those experiences on the person who performs the role.

Rationale

For two years as an undergraduate student, I worked as a resident assistant. During that time, I cannot count the number of interactions that I would have classified as counseling or helping relationships; at times, it felt like my only responsibility. I helped students through forming relationships and terminating them. I worked with survivors of sexual assault and physically prevented a student from committing suicide. It could be overwhelming, and it could be exhausting; it could also be consuming, and I know it affected me. If in no other way, my experiences as a resident assistant led to my eventual entry into graduate school, and my work as a helper and a counselor.

As I recall my experience as a resident assistant, I know there were others who had similar experiences to mine, that is, they spent vast amounts of time and energy working to improve the psychological health of their residents. This could come in the form of regular one-on-one interactions, psychoeducational group interventions, or intervention in crisis situations. I know that at times I certainly met Maslach's (1982) definition of burnout; I am confident my peers felt this way, as well. I am sure many of us also met the criteria for secondary traumatic stress, and possibly even vicarious traumatization, depending on the severity on the situations with which we were faced.

However, I have a belief that many of us also grew as a result our experiences, and perhaps even experienced vicarious post-traumatic growth. After I earned my master's degree, I returned to work in residence life, this time as a resident director at two different institutions. As a supervisor, far too often I watched the challenges of the resident assistant position affect students negatively. I also watched some students grow and flourish in response to even the most saddening experiences. However, I often felt

unprepared to thoroughly help my paraprofessional staff understand and appreciate the depth of their experiences. I also found that the systems in which I worked did not allow me to supervise adequately or to debrief student staff when they were confronted with difficult or crisis situations.

This research was an effort to explore my long-held assumption that being a resident assistant has a significant impact on the undergraduate students who serve in these positions. While I have found dated, quantitative studies regarding resident assistant stress and burnout, the literature lacks in-depth analysis of the experience of being a resident assistant, and specifically, of being a peer counselor. The rationale for this study was to address the need for this type of analysis and to explore more deeply the question of the impact of the resident assistant position on the undergraduate student.

Theoretical Frameworks

The methodology that was incorporated in this study is best described by Van Manen (1997) as hermeneutic phenomenology. Prior to defining and describing how this theory informed the research methods, it is important to first make some distinctions in terminology. Van Manen describes differences between the concepts of method, methodology, procedures, and techniques. Methodology refers to the theoretical framework of the study, the basic assumptions about human beings and human subject research that forms the core of every other aspect of the study. Methodology includes "the general orientation to life, the view of knowledge, and the sense of what it means to be human which is associated with or implied by a certain research method. We might say the methodology is the theory behind the method" (Van Manen, p. 27-28). In this case, the methodology was hermeneutic phenomenology.

Conversely, techniques are the various means and specific procedures that can be invented or adopted in order to conduct a study using the research methodology (Van Manen, 1997). Procedures allow the researcher to proceed forward, to accomplish something, to conduct the research (Van Manen). Together, techniques and procedures form what traditionally has been called the research method. In a quantitative study, these procedures and techniques may include sampling, instrument selection and administration, statistical analyses, and so forth. In hermeneutic phenomenology, techniques and procedures are developed according to the research question and the methodological approach chosen. Methodology drives the choice of technique and procedure, but one should avoid predetermined and fixed procedures and techniques that would govern the project at the expense of accurately addressing the guiding question (Van Manen).

According to Van Manen, hermeneutic phenomenology attempts to meet the goals of both phenomenology and hermeneutics. Phenomenology is the study of lived experience; it attempts to determine the meaning, structure, and essence of the lived experience of a particular phenomenon for a person or group of people (Patton, 2002). It is a tradition that focuses on how human beings make sense of their experiences and how experience is transformed into consciousness (Patton). Phenomenology is reflective as opposed to introspective, that is, phenomenology focuses on past experiences and how the individual has processed the experience and made meaning of them (Van Manen).

Phenomenology focuses on what human beings experience through their senses (Patton, 2002). In order to make meaning of something, we must experience it and in order to experience it, we must sense it through conscious awareness. Phenomenology

does not seek objective reality; the only reality for the phenomologist is the subjective reality as it is experienced by the individual (Patton, 2002; Van Manen, 1997). There are two implications of the phenomenological approach that are worthy of discussion (Patton). First, the subject matter of the study is the human experience and how people make sense of their experiences; the second is that the only way to understand that experience is for the researcher to experience the phenomenon as closely as possible. Finally, phenomenology assumes that there is an essence in lived and shared experiences (Patton). The essences of different people are explored, dissected, and compared to determine the common or shared experience of the group.

Hermeneutics, on the other hand, examines "the conditions, under which a human act took place or a product was produced that make it possible to interpret the meanings" (Patton, 2002, p. 113). Hermeneutics is the study of the context in which meaning is created and interpreted. It is a study of interpretation, with a particular focus on understanding the context or original purpose (Patton). For example, in order to study a particular text from an hermeneutic perspective, it would be necessary to have an understanding of what the author was trying to communicate and to place the document in its historic and cultural contexts (Patton). Hermeneutic approaches, like phenomenological ones, do not attempt to determine objective reality. Reality is a product of context and interpretation; truth is constructed as information is processed through cultural and historical lenses (Patton).

For Van Manen (1997), hermeneutic phenomenology attempts to incorporate the methodological perspectives of both hermeneutics and phenomenology despite the contradictions inherent in the two philosophies. Hermeneutic phenomenology is

descriptive, or phenomenological, in that it attempts to describe how things appear and allows experience to speak for itself. However, it is interpretive, or hermeneutic, because it claims that phenomena must be interpreted if they are present to the human senses and are to be understood. This implied contradiction "may be resolved if one acknowledges that the (phenomenological) 'facts' of lived experience are always already meaningfully (hermeneutically) experienced" (Van Manen, pp. 180-181). Furthermore, by capturing lived experience through the use of language, one must inevitably interpret the experience to some degree (Van Manen).

Hermeneutic phenomenology is a rational science and attempts to redefine terms such as "objective" and "subjective" (Van Manen, 1997). For Van Manen, objectivity means the researcher remains true to the object in front of him or her; subjectivity means the researcher must be insightful and perceptive in order to show the object in as much depth as possible. Data need not be empirical to be rational; to be rational is "to believe in the power of thinking, insight, and dialogue" (Van Manen, p. 16). Rationalism assumes that lived experience can be understood and interpreted through the power of reason (Van Manen). In fact, Van Manen argues that the human experience requires knowledge, reflection, and careful consideration in order to be fully understood, due to its intricacy and complexity. Researching the lived experience of human beings requires different criteria for precision and rigor than does empirical research. Qualitative study is considered rigorous when it is thorough, precise, and accurate in a "moral and spirited sense" (Van Manen, p. 18).

Several methodologies were used in the interpretation and analysis of the data collected in this study. First, Van Manen's (1997) four existentials were used as guides

for reflecting on the data, that is, lived space, lived time, lived body, and lived human relation. For example, resident assistants traditionally do their work in the residence halls in which they live. The possibility of blurred boundaries may be understood through the notion of lived space. Time may feel like it speeds up or slows down; these experiences might be understood through the notion of lived time. Through similar experiences, it was the intent of this study to use Van Manen's four existentials to better understand and reflect on the lived experiences of resident assistants.

Another methodology that was used to understand these students' lived experiences was Bronfenbrenner's (1979, 2005) bio-ecological model of human development. A goal of this study was to examine the impact of the resident assistant position on the development of these students as human beings. Using the bio-ecological model, data were interpreted according to the various systems Bronfenbrenner identified. For example, resident assistants play a number of roles aside from peer counselor including student, administrator, role model, and teacher. Each of these roles exists within its own microsystem; for example, the resident assistant is a student in the classroom, but is a crisis interventionist anywhere on or off campus. The mesosystem, or interactions between these roles, was also of interest as the data were collected. Additionally, the macrosystem could be defined as the campus or residence life cultures; differences in macrosystems might have accounted for different lived experiences.

As this study sought to examine the impact of the position on the human development of resident assistants, it was also important to analyze the data in terms of student development theory. For example, participants in this study experienced difficulty in managing emotions or establishing identity as a result of their work, which might

suggest psychosocial developmental challenges. These experiences were considered through the lens of Chickering and Reisser's (1993) seven vectors of psychosocial development. Resident assistants also find found their experiences as peer counselors had an impact on their perceptions of right and wrong, and how they determine the morality of behavior. These experiences were examined through Kohlberg's (1981) or Gilligan's (1982) theories of moral development.

Finally, resident assistants are often faced with dangerous situations and are forced to make life or death decisions, quite literally. As resident assistants confront difficult situations and struggle with boundaries and multiple systems, the possibility for burnout, countertransference, secondary traumatic stress, and vicarious traumatization become very real. These theories, as described in Chapter II, provided a basis for data analysis and evaluation, as did the possibility of vicarious post-traumatic growth.

Research Design

As described in the introduction to this chapter, this study incorporated a qualitative research design to explore the research questions described in Chapter I. There were multiple reasons for choosing a qualitative design. First, given the lack of academic discourse on the subject, it was appropriate and necessary to add to the intellectual study of this population. Additionally, while the literature describes issues of burnout and stress among resident assistants, most is dated and there were no studies found that explored these phenomena from a qualitative perspective. In other words, the review of the literature failed to answer the guiding question of this inquiry: what is the lived experience of resident assistants in their roles as paraprofessional counselors?

Qualitative research has traditionally used inductive reasoning to formulate conclusions versus the deductive style of quantitative design (Patton, 2002). The process of deductive reasoning begins with a hypothesis and then uses data either to prove or to disprove the hypothesis. In contrast, inductive reasoning begins with a set of facts, and then attempts to draw conclusions and hypotheses from that data. Ideally, patterns emerge which allow the researcher to develop conclusions and assumptions. Deductive reasoning tends to focus the inquiry narrowly on particular closed-ended questions which are answered in the affirmative or the negative (Patton). On the other hand, inductive inquiry allows for open-ended questions and rival hypotheses to emerge from the data. Inductive reasoning begins with data; deductive reasoning begins with the hypothesis (Patton).

In order to engage in inductive reasoning, assumptions and presumptions must be cast aside in order to prevent such suppositions from "pigeon holing" the data (Patton, 2002, p. 57). Van Manen (1997) discusses this in great detail in his descriptions of the practice of hermeneutic phenomenology. Van Manen suggests it is necessary for the researcher to "orient" oneself to the phenomenon in question, that is, to "approach this experience with a certain interest" (p. 40). However, in orienting to the phenomenological question, the researcher must be careful not to allow his or her own experiences and beliefs about the phenomenon to interfere with inductive logic. The researcher must be open to various possibilities, and remain open as the data emerge and conclusions begin to present themselves (Van Manen, 1997). While I have described my assumptions about the phenomena to be studied earlier in this chapter, it was of the utmost importance that I distanced myself as much as possible from these presumptions in the analysis and interpretation of the data.

Strengthening the Study

As Van Manen (1997) points out, the purpose of hermeneutic phenomenology is not to meet the criteria of reliability and validity in empirical terms. However, it is important for qualitative studies to be methodologically strong and for the qualitative researcher to make every effort to design a thorough, well-considered study (Berg, 2007; Patton, 2002; Van Manen, 1997). There are a variety of methods for providing methodological strength to a qualitative research design. Validity refers to the degree to which the research findings correspond to reality and is quantitatively established through the careful design and implementation of an empirical instrument (Patton). However, in qualitative research, "the researcher is the instrument" (Patton, p. 14), and validity, therefore, depends on the skill and rigor of the person doing the fieldwork (Patton). Reliability is a moot concept in qualitative research, as it describes the ability to replicate data collection. As qualitative research hinges on the human experience as it is described in the moment, it would be nearly impossible to replicate a qualitative study. However, improving the validity of a qualitative study also will improve its reliability (Merriam, 2001).

Rather than relying on terms from the quantitative field (i.e. reliability and validity), qualitative researchers strive to establish the trustworthiness of the study (Patton, 2002). Lincoln and Guba (1986) argued that the trustworthiness of a study should be judged by dependability and authenticity. Dependability involves developing processes that are to be followed systematically in conducting the study; authenticity describes the process of being reflexive in considering one's own bias, considering and appreciating the perspectives of others, and striving to be as fair and precise as possible

when describing the experiences and perspectives of others (Patton, 2002). In short, trustworthiness involves being fair, conscientious, and balanced when considering different perspectives, interests, and realities (Lincoln & Guba). "For better or worse, the trustworthiness of the data is tied directly to the trustworthiness of the person who collects and analyzes the data" (Patton, 2002, p. 570).

Merriam (2001) describes a number of methods qualitative researchers can use to strengthen research methodology, several of which were employed in this study. One method that was used was participant review. Participants were asked to comment on the researcher's analysis of their participation, that is, after the data were analyzed and coded, descriptions were given to participants for their feedback to determine if the analyses were correct. A second method of strengthening the study was through a thorough examination of the researcher's biases. My biases entering this study have been documented previously, as was the importance of minimizing bias in data collection and analysis.

The final method of strengthening this research study was the use of triangulation, a common and accepted method of establishing validity in qualitative research (Berg, 2007, Patton, 2002). Triangulation is most easily defined as "the use of multiple lines of sight" (Berg, p. 5). Triangulation strengthens the study by combining multiple methods, which typically occurs in one of four ways (Denzin, 1978). Data triangulation is the use of multiple sources of data while investigator triangulation uses multiple evaluators to analyze and interpret the data. Theory triangulation incorporates multiple theoretical perspectives to interpret a single set of data, and finally methodological triangulation is the use of multiple methods to study a single question or phenomena.

This study made use of data and theory triangulations. Several lines of sight were used when analyzing the data, including Van Manen's (1997) four lifeworld existentials, Bronfenbrenner's (1979, 2005) bio-ecological model of human development, a number of college student development theories, and theories of the vicarious effects of helping. Second, as data was collected, field notes complemented individual interviews (to be described later in this chapter). Data were also derived from a number of participants, which provided a variety of sources of information. Finally, as the data were analyzed, participants were asked to provide input and feedback on the conclusions reached, limiting researcher bias and ensuring accurate interpretation.

Participant Selection

Patton (2002) says of sampling in qualitative research designs, "Qualitative inquiry typically focuses in depth on relatively small samples, even single cases… selected *purposefully*" (p. 230). The rationale behind purposeful sampling is that qualitative methods require the in-depth study of cases that are rich in information, thus sampling becomes a process of quality over quantity. While quantitative designs require random selection and a particular sample size in order to reduce researcher bias, qualitative designs seek smaller samples of highly informative cases (Patton). There is no minimum number of participants required for a qualitative design; in fact, many qualitative designs employ a single case design, that is only one participant is selected but that participant is able to thoroughly describe the phenomenon in question (Patton). However, for the purpose of this inquiry, I selected eleven resident assistants, nine of which were interviewed as key informants in this study.

There are many methods that can be used to select participants for a qualitative research study; this design employed the use of extreme case sampling. Extreme case sampling involves selecting participants because they are notable in some way (Patton, 2002). The purpose of this study was not to make generalizations or represent the typical resident assistant's experience. Instead, the goal was to explore the impact of the atypical experience, with the understanding that atypical is still common, possible, and even likely. "The logic of extreme case sampling is that lessons may be learned about unusual conditions or extreme outcomes that are relevant to improving more typical programs" (Patton, p. 232). In extreme case sampling, the goal is to choose cases that provide the most information and from which the researcher may learn the most in order to draw conclusions that may be beneficial to an entire organization.

In this study, the goal of participant selection was to select resident assistants who have had a great deal of experience serving as paraprofessional counselors, as well as resident assistants who have addressed severe crises and emergent mental health situations. While the average resident assistant may never address a crisis situation, they must always be prepared to do so and should be ready and able to work with students in crisis. Similarly, some resident assistants may perform less peer counseling than others, but that is typically a function of need and a matter of chance. While some resident assistants may not need to provide much help to their residents, others may have the opposite experience and may spend most of their time serving as peer counselors. The rationale behind using extreme case sampling was that every resident assistant may need to respond to a resident in crisis or a student in need of peer helping.

Data Collection

The data in this study were collected using interviewing techniques; Berg (2007) defines an interview as "a conversation with a purpose. Specifically, the purpose is to gather information" (p. 89). Berg suggests interviewing is an effective means of exploring how people attach meaning to events or phenomena, and Van Manen (1997) describes the interview process as serving two very specific purposes in hermeneutic phenomenology. First, it provides the means of gathering information that sheds light on the deeper meaning of human phenomena and second, the interview is the means of understanding how a person has assigned meaning to his or her experience (Van Manen).

Berg (2007) describes three types of interviews: standardized, unstandardized, and semistandardized interviews. These three forms of interviewing lie on a continuum of structure and possibility for flexibility. The standardized interview is the most structured, with no deviation in the order of questioning, no rewording of questions, no clarification of questions, and so forth (Berg). Questions are carefully formulated prior to the interview, as they may not be changed or adapted once the study is under way (Berg, 2007; Patton, 2002). The structured interview allows for consistency in procedure, which can strengthen the design of the study and allow for easier data analysis, but does not permit the researcher to explore unanticipated responses or clarify confusing questions or responses (Patton).

The unstandardized interview does not require an interview protocol, questions are not written prior to the interview, and questions may be asked in any order; the interviewer may ask follow-up questions, provide clarification, ask additional questions, and so forth (Berg, 2007). The strengths and weaknesses of this approach contrast those

of the structured approach; the researcher has ultimate flexibility, but there is no consistency in the design or procedures to be followed (Patton, 2002). The semistandardized interview is "more or less structured" (Berg, p. 93) with flexible wording of questions, reordering of questions, and allows the use of probing questions.

Patton (2002) suggests that different interviewing methods are not mutually exclusive, and that interviewing approaches may be combined in an effort to take advantage of the strengths and weaknesses of each approach. This study employed a strategy of using a semistructured interview format, but with the understanding that the interview protocol must be flexible and adaptive to the information being presented by each informant (Patton). In other words, the interview process was iterative; as the interviews took place, the protocol was adapted based on the emerging data. The goal of this approach was to maintain the rigor and consistency of the standardized interview, while allowing for the opportunity to clarify questions, revisit questions, or ask probing questions. Probing questions allow the interviewer a means of drawing out more complete stories, if necessary (Berg, 2007)

In developing the interview schedule, I followed Patton's (2002) recommendation of beginning with an outline that lists the broad categories under investigation, which were drawn from the research questions identified in the first chapter. I was then able to develop questions that addressed the items in the outline, which in turn, provided insight into the research questions. The ultimate goal of the interview schedule was to develop a means of gathering data that shed light on the guiding question of this study; Patton's approach provided a structure for accomplishing this effectively.

As this study attempted to use as much structure as possible in the interviewing process, questions were carefully constructed and ordered in an effort to avoid confusion and create an efficient interview process (Berg, 2007, Patton, 2002). While Patton states "no recipe for sequencing questions can or should exist" (p. 352), it is important to consider how the questions will be ordered. I followed Berg's and Patton's suggestions that questions be sequenced in a manner that establishes rapport with the participant, and that questions be ordered such that easier questions be asked at the beginning of the interview. For example, Patton suggests asking straightforward questions at the beginning of the interview, questions that require minimal interpretation or processing. The interviews began with content before moving on to process; questions that required the participant to reflect on feelings, speculation, and so forth were saved until later in the interview (Patton).

Berg (2007) and Patton (2002), recommend interview questions be clear, straightforward, and brief. Double-barreled questions were avoided as much as possible so as not to confuse respondents or mix responses in the data. Double-barreled questions ask for responses to two different issues in a single question (Berg). Patton argues that question clarity can be improved by using the terminology of the participant and understanding participants' language. As I interact daily with high school and college students, I can communicate effectively with this population, and as a former residence life staffer with many colleagues still in that field, I am familiar with the terminology used in the residence life setting.

Finally, an aspect of developing the interview schedule involves pretesting the schedule prior to using it in the field (Berg, 2007). The pretest should address five important questions.

- Does the schedule effectively answer the research questions?
- Will questions elicit anticipated responses?
- Does the schedule use language that will be meaningful to participants?
- Are the questions clear, concise, and avoid double-barreled language?
- Finally, will the schedule motivate participants to participate in the study?

In order to pretest the schedule, I elicited feedback from residence life professionals prior to conducting interviews. I provided evaluators with the guiding question, specific research questions, and the outline used to generate the interview schedule, as well as requested feedback around Berg's (2007) five questions listed above. Feedback from professionals in the field was used to make necessary changes to the interview schedule.

A copy of the interview schedule is provided in Appendix A.

Ethical Considerations

When conducting research, it is critical that the researcher design and implement the study in a manner that maintains the safety and confidentiality of participants and that potential risks be mitigated to the greatest degree possible (Berg, 2007, Patton, 2002). One step in developing an ethical research design is through the use of informed consent (Berg). Informed consent is "the knowing consent of individuals to participate as an exercise of their choice, free from any element of fraud, deceit, duress, or similar unfair inducement or manipulation" (Berg, p. 78). In order to ensure informed consent, a

document was provided to each participant outlining: the purpose of the study, the potential risks and benefits of participation, issues surrounding confidentiality, means of obtaining a summary of the results of the study, the voluntary nature of consent, as well as information concerning withdrawal from the study. Participants were provided with a verbal explanation of the form, as well as a copy for their records, a copy of which is provided in Appendix B.

There was limited risk associated with participation in this study. Data collection was limited to individual interviews, which provided a greater degree of confidentiality than would exist in a larger group context, such as a focus group. As described previously, an individual interview is nothing more than a "conversation with a purpose" (Berg, 2007, p. 89). Typically, conversations involve limited risk to the individuals participating in the discussion. The interview schedule was not designed to elicit extreme emotional reactions, but instead asked participants to describe their experiences and reflect on those experiences. Participants had likely discussed and processed these experiences with peers and supervisors prior to the interview; it is unlikely that the interview schedule required participants to delve into previously unexplored thoughts or feelings.

In keeping with the phenomenological tradition, the interview process asked participants to be introspective, to discuss the meaning they have attached to their experiences. However, hermeneutic phenomenology does not require or expect that participants will discover thoughts or emotions they have not previously explored. The goal of this study was not to elicit emotional responses; it was to learn more about how

resident assistants experienced counseling and crisis intervention, and how they interpreted and made meaning of their experience.

While there was little anticipated risk, ethical research design still requires that the researcher plan for even the most unlikely of participant reactions. In the improbable event that a participant experienced an emotional reaction from participation in the conversation, I was prepared to ask the participant if they wished to stop the interview. The participant would have been provided with the opportunity to reschedule the interview or terminate participation in the study. I was prepared with contact information for the participant's campus counseling center, as well as community counseling resources. As a Nationally Certified Counselor and Approved Clinical Supervisor, I am capable of identifying individuals who are experiencing emotional distress and turned to my skill and expertise in assessing the limited risk associated with this study.

Participants were also informed of the potential benefits of participation in this study. First, by taking part in a research study, participants were contributing to the academic knowledgebase in the fields of counseling and student affairs. Additionally, participants had the opportunity to tell their own stories to an empathetic listener who wanted their voices to be heard. The results of this study could lead to assessment and reevaluation of the training, supervision, and expectations of resident assistants working in the field. Conclusions from this study may be used to benefit participants and future resident assistants in their day to day work with students, as well as their own self-care and personal well-being. As burnout, secondary traumatic stress, and vicarious trauma may impair an individual to the point of negatively affecting their performance, there is an ethical imperative to address these issues as thoroughly as possible.

In order to maintain participants' confidentiality, pseudonyms were used in all transcription and publication of responses. All identifying information such as the name of the academic institution for which the participant worked, the name of the residence hall in which they worked, names of supervisors, clients, peers, and so forth were deleted from all transcriptions and reports on the data. As participants discussed their work with clients, it was essential not only to protect the confidentiality of participants, but also of their clients. During interviews, I made every effort to discourage revelation of identifying information about clients, and when identifying characteristics were disclosed, those characteristics were deleted from any transcriptions. Additionally, any individuals who came in contact with the data were required to sign a confidentiality agreement, a copy of which is included in Appendix C.

All data were secured to prevent accidental disclosure of identifying information or other breeches of confidentiality; security of the data included locking the data in a safe in the author's home. Interview recordings were secured immediately following transcription and destroyed after meeting any legal obligations to maintain the raw data. Field notes were secured immediately following data analysis and destroyed in a similar manner. Each participant was assigned a pseudonym which was used in any and all descriptions of that participant. I maintained the only list linking pseudonyms with participants' identifying information, and that list was secured and destroyed with the audiotapes and field notes.

Data Analysis

The process of analyzing data in a qualitative study includes examining, comparing, contrasting, and interpreting important patterns and emerging themes.

Meaningfulness is driven by the research questions; what makes data meaningful are how those data relate to the questions under examination. Data analysis in qualitative research is a recursive process, that is, qualitative researchers must consistently review previously examined data as new themes emerge. It is not linear; qualitative data analysis requires constant evaluation and reevaluation throughout the process until themes no longer emerge and analysis no longer produces new or meaningful results.

The process used for the analysis of the data collected in this study was modled after that proposed by Miles and Huberman (1994). Miles and Huberman identify three components of the data analysis process in qualitative research: (a) data reduction, (b) data display, and (c) conclusion drawing and verification. In the data reduction phase, the mass of data that have been collected must be organized and reduced or reconfigured in a meaningful way (Miles and Huberman). In this phase, the analyst selects, focuses, simplifies, abstracts, and transforms the data that appear in field notes and transcriptions (Miles and Huberman). Data reduction is necessary in order to begin processing the vast quantities of information that are typically collected, and begins prior to data being collected. "Anticipatory data reduction is occurring as the researcher decides (often without full awareness) which conceptual framework, which cases, which research questions, and which data collection approaches to choose" (Miles and Huberman, p. 10).

The data reduction process continues throughout the data collection and analysis stages of the project. As summaries are written, data are coded, themes are identified, memos are written, and other qualitative methods are employed, the data is reduced and some elements are disregarded or eliminated (Miles and Huberman, 1994). The data reduction process is a process of selection, using a combination of inductive and

deductive analysis (Miles and Huberman). While it is important to analyze the data in the context of emerging themes and the original research questions, it is critical that the analyst remain open to the possibility that new meanings may emerge throughout the analysis stage (Miles and Huberman).

According to Miles and Huberman (1994), the second stage of the data analysis process is data display. Data display goes a step beyond reduction of the data and provides "an organized, compressed, assembly of information that permits conclusion drawing and action" (Miles and Huberman, p. 11). A display is a means of understanding what is happening with the data and using that understanding to take action, be it further analysis or conclusion development (Miles and Huberman). Valid displays often provide legitimacy to qualitative data analysis and may include matrices, graphs, charts, and other visual exhibits (Miles and Huberman). Regardless of the method, the purpose of data displays is to assemble and organize information in an accessible, compact form so the analyst can understand what the data means and how it relates to the research questions (Miles and Huberman).

The third stage of data analysis is conclusion drawing and verification (Miles and Huberman, 1994). Conclusion drawing is the process of examining the reduced data and interpreting what they mean; during this stage, emerging themes are identified. Verification, which is inextricably tied to conclusion drawing, is the process of evaluating the conclusions drawn. "The meanings emerging from the data have to be tested for their plausibility, their sturdiness, their 'confirmability'-that is their 'validity'" (Miles and Huberman, p. 11). Successful conclusion drawing and verification require revisiting the theoretical assumptions made in the research design and tying the conclusions to those

theoretical assumptions (Miles and Huberman). It is necessary to understand the context in which conclusions were developed and verified, with theory providing this context. The theories that provided this context were Van Manen's (1997) lifeworld existentials, Bronfenbrenner's (1979, 1986, 2005) bio-ecological model, theories on the impact of helping, and the student development theories described in Chapter II.

Miles and Huberman (1994) describe a variety of methods for testing findings in qualitative research, a number of which were used in this study. For example, triangulation, using extreme cases, and getting feedback from informants are all means of verifying conclusions. The conclusion drawing and verification processes are also recursive; it might be easy to assume that once conclusions are drawn, the process is completed. However, in this model, conclusions are part of the iterative process of continuously reducing and displaying data, which leads to new conclusions. An illustration of the data analysis process as described by Miles and Huberman (p. 12) is provided in Figure 1.

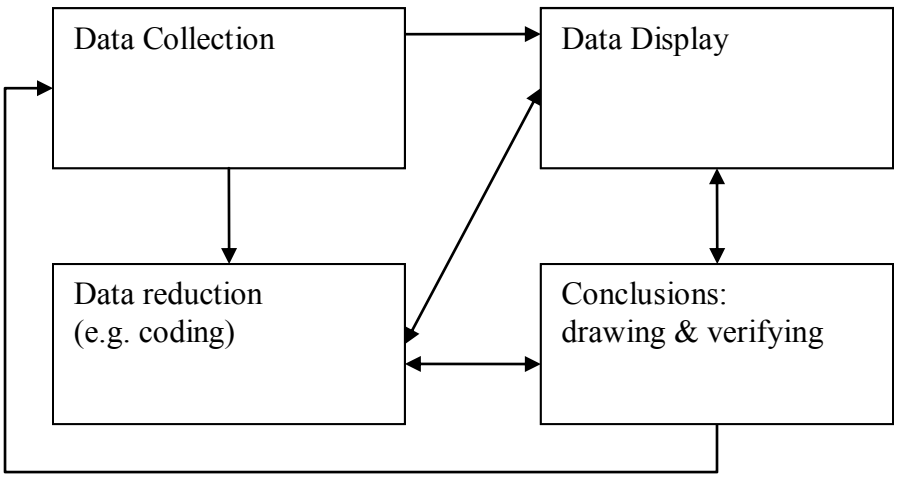

Figure 1. Data Analysis Process (Miles and Huberman, 1994)

The use of coding was used extensively in analyzing and reducing the data. "Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study" (Miles and Huberman, 1994, p. 56). Codes are usually assigned to words, phrases, sentences, paragraphs, or other units that describe a particular meaning or theme (Miles and Huberman) Coding is a process of data analysis, allowing the synthesis and analysis of large collections of data, such as interview transcriptions and field notes (Miles and Huberman). Codes are then used to retrieve and organize those data into meaningful themes from which conclusions may be drawn and verified.

In short, the data analysis in this study consisted of reducing the data as they were collected, including coding the data to allow for easier analysis and interpretation. As the data were reduced, they were displayed and those displays allowed conclusions to be drawn. However, while this process was taking place, data continued to be collected, reduced, displayed, and evaluated, creating a recursive process. Once the data collection concluded, the data were again reduced, displayed, and evaluated, themes identified, conclusions drawn, and later verified. The iterative process concluded when the data analysis process failed to produce new themes or conclusions (Glaser and Strauss, 1967).

Procedures

The first step in implementing this research design was gaining access to the people and locations that were central to the study. As Berg (2007) points out, "gaining entry, or getting in, to a research locale or setting can be fraught with difficulties, and researchers need to remain flexible concerning their tactics and strategies" (p. 184). My strategy to gain entry to the research field and the participants was twofold. First, I

contacted upper administrators at four different residence life programs at four distinctly different universities: (a) a large, public, urban, research university with an enrollment over 20,000 students; (b) a medium-sized, private, church-affiliated, liberal arts university with approximately 7,000 students; (c) a suburban, private, medium-sized, liberal arts university with approximately 4,000 students; and (d), a small, private, church-affiliated, private university with approximately 1,000 students.

I contacted directors, associate directors, or assistant directors in these departments and requested permission to contact resident assistants in their departments via electronic mail (see Appendix D for a copy of the correspondence that was sent to these administrators requesting permission to recruit participants). Permission was obtained from the latter three institutions listed; the large, public research university did not allow access to their students. The departments that did agree to participate provided me with electronic mail contact information for resident assistants who were currently employed for at least one academic year, as well as resident assistants who had recently left the position.

A second method of recruiting participants occurred through the annual Pittsburgh Council on Higher Education Resident Assistant Conference, held in September, 2010. I contacted the conference coordinator (see Appendix E for a copy of that correspondence) and requested permission to recruit participants from the conference. Once permission was secured, I obtained a list of resident assistants attending the conference from the conference coordinator and contacted potential participants using the method described in the following paragraph.

I contacted resident assistants who expressed interest in participation via electronic mail, explained the nature of the study, and provided a copy of the informed consent document (see Appendix F for a copy of this correspondence). In my recruitment, I explained the purpose of the study and my desire to obtain participation from individuals who believed they had performed peer counseling or crisis intervention services for their residents. Individuals who responded and agreed to participate were contacted and interviews were scheduled. The interviews consisted of two parts: the first was a brief interview to ensure that the participant was over 18 years of age, had been a resident assistant for at least one academic year, and had experienced the roles of peer counselor or crisis interventionist. The second interview was more in-depth and followed the semistructured interview protocol described previously. Originally, eleven resident assistants agreed to participate, but due to scheduling conflicts, only nine interviews were conducted.

During these interviews, the interview protocol provided in Appendix A was followed as closely as possible, with clarification provided when necessary and follow-up or probing questions asked when appropriate. Following the interview, issues that required further clarification or additional questioning were addressed through follow-up telephone interviews. Each interview was audiotaped, and the researcher also maintained field notes. Berg (2007) suggests field notes include observations not available in the taped recording, such as the researcher's perception of participant affect, and nonverbal communication being demonstrated during the interview. Field notes also included what Berg calls "observer comments" (p. 199), which included links between participants, theoretical perspectives, and so forth. The field notes also included what Berg identifies

as “subjective reflections” (p. 199), which included the personal observations, comments, and feelings of the researcher.

Following each interview, the electronic recording was transcribed verbatim and field notes were completed in order to begin the data collection and analysis procedures described previously. The data were then analyzed by the researcher, and compared to the compiled field notes for accuracy. Following this process, a summary analysis of each interview was provided to the participant for feedback and evaluation. Allowing the participant to review the data analysis was a method used to minimize researcher error and bias. Specifically, this method allowed the original interviewee to interpret the data and confirm or reject the interpretations and conclusions. One participant responded with clarification around issues related to the analysis of the interview, and the data analysis was adapted accordingly.

These procedures were repeated for each interview, and the data were analyzed according to the process outlined previously. Following the participant evaluation of the analysis, participants received correspondence thanking them for their participation and provided contact information for the researcher should they have wished to ask questions, discuss unresolved concerns, or wanted to obtain a copy of the study results.

Chapter Summary

This qualitative investigation incorporated multiple theoretical frameworks in the research design and analysis of data. Van Manen’s (1997) concept of hermeneutic phenomenology drove the methodology, techniques, and procedures in this study. The strength of Van Manen’s approach is that it finds a balance between two theoretical orientations and could adequately address the guiding question. Phenomenology allowed

me to examine the essence of the experience of the resident assistant as peer counselor; hermeneutics provided a framework for appreciating how that meaning was created and interpreted.

This study used inductive reasoning to explore the guiding question and associated research questions. Specifically, this design began with the question under investigation, followed by collection of data, and finally ended with analysis and rendering of conclusions. Participants were selected purposefully, with an emphasis on selecting extreme cases that provided rich sources of data. Extreme case selection was used because in the field of residence life, any case can become an extreme case without warning. In other words, while many resident assistants will never encounter clients with extreme mental health challenges or engage in crisis intervention, the possibility that they may have to always exists.

Data were collected through the use of interviewing, specifically using semistandardized interviews as described by Berg (2007). Semistandardized interviewing provided the benefits of a standardized interview, while allowing for some degree of flexibility necessary in the recursive processes associated with qualitative research. These interviews were conducted in a manner that ensured client safety and confidentiality, while seeking rich descriptions that addressed the research questions posed in Chapter I. The interview schedule was designed using Patton's (2002) and Berg's (2007) recommendations regarding the development of an interview protocol and it was tested prior to putting it in the field. Data collected from interviews were augmented through the use of field notes.

Data were analyzed using the process suggested by Miles and Huberman (1994). This method involved reduction and display of the data, leading to conclusion development and verification of the conclusions. The data analysis process was iterative and recursive; data were collected while they were being reduced and displayed, which lead to changing conclusions throughout the process of analysis. Reduction of data began before the first interview took place, through the choice of research questions, methodology, theoretical orientation, and so forth. Finally, several methods were employed in an effort to strengthen this study. Data analysis was confirmed through participant feedback and triangulation was used to ensure the study was valid in a qualitative sense, that is, it was rigorous and spirited, as suggested by Van Manen (1997).

Chapter IV: Results

Introduction

The process of analyzing the data collected in this study followed the model described by Miles and Huberman (1994) discussed in the previous chapter. This process involved three stages, which are iterative and recursive in nature. The first of these processes is data reduction, the process of reducing the mass of data that was collected so that it may be used in a meaningful way. In this study, nine interviews were conducted, each lasting between 50 and 90 minutes. The audio recordings, transcriptions of the interviews, and field notes produced a great deal of data that had to be reduced before they could be understood. The data reduction process involved reviewing the transcriptions of each interview while listening to the audio recording and reviewing the field notes. This process occurred as soon as possible following the interview, while other data were still being collected.

During the process of data reduction, key elements of each interview were identified and codes were developed. Specifically, data were evaluated using the research questions identified in the first chapter of this study, as well as the theoretical frameworks described in subsequent chapters. After the data were analyzed and reduced, the researcher moved to the second stage of the analysis, data display. Data display is the method of organizing the reduced data in a meaningful way. During the various iterations of the process, several display methods were developed. First, a graphical representation of each interview was developed, with demographic information at the top, and the research questions following. Key phrases were identified and listed under the related

research question. Then, the theme or phrase was coded using the theoretical frameworks described in previous chapters.

Finally, conclusions were drawn and verified. These conclusions were developed as the data displays were compared to the original research questions and theoretical underpinnings of the research project. The conclusions were verified using three methods. First, the researcher examined the conclusions for their plausibility in the context of the research and the individual interviews; that is, I asked myself if the conclusions I was drawing were congruent with what I heard during the interview, read in the transcripts, and found in my field notes. Second, I summarized each interview and provided a written summary to each participant for review. I asked the participants to comment on my conclusions and provide feedback as to their accuracy. Finally, I used data triangulation to compare the data that were obtained in each of the nine interviews with each other.

As mentioned previously, this process was both recursive and iterative. The interviews were evaluated first following the actual interview, while data collection was still occurring. Once the process of collecting data was completed, the data were analyzed again, reduced, displayed, and conclusions drawn. Once this process was completed, the data were analyzed again. As the analysis progressed, themes began to emerge that may not have been apparent in earlier iterations of this process. This discovery required continued analysis using Miles and Huberman's (1994) process: the data were reviewed and reduced again, coded and displayed, using new data display methods. For example, the theoretical assumptions guiding this study served as a means of displaying data, with key themes being identified for each theoretical concept. Also, matrices were developed

where codes were included on one axis, and each respondent's pseudonym on the other axis. These processes led to the development of additional conclusions. This process led to a point of saturation, that is, continued analysis produced no new, significant results.

This process of data reduction and display led to a hybrid analysis where a case-by-case analysis was performed simultaneously with the cross-case analysis. In order to fully understand and analyze the data, this hybrid process was necessary. For example, complete analysis of an individual case could not be completed in isolation of the other data. As themes began to emerge, the data were re-evaluated in relation to these emergent themes. The data displays in this chapter reflect the hybrid nature of the analysis, as do the individual case analyses found in this chapter.

This chapter begins with a description of the nine participants in this study, including demographic descriptions. Next, a case-by-case narrative is provided for each of the nine interviews, including an analysis of the interview related to the theories described previously. Each analysis also includes examples of the data displays that were developed during the analysis process. These data displays provide both individual case analysis as well as some mention of the results of the cross-case analyses. The chapter concludes with a complete cross-case analysis, including common themes found throughout the nine narratives. The individual and cross-case analyses provide the basis for the discussion found in Chapter V.

Participant Demographics

The participants in this study were nine resident assistants who attended four different colleges. The participants' ages ranged from 20 to 24 years-old, and all had completed at least three years of college. The participants were studying a wide range of

subjects, with the only commonality being two individuals who were theatre majors. Eight of the nine participants were female, and all worked with different populations, ranging from freshman-only residence halls, to upperclass-only halls, to mixed halls. All had at least one year of experience, and four of the nine participants were no longer serving as resident assistants. An overview of the informants' demographic information is provided in Table 1.

Table 1

Informant Demographics

Name	Age	Year	Major	Experience	Gender	Population
Amanda	23	Senior	Forensic Science	3rd Year	Female	Mixed freshmen & upperclass (2+yrs)
Denise	20	Senior	Psychology	2nd Year	Female	First year (1yr)& Upperclass(current)
April	21	Senior	Graphic Design	3rd Year	Female	Mixed freshmen & upperclass (2+yrs)
Chip	21	Senior	Theatre	3rd Year	Male	First year (1yr)& Upperclass (1+)
Cindy	22	Senior	Education & Math	3 Years (retired)	Female	Freshmen (1yr) & Upperclass (2yrs)
Emily	21	Senior	English Literature	2 Years (retired)	Female	Freshmen (2yrs)
Isabella	23	Senior	Music Therapy	2 Years (retired)	Female	Freshmen (2yrs)
Beth	21	Senior	Environmental Science, Biology	2nd Year	Female	Freshmen (1yr) & Upperclass(current)
Monica	24	Senior	Theatre	2 Years (retired)	Female	Mixed freshmen & upperclass (2 yrs)

Note. Informants who were no longer working as resident assistants are indicated with the code *retired* in the Experience column.

Each informant agreed to participate in the study and share their experiences working as a peer counselor and crisis interventionist. Because many of these students were still serving as resident assistants, assuring their confidentiality was of paramount importance. Participants' names are not used in this dissertation; the names of the participants provided here are pseudonyms that were assigned by the researcher. Prior to the interviews, informants were asked to limit disclosure of the name of their college, as well as the names of any residents, supervisors, or residence halls on their campuses. Any disclosure of this information was deleted from transcriptions and was omitted in data reporting.

Individual Case Analysis

The interviews were conducted at various locations that were convenient to each participant, but that also provided a confidential and safe environment for participants to share their experiences. The nine interviews lasted between 50 and 90 minutes, dependent on the richness of the interview as well as scheduling concerns. Scheduling these interviews was extremely difficult, as these students described themselves as quite busy, with many different roles and expectations on their campuses. Interviews were scheduled via email, with confirmation emails sent the day before the interview. Once the researcher met with the participant, the informed consent document was thoroughly reviewed, with specific emphasis on the purpose and nature of the study, how the data would be collected, transcribed, and analyzed, as well as issues related to confidentiality.

A microcassette recorder was placed between the researcher and participant and turned on immediately following the informed consent process. Each interview began with some demographic questions, including age, year in school, major, and the other

information contained in Table 1. The next question in each interview was, "Could you describe any experiences you had where you feel you acted as a peer counselor or intervened in a crisis?" This open-ended question allowed for a starting point around which the remainder of the interview was developed. As stated previously, all participants' names, as reported here, are pseudonyms, and any identifying information of third parties or academic institutions has been deleted.

What follows are the individual case narratives and analyses. Each case begins with a short narrative describing the answer to this initial question. These narratives are written in the form of paraphrased summaries of the aggregate interview. Then, the cases are analyzed using the research questions outlined in the first chapter. It should be noted that many of the statements and themes found in the interviews could easily be categorized using multiple research questions; in such cases the participant's statement was categorized using a single research question for ease of display and analysis. Following this analysis, a brief summary of the interview is provided, and the case is displayed using a table that summarizes the major findings related to the theoretical underpinnings of the research. These tables represent elements of both the individual and cross-case analyses. In these tables, direct quotes are drawn from the interviews in an effort to demonstrate the participants' specific reactions, thoughts, feelings, and so forth.

Amanda: I'm Picturing Her Hanging from the Ceiling

Amanda is a 23-year-old Caucasian female, who was entering her fifth year of college as a Forensics Science major. She was beginning her third year as a resident assistant at the time of this interview, and had worked in a building with a mixed population of first-year and upperclass students during her entire tenure as a resident

assistant. We met in a conference room in her residence hall that Amanda had secured prior to my arrival. We reviewed the informed consent document and the nature of the research and began the interview, which lasted approximately 90 minutes. After providing some demographic information, Amanda began by describing her experiences as a peer counselor and crisis manager.

Amanda described working with a number of emotionally disturbed students and stated, "I have actually had the chance to work with about six suicidal residents, um, in my three years as an RA." She pinpointed one particular resident that was of the greatest significance to her in her experience. Specifically, this student was self-injuring and suicidal in a hallway at three o'clock in the morning, when Amanda heard her crying and attempted to intervene. Despite a desire to avoid the situation, Amanda approached the student and learned that she had been self-injuring in the hallway with a syringe and a pocketknife. The student was expressing suicidal ideation and disclosed to Amanda that she was actively considering taking her own life.

Amanda went on to discuss the processes that occurred and the systems that intervened in this crisis. Amanda felt overwhelmed and unprepared and called a graduate student who was her immediate on-call supervisor at the time. Amanda believed this supervisor failed to intervene appropriately and did not believe the supervisor knew how to handle the situation. Eventually, the resident spoke with the psychologist on-call at the school's counseling center who evaluated her, and the resident agreed to meet with a counselor the next day.

The following day, this resident failed to attend the session she had agreed to the night before, and Amanda's direct supervisor asked her to follow-up with the resident to ascertain why. Amanda was hesitant, not knowing what she might find.

Amanda did follow up with the resident and later discussed the situation with another graduate assistant who was her direct supervisor, as well as her resident director, who supervised both the graduate assistant and Amanda.

Amanda reported that this resident had been abusing alcohol and prescription medications for some time, and Amanda had written a number of reports about the student, communicating this information to her direct supervisor. The result of these reports was that the student's behavior was addressed through the student judicial system as a policy infraction rather than from a mental health perspective. Amanda disagreed with this approach, believing that the student could benefit more from mental health care than from punitive sanctions applied by the student judicial system.

Amanda continued to speak with her resident director about the situation, as well as the campus drug and alcohol educator, but found little consolation or helpful advice. Amanda reported that she spent a great deal of time and effort providing peer counseling to this one resident, at the expense of other students and her own needs. She also reported that the identified student in her narrative was a "friend" whom she had become close to during the academic year.

Eventually, the behavior of the resident warranted her removal from the institution due to repeated behavioral infractions and mental health concerns. The resident left school and attended a drug rehabilitation facility several thousand miles away, with plans to return to school the following year. The student had made all

arrangements to return to school, but was found dead prior to her return to campus. Amanda discovered, through discussions with her residents, that this student had relapsed and was using drugs again. While Amanda had little detail, she assumed the identified student had either committed suicide or died of a drug overdose.

What is the perception of the counseling relationship from the perspective of resident assistants? Many of Amanda's perceptions are described in the above narrative but several specific issues are worthy of further discussion. First, Amanda's perception of the counseling roles of resident assistants focused on crisis intervention. Amanda talked about hearing a resident crying in the hallway at 3:00am, and feeling an obligation to attend to her needs, regardless of Amanda's own need. Amanda also discussed how she worked with the resident in crisis and the techniques she used. After the resident confided that she was considering suicide, Amanda said to her, "Well I hate to hear that. Do you have a plan? Have you thought about it or what's going on with this?" Amanda also used self-disclosure and empathy in an effort to work with the resident in crisis, as evidenced by the following:

> I just sat there and talked with her for a while and just basically said that, I've only known you for a little while and I would be upset if you killed yourself or if you weren't around any longer. And just talked to her for a little bit and said, I've had friends who've gone through this before you're not alone. There are people who can help you.

These statements suggest a degree of human relation described by Van Manen (1997). Amanda's use of empathy and self-disclosure also suggest she was attempting to find means of developing an interpersonal relationship, as described by Chickering and

Reisser (1993), even in the face of a crisis. The details of intervening in this crisis were not lost on Amanda. When she described finding her resident in the hall after an episode of self-injury, her description of the experience was quite rich and detailed:

> When I went out there I saw that she had a syringe next to her and she had a pocketknife that she was scraping on her wrist. [Sigh]. As soon as I approached, she kind of pulled her sleeves down and she was crying… And she basically just said, there's no point to going on, you know… Um, and then when I looked she was wearing a *long sleeved yellow tie dyed shirt* [informant's emphasis] and, um, I saw some blood coming through and I asked her, you know, have you thought about killing yourself? And she just looked me straight in the face and said, *yes* [informant emphasis].

Amanda's recollection of her experience follows Van Manen's (1997) description of the lived body existential, that is, Amanda's experience with this student was marked by their physical interaction, the details of the student's shirt, the blood coming through, and so forth. Amanda was also emphatic about particular experiences related to the lived body existential, such as the details of the student's shirt and her "looking [Amanda] straight in the face."

In addition to working with the student in crisis, Amanda discussed working with those left in the wake of the death of a friend and peer:

> A lot of her friends still lived in the building and wanted to know what happened… I mean with her friends, like, we all felt like we could've done something more. But then once we talked to each other, we realized, you know, I guess that we helped her as much as we could. So I think even that would have

been beneficial if it had been suggested maybe even having a counselor visit the floor to talk…to talk about it a little bit.

As the above quote suggests, Amanda believed she was part of the "we" that described the identified student's group of friends. For Amanda, it was her role to provide peer counseling services to individuals with whom she had developed friendships. These comments suggest Amanda was experiencing Van Manen's (1997) lived human relation existential, as well as Chickering and Reisser's (1993) developmental vector related to the development of interpersonal relationships. It also suggests the possibility of countertransference, that is, Amanda saw herself in the global "we" of the community on the floor, rather than an objective paraprofessional.

Throughout the interview, Amanda discussed the counseling and crisis work she did with her "friends." When discussing the resident's potential return to school, Amanda said, "I mean I'm sure if she would've came back, I would've hung out with her. She was a great person and we were friends." In discussing Amanda's different approach to the resident, as compared to her supervisor's, she said, "well, I mean, that's probably because I knew her personally, because I did actually get to know her more on a friendship level." When I asked Amanda to describe her emotional involvement with this resident, she said, "you mean like how the relationship between her and I were? Because like, we were friends. It wasn't like we were friends before this; we became friends through all of this."

While these comments relate to Van Manen's (1997) human relation existential and Chickering and Reisser's (1993) developmental task related to the development of interpersonal relationships, Amanda's focus on her counseling of "friends" also suggests a degree of countertransference that cannot be avoided. Corey's (2005) notion that

countertransference occurs when a counselor identifies too closely with a client suggests that defining the counseling relationship as a "friendship" would meet Corey's criteria. The assumption that countertransference was taking place between Amanda and her resident is magnified by Amanda's belief that their friendship was strengthened as a result of the crisis they experienced together.

Throughout the interview, it became clear that Amanda saw her role as one of engaging in caring relationships with her residents, such as Gilligan (1982) discusses in the concept of an ethic of care. This was evidenced through the following comments:

> This is a girl I have gotten to know over a couple weeks. I mean, she may have only been here for a semester, but I had gotten close to her. And I saw her hurting. I saw that something was wrong

Later in the interview, Amanda said of her resident, "You know, she was my friend. She was someone that I cared about," even to the point of sometimes feeling alone in providing that caring voice. "But, um, at the time I felt like I was the only one who cared about it."

In short, Amanda described her perceptions of serving as a peer counselor more in terms of crisis intervention than peer counseling. When she did provide counseling, it was in the aftermath of a crisis, and provided counseling to those who were struggling after the crisis had ended. Most of the counseling Amanda described was done during periods of heightened emotions, with individuals who were in crisis or working to overcome their own feelings of loss. Amanda's approach to the counseling relationship is certainly best described by Gilligan's (1982) concept of an ethic of care, a notion that will be further examined later in this analysis.

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? Amanda described, repeatedly and in vivid detail, what her experience was like in her roles as a peer counselor and crisis interventionist. One of the themes she discussed was concern:

> I was really concerned, I mean, I said you know if you look there is some blood coming through her sleeve. Um, it wasn't a lot but enough to know that she had been cutting herself [sigh] and, um, [the graduate assistant on call] had to call the RD who was her back up to call the police and…um…they went through that process and I tried telling her, you know, ask her to lift up her sleeve like there's blood. I don't know how…. I don't think it's bad but she bleeding and check it out and…uh, they refused, or, the graduate assistant said that she didn't think she was allowed to do that so she didn't do it. Um, and they got a hold of the psychologist on call and she talked on the phone with her for couple of hours and it seemed like everything was okay.

Amanda's words suggest several associations to the theoretical underpinnings driving this study. First, her description of the blood coming through the sleeve is an example of Van Manen's (1997) lived body existential. Additionally, Amanda's expression of concern again relates to Gilligan's (1982) ethic of care.

She followed this statement with one that spoke specifically of her fear. "I was shaking. I didn't know what to do. I was just completely frightened for the situation. I didn't know how to react." This reaction speaks specifically to the lived body existential described by Van Manen (1997), as well as Chickering and Reisser's (1993) developmental task of emotional management. Amanda discussed other concerns she

had, as well. For example, she expressed fears that something she might say could traumatize the resident or potentially make the situation worse:

> I am sitting there and I had that voice in my head saying you need to ask her this, but I was afraid cause I didn't know, I mean, she has a syringe and a knife in her, like right by her, I didn't know if I was going to say something that might, you know, trigger her.

Amanda spoke of her lack of interest or desire to address the situation and the difficulty of working with a resident who had regularly called upon her counseling skills, especially at late hours:

> It was about 3:00 AM. I was tired and getting ready to go to bed and I was just going to ignore her because I thought, I'm tired. I have class at 8:00 AM. I need to go to sleep. But she kept crying so I said, you know what? I'll go see and just check on her. She's probably just crying like she usually did… I didn't want to handle it at first cause, I mean, like I said it was late at night, I had to go school in the morning and I wanted to go to bed….So I mean, I wanted to find a way to resolve it quickly. Part of me wants to go to sleep. I'm trying to stay awake.

This statement encompasses a number of theoretical concepts driving this study. One is the notion of lived time, described by Van Manen (1997), as well as when Amanda noted the late hour at which this crisis occurred. Another existential is the lived body that Amanda refers to in wanting to go to sleep, while trying to remain awake. Finally, Maslach's (1982) notion of burnout is apparent in Amanda's words, specifically, her desire to avoid the situation. "She's probably crying like she usually did," suggests some degree of depersonalization.

One of the issues with which Amanda struggled while counseling this student was the involvement of the student's parents. Amanda stated that this resident was abusing prescription medications, and that when the resident would extinguish her supply of medications, "she called up her mom and her mom overnighted her whatever she was low on, from her mom's prescription." Amanda also struggled with her perception that the student's parents were not actively involved in their daughter's emotional well-being, as suggested by the following statement:

> So, it was one of those, the parents knew a little bit, and at the same time I think they were kind of blind to it. They didn't realize the magnitude, um, so I mean there were so many nights that I would stay up late talking to her.

Again, Amanda discussed the concept of lived time, but also the human relation that is involved in late night talks of this sort. The involvement of this resident's parents also suggests a connection to the work of Bronfenbrenner (1979, 2005) and the notion of systems theory. In this case, both Amanda and the resident were members of one system, but the parents were part of a different system, of which Amanda was not a part. This suggests the exosystem was influencing the situation on Amanda's floor, as well as Amanda, herself.

One of the greatest struggles Amanda faced in working with this resident was the incongruence she found between how the university system addressed this resident's behavior, versus what she thought was best for the resident. One comment epitomized this incongruence:

> It just seemed like everyone was like, alcohol violation. This is what we do. This is what we do for every student. That's what she has to do and we're done with

this. And the only time it seemed like anything was handled was if there was a violation. So, I mean, it got to a point where I was trying to look for ways to get her into trouble just so that I could get her to go see somebody, and I don't feel like that was the best way to handle it. [I wish someone would have said to her] we're concerned about you. We would feel better if you went to the [counseling] sessions. I feel like that just would've persuaded her a little bit because they got to the point where she would talk to me and say, everybody just wants to get me in trouble. Nobody actually cares about me. You know, they just want a call my parents and get me in trouble. And I think that added to her thinking that no one really cared about her, because even though from the higher ups minds they might have thought, you know, we're helping her because we're making her to do these things. You know she's getting in trouble. She's going to [alcohol education] class. But in her head, it was just more people trying to turn on her.

Here, Amanda discussed her frustrations with the residence life system's focus on policy and conduct over the needs of the individual. This quote suggests Bronfenbrenner's (1979) macrosystem at work, that is, the cultural system that encompasses the smaller systems such as students, residence halls, resident assistants, and so forth. Additionally, Amanda hints at the struggle between Gilligan's (1982) ethic of care and Kohlberg's (1981) law and order orientation. In Amanda's experience, the policies and procedures that are part of the law and order orientation trumped the ethic of care she believed was necessary to effectively help this student.

Amanda recognized that there were systems in place to address issues such as this, but only discovered that these systems existed after the fact. The following suggests Bronfenbrenner's (1979) exosystem at work:

> It also seemed like there were a lot of behind the scenes things that happened. Like there were councils of people who like talked about students that had problems, and she had apparently had been one of the students discussed. But I didn't know any of this at the time.

Amanda spoke of how things changed on her floor after the resident left school and later died. "So it just created a whole new vibe on the floor. What was once, you know, upbeat and cheery and everything, was just like, everyone kept to themselves. No one, like, wanted to talk about the big elephant in the room." This experience certainly suggests the human relation existential described by Van Manen (1997), as well as the developmental task of managing personal relationships discussed by Chickering and Reisser (1993).

Amanda discussed how she experienced Van Manen's (1997) lived time existential in relation to the situation. She described this experience during her interaction with the resident in the hallway:

> You know, it definitely felt like, time was kind of like…stalled. I mean my head was going faster than it felt like time was going. And after I talked to her and she said she wanted to kill herself, I called the GA and I explained the situation to her, and then she would tell me you know, go do this, or try to get information from her. So, and she said I'll call you back in five minutes. So I go out and talk to her again and it just felt, like, it took forever for that five minutes for the phone to

> ring again. And then when it did, I was afraid, like, I don't want her to think she's getting in trouble because I'm calling the GA. Um, but time definitely was just like going so slow but my head was moving so fast. I think when I was talking to [the resident] and seeing her, time was going fast. It felt like I was feeling immediacy, like something needed to happen right then. But then I made the call and tried to get the help that I knew it was needed, it just felt like it took forever for anyone to show up.

Chickering and Reisser (1993) discuss the task of managing emotions faced by college students. Amanda described a feeling of having failed the resident by not doing more to help her or drawing more attention to the situation among her supervisors. "Because, I mean, I had already felt like I had kind of failed her." When I asked Amanda if she still felt like she had failed this person, she said, "I mean, to a certain extent, I still feel like maybe I should have mentioned something earlier because there were signs, and I just kind of brushed them off."

Amanda commented on the protective factors Bronfenbrenner (1979) suggested could help an individual in jeopardy of developmental regression when faced with risky situations. One of the protective factors Amanda discussed was her peers, as evidenced by the following:

> Well, I know while I was going through it, I had one other RA I was really close with, who hadn't really done a situation like it, but had an understanding of the situation, probably just from me telling it to her. Um, so she helped me out, you know, just understanding. Well, you did what we're supposed to do. And just

knowing, like, you know, trying to say, Live by the book. You did the book. You followed what you're supposed to do so it's OK.

However, the end of this quote suggests that even her peers were more aligned with the law and order orientation of the university, as compared to Amanda's propensity toward an ethic of care, or at the very least, relied on the law and order mentality as a protective factor. Amanda's experience of hearing a peer rationalize the experience by telling her the situation was resolved because she lived by the book was probably less protective than originally intended.

How do resident assistants experience training and supervision, specific to their roles as counselors? Amanda described the training she received around mental health issues in her resident assistant preparation program, but described it as brief. She stated that her training program was facilitated by staff from her school's counseling center and focused on depression and suicide. Specifically, she discussed a half hour training program on suicide, after which resident assistants received a small card with resource information on it. Amanda did not think she would ever need to use the information. "I thought, I'll keep the little brochure, but I'm not going to have to deal with it."

She continued:

> So, it was one of those, you're prepared to a point so I knew the tools to use, but we never talked about what do you do after you get them help? And I think that is why it was a problem in every situation that I had to deal with… But it didn't tell you if you do have a real situation, know once that you've dealt with it *you* [informant's emphasis] can go to counseling. You can come talk to us. There's

> something, there's a support system for you too, and not just, you know, for a student if they have a problem. I think that was the hardest part, was just feeling like, "OK, I helped her talk to the right people and, with all the situations, and then it was like how do I deal with this?

Here, Amanda described feeling less than competent in addressing these issues. In part, this lack of competence was a result of her own belief that she would never have to address a serious mental health issue. More importantly, Amanda believed her training would have made her more competent if it had addressed how she could have better cared for herself in the wake of dealing with crises. These comments can be understood in the context of Chickering and Reisser's (1993) tasks related to the development of competence and identity, as well as Figley's (1995) descriptions of secondary traumatic stress. Specifically, Amanda discussed the need to help residents assistants learn to address secondary traumatic stress symptoms that they may experience.

Regarding supervision, Amanda found herself again struggling with her own view of the work, which seemed to stem from an ethic of care, compared to that of her supervisor, who approached student issues from a law and order orientation. One comment captured this struggle:

> I just felt like it was approached more judicially instead of mentally…Um, it just seemed like it wasn't something that, you know, she was just trying to break the rules. She had something wrong and it was difficult because when I approached, um, my RD about the concerns it just seemed like he only wanted to…I mean I'm sure his goal wasn't to get her into trouble but he only saw the judicial side of it. Where I was trying to point out the mental…The resident director didn't know

this girl personally. He only saw her judicially. He didn't know what she was like, who she was.

Amanda expressed a lack of confidence in her supervisors throughout the interview. While supervision might act as one of Bronfenbrenner's (1979) protective factors, it was experienced as a risk factor by Amanda. She described a scene of confusion and a lack of confidence in the abilities of her on call supervisor when she sought help for the suicidal student:

> And I mean, I was just sitting there, like, I don't know what to do. I need to get her somewhere. I need to figure something out. But at the same time, it was like, I don't know what I'm supposed to do. And the person that I was calling at the time…I…I got the impression she didn't know what she was supposed to do in this situation either.

Amanda experienced a supervisor who not only failed to acknowledge the seriousness of the incident that Amanda was attempting to express, but also seemed to lack an understanding of self-injurious behavior and pathology. Amanda described the experience of reporting the self-injury incident to her resident director:

> I talked to my RD who um, was helpful to a point but didn't really seem concerned because when I brought the knife to him he basically was like, well she couldn't have cut herself with this, it's not sharp enough. I was like, but she was. I was like she was bleeding, obviously something cut the skin and it was just…it seemed like nobody was really taking it…I know now like after I saw the aftermath obviously somebody was taking it seriously, but um, at the time I just felt I was the only one who cared about it.

The day after Amanda found her resident in the hallway ideating suicide, Amanda's resident director asked her to follow-up with the student because she had not attended the counseling session she had promised to attend. Amanda's reaction may be indicative of secondary traumatic stress, as she expressed significant fear in being asked to follow-up with this student. It was at that moment that she recognized the experience of being a resident assistant was not what she expected:

> The next day, I get a call from my supervisor and he told me, will you go check on her? You know, she was supposed to show up to this meeting and she didn't go so see what's going on. And I didn't want to do that because in my head I'm picturing her, you know, hanging from the ceiling or, like laying in her bed bleeding, or dead. And at that point in time I was just sitting there thinking this isn't what I signed up for.

Amanda felt as if she was doing everything she could, but needed more support from her supervisors. "I can't deal with this. This is hard for me. I was trying to push it to them and it just kept getting pushed back to me." This created a palatable frustration that Amanda expressed in the following passage:

> I mean, there were times that I wanted to just jump and go talk to someone higher up. But I knew that that wasn't the policy, that I had to talk to my graduate assistant, and then talk to the RD, and to me and my role as the RA that was where I had to stop.

This sense of following protocols and obeying the system norms is congruent with Kohlberg's (1981) description of the law and order orientation that Amanda experienced in this organization. This sense of protocol could also be described by Bronfenbrenner's

(1979) description of system theory, where smaller systems are often managed by larger ones. In this case, the resident assistant described a certain protocol in reporting concerns, and those protocols were established and managed by the macrosystem (residence life), through the microsystem (resident assistants) and mesosystems, (the interactions between microsystems).

However, policy was not the only reason Amanda did not request more help in addressing the issue. Amanda, and by her account, her fellow resident assistants, had concerns about approaching their supervisors for assistance for fear of appearing incompetent, an issue directly related to Chickering and Reisser's (1993) notions of developing competence and establishing identity. The following also suggests that supervision may have served as a risk factor for Amanda, as she believed that appearing competent, in the face of any situation, was necessary if she wanted to maintain her position:

> I didn't want it to make me look weak, or incapable of doing the job. I think it is kind of the culture. And not going to the counseling center or not [talking about the difficult experience of being an RA], but always trying to make it seem like you're very capable even though you might not understand how to do something you always try to do it on your own before, so that it looks like you know what you're doing. I mean especially in this building, at least, myself and the other RAs that I've worked with. We were always, if we were unsure we would try to figure it out either ourselves or with each other before we went to someone higher, because we didn't want them to say, well, obviously you weren't paying attention during training. Or, you know, maybe you aren't cut out for this job.

Amanda's greatest frustration with her supervision was the lack of guidance and support she experienced from supervisors at various levels. Amanda described a need for positive feedback that could have served as a protective factor in the face of such chaos, but this feedback never came. Instead, Amanda's anxiety was exacerbated by her perception that the supervisor on call was incapable of successfully addressing the incident:

> So, it was hard because I wasn't getting any guidance from her and I, what I needed at the time, I needed someone to say look, you know, you're doing as much as you can, your helping her the best that you can and I just felt like my hands were completely tied and it was just a scary situation.

This lack of support continued through the days and weeks that followed. Amanda hinted that the failure of the system, resulting from the law and order orientation, may have been the cause of the student's eventual death:

> I mean I was still living on the same floor and a lot of her friends still live in the building and everyone wanted to know what had happened and in that instance it just felt like you know I felt like there was more that I could have done just because any time I approach someone about the problem, they tried to brush it off as, you know, it doesn't seem like it is a big deal. You know, she was probably just intoxicated, um, and it seems like something should have been done earlier. Just in my role as the RA, I just felt completely helpless like I wasn't getting any support from, um, anyone else and it was just very difficult situation to try to handle. And then, with her passing away later on, it was just like, maybe if we

would of actually handled this the first time she got in trouble and looked into it a little bit more may be it wouldn't have reached that point.

Amanda did, however, discuss positive experiences she had with supervision, suggesting that the multiple layers of supervision may serve as a protective factor for staff members who are exposed to traumatic situations. Specifically, Amanda discussed the graduate assistant who worked directly with her in her residence hall, and the support she received from him. "He tried to…explain to me 'you're doing everything you can' and kind of gave me that reassurance I was looking for." After the resident's death, this particular graduate assistant supervisor reached out to Amanda, which proved important to her. She described the experience:

> What I think really actually helped me was the day that I found out that she had passed away, my GA called me and said, let's go to lunch, and, um, we can talk about it. Because he had known how much it impacted me… And he knew how much it had affected me, and I think that helped. Just knowing, even though it was after the fact, it was still, someone knows she passed away. Even though, you know, she might have killed herself, or it might have been drugs, I still want to help you, and I know that this is tough on you.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? One of the challenges Amanda discussed in the interview was establishing boundaries between the many different roles resident assistants serve. For example, resident assistants are students, crisis intervention workers, counselors, policy enforcers, members of the campus community, and so forth. The conflicts between roles were not lost on Amanda, as evidenced by the following statement:

I should be done, but I never felt done with the situation, and I think that that was the difficult thing to have to deal with. I was a student and I was also an RA…I did everything that I could in my power, and I feel like I actually gave too much. Um, just because that was my sole focus for a couple of months, was on her. I mean, I was in school, and it shouldn't have been.

Bronfenbrenner (1979) discussed how individuals are participants in microsystems, and the interaction between those microsystems comprises the mesosystem. Here, Amanda discusses her roles as resident assistant and student, and the interactions between those distinct microsystems.

Amanda was cognizant of how her role as a peer counselor influenced her personal life, and how the consuming nature of the position could provide distractions from personal challenges. Again, these are examples of the interactions between the various systems of which resident assistants are a part, and Amanda described these interactions between systems through the following statement:

I was also going through stuff in my life, and it was difficult to have to try to… Then again, it was kind of an escape because I didn't have to worry about my life. I was only worrying about this girl, and even though I went through this stuff, I felt like more was being piled up on me.

Amanda suggested that crisis situations make it especially difficult to maintain boundaries. "Especially in these situations…you get more emotionally involved in them, I think. " The physical proximity makes it especially difficult to maintain effective boundaries, according to Amanda. "And that's definitely the hard part, because you do want to be friends with these people. You're living with them; it's hard not to." These

comments speak directly to Van Manen's (1997) lived space existential. When asked about the role of peer counselor, Amanda believed that physical space and emotional security led many residents to ask too much from their resident assistants, as suggested by the following:

> [The role of counselor is] not a difficult role to fall into since you're living in the same place, there are already comfortable with you, I think. Um, I find a lot of times they expect too much of us in the role of counselor, just because they are comfortable talking to us. It's more comfortable than, you know, going and talking to the RD, or going and talking to the [alcohol counselor], or going down to the counseling center. Because one, it's convenient, and two, they know you, so they're going to feel more comfortable telling you stuff that's going to be a little bit more difficult to tell someone that you're just meeting for the first time and you schedule your appointment.

However, Amanda recognized that creating physical and emotional distance might be necessary for her own emotional well being, speaking to both the concept of lived space, as well as Bronfenbrenner's (1979) notion of protective factors. She commented on this issue, specifically:

> It got to the point that I was just so drained that I if I saw her I would almost try to avoid her, just because I didn't want to be so involved and because I saw what she was doing to herself. I wanted to get her the help. I had sent reports [about her drug and alcohol abuse]… And I was just, it was a way to protect myself because I wanted a way to distance myself from her and from the situation, because I felt that if I didn't see her or talk to her as much it would be easier for me to deal with,

and say, you know, it's just a girl who has an addiction and she'll get help when she's ready.

Amanda's feelings of being "drained" also suggest a degree of burnout, specifically a feeling of exhaustion. Amanda also recognized that there were limits to what she could do as a peer counselor, although accepting those limits was not always easy. This created a conflict between the desire to appear competent and the potential countertransference that can result from being "friends" with your clients, Amanda described this conflict:

> That's the difficult part, for me at least, and for a lot of the other RAs that I've worked with. Because you just, you do form a close relationship with the majority of your residents and you want to help them, and you don't wanna say, OK. I can't help you. I don't know the answer to that. You wanna be that resource, and you wanna be able to always provide that answer. That I think that living with them and being in close proximity, sometimes it's hard to say, I can't help you. I don't know what to do. We have to go talk to someone else.

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? Amanda recognized the challenges this position, and these experiences, have had on her. She stated it in simple language, "I needed emotional help." However, when asked if she sought counseling, she said she did not, even though she recognized the need for it:

> I think [counseling] would've helped because there were times that I would think, maybe I'll go with her and I'll talk to someone too. But then I was like, no I'm not actually going through anything. I'm just dealing with her situation. But I think if

> they had talked about, or even if my RD or someone had mentioned if you need someone to talk too, because, I would go, and I would cry in the office because I was just so like, it wasn't even that I was upset, I was just so frustrated and everything built up and, you know, everything would just come out. And I just didn't know what to do. And if it had been suggested that, I know there's nothing wrong with you, but you're obviously dealing with a lot with this situation, maybe you should go talk to someone just so you can, you know, work through what you're, that you're trying to help her, and understand what's going on. Because I think that was the hardest thing. You know, I didn't understand that I am a student, and an RA, but that there's a certain point to how much I can help her.

In this passage, Amanda speaks to a number of the theoretical underpinnings of this research. Her crying is a direct link to the lived body existential, and her sense of frustration speaks to the developmental task of managing emotions. Amanda recognized that counseling could serve as a protective factor in the face of crisis, but chose not to employ it. She spoke volumes by suggesting that there something "wrong with you" if you sought counseling, and also suggested resident assistants must navigate multiple systems.

While Amanda recognized the potential benefit of counseling, a number of factors prevented her from seeking the help of a trained professional. Amanda's believed that her struggles were not a "big deal," a belief that is congruent with the research of Sharkin et al. (2003) described in Chapter II and discussed in the following statement:

> I had it in my head that if I go, obviously there has to be something wrong with me. And I knew there was nothing wrong with me, but I just needed a way to deal

with, um, what I was dealing with. And I felt like that wasn't important enough to go and waste the time of the counselors. Because I thought if I go there I'm taking away time from someone else who really needs it can go. So I just thought, I just kind of brushed it off as, I'll get over it. It's not really a big deal and I don't want people to think that there's something obviously wrong with me because I'm going there. So I think it was more or less kind of a self image thing, almost? Just, I didn't want anyone to think that there was something wrong with me, or that I couldn't handle these difficult situations. I wanted it to look like, Oh yeah, I dealt with it. I'm, it's ok.

Amanda repeatedly used the word "drained" to describe how she was feeling as this situation continued on. In part, this "drained" feeling seemed to stem from her commitment to the ethic of care and her inability to maintain boundaries with the resident. It also suggests the experience of burnout as described by Maslach (1982). She discussed these issues:

I was just caught in the middle, because I wanted to help her. You know, she was my friend. She was someone that I cared about and it was just I was emotional, just because I was drained. I was trying to give everything I could to help her, to try to get her to realize what was going on. And it just took everything out of me. I mean, I would get upset, you know, because I felt like this wasn't my role to be taking on, you know, this one person. I wasn't supposed to be her psychiatrist. I wasn't supposed to be giving 24 hours to her. But then there was a conflict because I felt like if I didn't help her, who else would? So I mean, I was

emotionally involved in the fact that I just cared so much, but at the same time I cared so much that I was trying not to care anymore.

Again, Amanda's feeling that she was devoting "24 hours" to this one resident suggests a connection to the lived time existential. Amanda's feelings of being "drained" suggest a degree of burnout, specifically exhaustion.

Throughout the interview, Amanda expressed a degree of guilt for the death of her former resident, a struggle with emotional management. "When she died all of her friends and I, we all went through the same, like, well if I would have done this differently maybe she'd still be there." However, as Amanda reflected on the experience, she identified a number of positive outcomes from her experience as a resident assistant. Specifically, these outcomes were related to the development of competence and establishment of identity, as well as the possibility that Amanda experienced some degree of vicarious post-traumatic growth, as evidenced by the following comments:

> I honestly I think it's made me able to handle most situations because I think the hard part for me was asking someone, "Are you going to kill yourself?" And I feel now, that if I can ask someone that question, I should be able to ask anything. Um, so it's definitely changed me for the better, because I did become, I hated touching people. I was not a very, like, a hands on, people person. But through this whole situation, I've become more compassionate and tried to kind of be there more for people, so that they don't get to this point. Um, so I don't think that it's actually negatively impacted me at all. It's definitely provided me with a lot of tools that will help me in the future. Um, just if I was able to handle this

situation, I don't feel like, well that was a life or death situation. If I can handle that I should be able to handle pretty much anything else that's thrown at me.

Summarizing Amanda's experience. Amanda's experience as a peer counselor was one fraught with danger and fear. Her fear and stress was obvious through her physical reactions, as well as her emotions. She felt unprepared and confused, and was exasperated by her experience with supervision, both from those who responded to the emergent situation, as well as from those who followed-up with her after. If anything, her supervisor expressed some degree of incredulity or disbelief about Amanda's account of the situation. However, Amanda described multiple layers of supervision, in which one supervisor did express concern about her personally, and attempted to support her in a time of need.

Amanda's experience was one where her orientation to the work was clearly different from that of her supervisor, and by proxy, of the system in which she worked. Amanda expressed deep concern for this young woman, and described her role as a resident assistant as one of a caregiver and helper. However, she continuously expressed frustration over the conflict that arose between her ethic of care and the law and order orientation of her supervisor and from the system she perceived was directing the response to her resident in crisis. For Amanda, it was impossible to get this student the help she needed because the system was more interested in what she had done wrong and which policies she had violated.

Amanda expressed concern for herself during this period. She expressed that she was overwhelmed, stressed, and "needed emotional help." She did not seek counseling, in part, because of her own biases but also because she did not want supervisors to perceive

her as weak or incapable of handling the pressures of the resident assistant position. She described symptoms of burnout and countertransference, and even hinted at the possibility of secondary traumatic stress or vicarious traumatization. However, Amanda did not consider her situation worthy of taking valuable resources from the campus counseling center. Amanda recognized a number of positive, long term effects resulting from her experience; she certainly expressed feelings of greater self-confidence, self-efficacy, and stronger interpersonal relationships.

While not exhaustive, Table 2 provides a few examples of statements made during the interview that relate specifically to the theoretical concepts driving this research.

Table 2

Analyzing Amanda's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• It definitely felt like, time was kind of like…stalled. I mean my head was going faster than it felt like time was going • It took forever for that five minutes for the phone to ring again
Existential: Lived Body	• I was scared. I mean I was sweating profusely. My hands were shaking. I didn't know what to say • Part of me wants to go to sleep. I'm trying to stay awake
Existential: Lived Space	• And in this situation, her things were still in the room so her parents had to come back later to get them. So everyone's asking, Why are her parents here? Where is she? What is she doing? • That I think that living with them and being in close proximity, sometimes it's hard to say, I can't help you. I don't know what to do

Existential: Lived human relation	• And I know like when she died all of her friends and I, we all went through the same, like, well if I would have done this differently maybe she'd still be there • So it just created a whole new vibe on the floor. What was once, you know, upbeat and cheery and everything, was just like, everyone kept to themselves. No one, like, wanted to talk about the big elephant in the room
Bronfenbrenner's (1979) system theory	• I mean, there were times that I wanted to just jump and go talk to someone higher up. But I knew that that wasn't the policy, that I had to talk to my graduate assistant, and then talk to the RD, and to me and my role as the RA that was where I had to stop • I was also going through stuff in my life, and it was difficult to have to try to… Then again, it was kind of an escape because I didn't have to worry about my life. I was only worrying about this girl, and even though I went through this stuff, I felt like more was being piled up on me
Use of protective factors	• We [her friends and the RA] all felt like we could've done something more. But then once we talked to each other, we realized, you know, I guess that we helped her as much as we could • The day that I found out that she had passed away, my GA called me and said, let's go to lunch, and, um, we can talk about it. Because he had known how much it impacted me…And he knew how much it had affected me, and I think that helped. Just knowing, even though it was after the fact, it was still, Someone knows she passed away. Even though, you know, she might have killed herself, or it might have been drugs, I still want to help you, and I know that this is tough on you
Countertransference	• Especially in these situations. It's, you get more emotionally involved in them, I think, more so, than, you know • Because like, we were friends. It wasn't like we were friends before this; we became friends through all of this

Burnout	• I'll go see, just check on her. She was just, probably just crying like she usually did • It was a difficult situation that I honestly tried to avoid and I couldn't
Secondary traumatic stress	• I didn't want to do that cause, in my head I'm picturing you know her hanging from the ceiling or like in a bed bleeding or dead • I needed emotional help
Managing emotions	• You know, she was my friend. She was someone that I cared about and it was just I was emotional • And I know like when she died all of her friends and I, we all went through the same, like, well, if I would have done this differently maybe she'd still be there and all that stuff. So I think that's definitely is a difficult thing
Developing Competence	• I honestly I think it's made me able to handle most situations • I didn't want it to make me look weak, or incapable of doing the job
Establishing Identity	• I mean it wasn't what they said, but that there was no visible support system for myself as well as for the friends, and if someone had said you can go some talk to someone I think that…I know I definitely would have and it probably would've hope that the time
Vicarious Post-traumatic growth	• Well that was a life or death situation. If I can handle that I should be able to handle pretty much anything else that's thrown at me

Denise: I Saved a Kid's Life

Denise is a 20 year-old Caucasian female, entering her senior year of college as a psychology major. A native of Virginia, Denise is in her second year of employment as a resident assistant, having worked her first year in a freshman residence hall, and working with upperclass students at the time of this interview. Denise and I had planned to meet in

a conference room in the college library, but due to a scheduling conflict, the room was not available. We walked through several buildings until we found an empty classroom, where we conducted the interview. The interview lasted approximately 60 minutes.

Denise described a number of different experiences she had as a counselor and crisis manager. She said that much of her work involved the use of mediation skills in resolving conflicts between roommates, floor mates, and other students in her residence halls. She described situations where roommates attempted to poison one another with perfume-filled water bottles, shredded stuffed animals, and conflicts that had escalated to physical violence.

Denise focused much of the discussion around one weekend when she was confronted with a number of challenging crisis situations. She had been off-campus, working as a babysitter, when a blizzard hit her campus. The storm caused a campus-wide power outage, which resulted in her being called back to campus to address the emergency. Uncomfortable driving in snow, Denise could not make it back immediately, especially since she was still charged with the welfare of children. Eventually, the children's parents returned, drove Denise to campus, and she assumed her duties as a resident assistant.

One of her responsibilities during the blackout was to ensure the safety and security of her residence hall. While doing so, she was faced with confronting two different groups of residents who were engaged in violations of the college's student judicial code. She also felt a responsibility to help keep her residents busy during a time of stress, so organized a number of community activities during this period. In an effort to find some time for herself, she and another resident assistant planned a sledding trip in

the freshly fallen snow. While walking to their destination, they found a student passed out in the snow, intoxicated, injured, and freezing. She and the other resident assistant called for assistance and ensured the student's safety. Later, she was told that the student was close to death from both alcohol poisoning and hypothermia.

What is the perception of the counseling relationship from the perspective of resident assistants? As mentioned in the summary, Denise believed there were various facets to her role as a counselor and crisis manager. She felt most of her work centered on the resolution of conflict and mediating disputes between members of her residence hall community. Some of these conflicts reached the point of physical and emotional violence, which she described vividly:

> We had lots of crises last year in between roommate conflicts to the extreme. Um…we had one girl who got really mad at her roommate and actually poured perfume into her water bottle and ah…she like, oh well. She would have smelled it before she took a sip…Most of the big deal has been roommate conflicts and um…it starts off small but we've actually had some get pretty big and we had roommates get aggressive to the point of choking their roommate. We've had one, one girl came to our room distraught one night her roommate had torn up one of her stuffed animals that she had for a long time.

These different experiences are examples of Van Manen's (1997) human relation existential, and the mediations Denise facilitated often involved people living in the same space, another of Van Manen's existentials. Denise believed the most important skill she could use in her work with residents was empathy. "For me, it's I think, the whole trying to be empathic to their situation, trying to understand. Okay you know, I can't just tell

them, oh it's alright." Denise's emphasis on empathy is congruent with Gilligan's (1982) ethic of care. However, at times she found it hard to be empathic to all parties involved in a situation. This challenge was exasperated by the fact that they share the same living space, suggesting a connection to Van Manen's (1997) notion of lived space. Denise discussed these concepts:

> You kind of have to side with the person who comes to you cause they're the incident, the person you have to deal with. Your job is to make them feel better and so you put a lot of work into that person to make things right for them. And I think there are times you can end up taking their side but like I said, over and over again I do work really hard to keep the unbiased there and just smile when I see the person in the hallway and start up a conversation regardless of what I am feeling towards them, and just try to get passed it faster than I normally would have had I not been in this position.

While Denise discussed the importance of remaining unbiased, she said she sometimes found it difficult to look at residents the same way after attempting to mediate a dispute or address a violation of student policies:

> Well, for me at least, it's always really, it's always most awkward after those first couple days. It's like, you know, I just had to write you up yesterday how do you feel about me, I don't know how I feel about you. I've always tried, you know, to maintain eye contact with people when I'm walking down the hallway just as I would if nothing happened.

A number of Van Manen's (1997) lived existentials are at work in Denise's description. The experience of eye contact is an example of lived body, and these

interactions are human relations, that occur within the context of a residence hall, or lived space.

When asked about managing a crisis such as a blackout or weather emergency, Denise seemed unfazed. In fact, she discussed the potential for community development that can result from such a situation. She also noted that she has experienced a blackout each of her two years as an RA, and has come to expect such crises as a matter of course:

> But it wasn't too bad, it's black outs are again kind of bittersweet, you know you get the students who act up a lot but then it's also a time where everybody comes together. We're all playing games in the middle of the hallway. We're all hanging out because there's nothing else to do. We're all going sledding together. It's the easiest way to build a community I've ever experienced, but I mean I had a black out both years I been here and will kind of be disappointed if we don't have one this year just because it's how it goes.

Again, Denise was discussing lived human relation and lived space, as residents found ways of coexisting during an emergency. Denise saw her counseling role in the resident assistant position in terms of advice-giving and "fixing" people. She also said it was these characteristics that have led her to the psychology major she is pursuing. "It's always kind of been in me to want to help people and want to fix people and stuff. That's my psychology part of me and so I do always try to be open for people who come to me for advice" This desire to help people is congruent with the ethic of care.

However, her experience finding a student intoxicated and passed out in the snow was very different. She described the experience in detail:

> We found him outside by a really tall stairwell and it was when there, we had the big snow, I think there was two and a half, three feet of snow and um, we had found him and he had fallen over in the snow and he was trying to walk down these steps. He couldn't stand up for more than two, two seconds and um, we ended up having to take him to the hospital and they said that if he would have been outside for another ten more minutes, which we figured he probably would have been. Seeing us, he would of tripped down the steps, hurt his head, hurt himself, not been able to get up, passed out, cause he was almost passed out when we got there. Or just even if he walked, even though he didn't have much further from where he started, it would have taken him a while to get where ever he was going and they said, had he been outside for much longer, he probably would have gotten hyperthermia and that was, it was pretty serious.

In short, Denise dealt with a great deal in her experiences as a peer counselor and crisis manager. Throughout the interview, we discussed issues of mediation and other forms of peer helping, but finding a student passed out in the snow seemed to be a point of emphasis in Denise's perceptions of her work.

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? Denise spoke a great deal about her struggles in attempting to remain unbiased in situations involving conflict or mediation; this notion of bias came up at various points throughout the interview. Her challenges with bias suggested potential countertransference in Denise's relationships with particular students; this concept of bias also speaks to Van Manen's (1997) human relation existential. One example of these issues was gleaned from the following statement:

> It's kind of hard because you have to keep that unbiased ideals and that can be really tricky when you have one roommate is primarily going to be the one coming to you complaining about whatever the roommate is doing. And so you mostly get that one sided and you get to know that one person and you try to tell them, okay well try doing this, try doing this, and then when it gets to the point that it's serious enough that you have to talk with both of them. You've already heard so much from that one person's side and it can get hard and you're like, okay well maybe she's just doing this because you're doing whatever you're doing and so that's, that I think has been the hardest thing is just remaining unbiased, can get hard.

Denise expressed the challenge of remaining calm in situations where emotions are heightened and tempers are high, speaking to Chickering & Reisser's (1993) managing emotions vector. "Cause you got to remain calm cause some of that stuff is just, your roommate just did what? And so trying to hide that shock and just be like okay well this is normal and this is how we deal with stuff when this happens." She also spoke of how her emotion, specifically the feeling of shock, was expressed to her residents, an expression of the lived body and lived time existential:

> Just kind of wide eyes and like, oh alright well and then kind of, slow down… Okay, well I haven't seen this before, I have no idea what to do but let me think about it for a second… Probably change in voice and probably even things that I say all of that physical stuff might be an open mouth.

When Denise described the lived experience of finding the intoxicated student, potentially dying in the snow, she discussed how "crazy" the experience was, but also a

sense of satisfaction and accomplishment in helping to potentially save someone's life. This was illustrated through the following statement:

> It was, it was crazy, it was like very almost a weird way to say, but bittersweet…. it looked like he had gotten beat up cause he just like fell over and he face was cut and it really looked like someone had just beat him up, and then he started talking and like oh…this is alcohol. So I kind of walked a couple steps and I mean it, it was really scary and um…this is a big kid and I was like I cannot control him… it was pretty scary and I am like you know a resident, any resident here is our responsibility. We're RA's all the time even if we're not on duty…I'm so glad that I was there cause if I hadn't been I mean I don't know what would have happened to this kid but…I mean it takes a lot out of you and it scares me…After everything was taken care of…. and when they gave us the call or when they came and told us you know yeah and the hospital said had he been outside for 10 more minutes it would have been really, really bad. And it did make me feel good. I was like, thank God I was walking by when I was. I mean had I decided not to go sledding no we want to wait 30 minutes before we go and I think I even stop in my room and watched the TV show before I went out. So had I not watched that show, I was just like thank God things worked out the way that they did because, you know…

Denise discussed a number of important issues related to the theories driving this research. First, she described the management of emotions and the establishment of identity when having to work through a frightening experience and make critical decisions. She also discussed her ability to feel competent to perform her role well in the

face of a challenge. Also, her description of the resident found in the snow demonstrated the way she encountered another through the lived body existential. Finally, her description of being an "RA all the time, even when we're not on duty" was an example of the lived time existential.

When Denise called campus security for assistance, she was distraught. She described, in vivid detail, the experiences of lived time, lived body, lived space, and emotional management:

> It was one of the scariest, it felt like forever, it was so scary… And I mean it was scary and I'm on the phone with public safety and they're like, well where exactly are you? Like, you know I'm on the big stairwell between these two buildings um, all the freshmen dorms. And they're like, well what is the kid wearing? What does he look like? I'm like it doesn't matter, just get here. Well what's the kid's name? Just get here please, *just get here* [informant's emphasis]. So I'm like, we'll worry about that later. So just waiting for them to come…it was not a fun wait… like oh my gosh and I start shaking, I really can't handle it.

Denise described her experiences with residents with whom she had difficult interactions. For her, the interaction after the incident in the snow was quite difficult, suggesting challenges related to human relations, lived body, and countertransference. "I try to act like nothing happened and hope that they can too. It doesn't always work like that. There's definitely been some situations where, you know, I'm not very comfortable looking at you in face for the next couple weeks."

Denise recognized a degree of burnout, expressed through depersonalization and exhaustion, as a result of continually working with the same students who presented the

same issues. She also expressed this through the lived time existential of a semester that needed to end:

> I had several rooms in my hall that I knew were constant issues that weren't too bad to deal with, but that turn of the semesters, it's just like everyone wanted to go crazy and we had the four incidents within the one weekend. And stuff just stemmed from there for the rest of the semester, and it had just gotten to be so much. I mean so it was just so much stuff piling up all at once and everyone is ready for the year to be over. It just the feeling like okay, I'm done with this. These residents are getting old; let's get some new ones now.

Denise recognized that when acting as a peer counselor and crisis interventionist, the concepts of right and wrong can be ambiguous. "There's been some situations where I just I didn't really know the right answer and some situations where there had just haven't been right answers." This statement suggests a move away from the law and order orientation toward an ethic of care. Finally, Denise recognized the importance of her peers as a potential protective factor in the face of crisis. "So luckily, I mean, I did have somebody there with me that went through the same situation and so it was nice to have them. We're all like, can you believe what we just did?"

How do resident assistants experience training and supervision, specific to their roles as counselors? Denise described the experience of training as a series of presentations from outside speakers who addressed specific issues. However, her experience was that her training did not prepare her when she needed to recall it. Instead, she suggested she reacted and hoped her natural reaction would result in a successful

intervention; through experience she learned to be competent in her position. She described this through the following statement:

> Well we have lots of people coming in and kind of giving us presentations on the deep stuff and um…to be honest I don't know if it's the most helpful kind of thing…They come in and talk to us and they mostly just give warning signs and big issues. Um…and stuff to look out for and how if this happened well you know you've heard how to deal with it, and so hopefully you'll remember and it will kick in and things will kick in. Um….but I tell you those first couple of times when people come up to you, you're just like, I don't remember anything, and you just have to go and usually it ends up working out alright.

Continuing this notion of developing competence, Denise described the "Behind Closed Doors" training as the most effective. Behind Closed Doors is a term used for role playing exercises where resident assistants in training practice their skills in mock situations, usually performed by experienced staff. "We do Behind Closed Doors or just kind of mock situations, um…those I think are more helpful than anything."

When asked what the experience of training was like, Denise replied in terms of the lived time existential:

> Pretty boring. And it's long hours… and so I mean we were here for long hours every day, presentation after presentation, and it was just so dry and there's, there's only so much you can do to make those kinds of presentations really interesting especially once you sat through once before and so training is kind of boring.

Denise acknowledged that her training was unlikely to cover every possible situation that might arise, and that competence was developed through experience and an effort to develop relationships with others and manage her own emotions. She used the experience of one roommate attempting to poison another with a bottle of perfume as an example:

> Because they tell us over and over again in training you're going to get training in a lot of the major issues that you are going to see but there's no way training can cover everything. Training never told me what to do if a roommate pours perfume into their other roommate's water bottle or rips their stuffed animals to chards, and so you hear these things and these are people that you see day to day. Okay how am I going to look at you the same after knowing you do this kind of stuff so um… to hide the shock, I mean I just like I said try to remain calm.

Denise's experience with supervision was that her supervisors failed to recognize the work she had done or acknowledge the difficulty of her position. Specifically, Denise did not believe her supervisors understood the severity of certain situations, or the emotional impact of the position on her. After failing to have her experience validated, she returned to discuss it with her supervisor the following day:

> I went back the next day I'm like, no you don't realize, this was so bad…they're like no, no we get it. I'm like no, but you're not making it out to be a big deal. This was a huge deal. And [they said] Denise it's okay it's taking care of. I'm like, but you don't understand it was so scary…

Denise continued to explain her frustration with supervision, and that it took several weeks for her supervisor to acknowledge Denise's experience:

> But I mean they didn't even acknowledge that we had saved a kid's life until a couple weeks later. We were…I was walking back to my room and I was like talking with one of them cause they live in the residence hall right next to mine, that is where their apartment is. And they're like, "yeah you know you probably saved that guy's life," and I was like you just acknowledged that. I was like, thank you, and they just said it like it was nothing. And I was like, *no way say that again* [informant's emphasis]. Yeah you probably saved that kid's life. *Say that again, this is a big deal. Don't act like it's not one* [informant's emphasis]. And so, not that I needed a big pat on the back for it, but I think even just a little bit of, you know, you guys really did a good job here, would have been nice and we didn't really get that until a couple weeks later but I think had I gotten it sooner…

These statements suggest that Denise did not see her supervisors as potential protective factors against the emotional and physical risks she experienced. She also suggested that her supervision did little to help her develop competence in the position, nor did it help her manage the emotions she was experiencing as a result of addressing crises and counseling situations.

When asked if Denise believed this lack of acknowledgement was part of the residence life culture, she replied, "It's kind of expected of us as our job…It's just our job is to deal with instances as they arise and if we can't deal with them, they'll find someone who can, kind of thing." This statement suggests that supervision may have served as a risk factor, as she believed that if she expressed weakness in the face of crisis, she could be terminated from her position.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? Denise commented that she did not realize the effect of the position on her personal life until she became a resident assistant. "Um…I didn't really think about how much of an impact it would have my life all the way around. Like, I'm 20 so I've got friends who are 21…just with issues like drinking. Friends don't want to be around me. I'm the RA so they can't do stuff around me." This speaks to Bronfenbrenner's (1979) notions of nested systems and the influence one system may have on another. In this case, Denise's resident assistant role and role as a friend came in to conflict. This was not the only example of the influence of microsystems and mesosystems. She put it succinctly. "I'm working a job. I'm an RA. I'm also in classes." Denise expanded on that notion:

> This year being my senior year, I've got a lot more class work than I really thought I would be having. I have to work jobs just to keep decent money for college and paying stuff off and um, along with joining the sorority and the RA position I've had no free time the past couple of weeks.

The different systems in which Denise existed often came in conflict. The ubiquitous nature of the resident assistant position conflicted with a part-time job she held, babysitting for a Dean at the college. As mentioned previously, during a weather emergency she was summoned back to campus. "I was actually babysitting the night the power went out and I baby-sit for the Assistant Dean, and so they call me and they're like, look we know that you're out but if you can we need you to come back."

Denise believed that people interested in becoming resident assistants need to understand the challenges and stresses of these conflicts. She stresses this point to

individuals interviewing for the resident assistant position, and stressed it during the interview:

> It is completely different and I tried to point that out in the hiring process this year to the people who were looking into it. And they asked, they're like, you know, is this what you thought would be? And I was like no. I was like, you need to realize how much work it is because it does…it can consume your life in a lot of different ways.

Denise recognized the importance of establishing boundaries and finding ways of managing the stresses of the position. Making time for herself was a recurring theme throughout the interview, and a protective factor using Bronfenbrenner's (1979) definition. Additionally, closing her door was one method she used to incorporate the idea of lived space as a protective factor in an environment where most lived space is communal:

> Just really taking that time for yourself…I mean taking that time for yourself, you know, I try to always have that open door policy where even if my door is not open, you know, feel free to come talk and sometimes I was just like alright. I don't care. Today it's closed and it means it's closed and so I mean definitely you need to realize when you need to take that time for yourself.

Denise also found protective factors through family, other resident assistants, and the residents on her floor, as described in the following statement:

> I had a great group of girls last year. Anytime something big happened they knew. They could tell it in my face. They could, I guess in the way I was acting they knew. Word around the hall, and they would write nice cheerful things on my

white board outside my door. And so, just support from friends, and support from other RA's, and then just sometimes you got to be like you have no idea what I dealt with today. I'm calling mom. Mom is always a good one to call.

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? Denise described several influences of the resident assistant position. One was the experience of countertransference, specifically her struggle working with residents whom she had encountered in crisis situations. When talking about the resident she had found in the snow, she said:

> Just seeing him afterwards and like he had no idea. I was like you don't even realize I saved your life and you're still giving me trouble and you're giving me dirty looks cause you got written up because of me. I'm like you don't even know, you don't even know how scary that was.

Denise also had interactions with the student's friend, which were equally difficult, both in managing her own emotions, as well as avoiding bias toward this other resident. She described this challenge in the following comments:

> And I actually had a friend of his come up to me, and she was actually involved in an incident of her own, and she's like you know you RA's don't handle anything right. My friend was a little drunk in the snow one day and you guys got him written up. I was just like, excuse me? I'm just trying like not to get mad at her and I'm like you don't even know what you're talking about because he doesn't even know what he is talking about

Denise also repeatedly described evidence of burnout, through exhaustion and depersonalization:

> It's just, you know, I'm tired. I don't always want to deal with the stupid issues anymore. The year's almost over, you know. You guys can make it, it's two more weeks, and just the programming, and the duty logs, and it's, it's a lot of work, and it's a lot more work than I think people realize that it is. And it definitely took out of me last year…It got old and, you know, the same people, the same problems. And that was frustrating.

The most significant effect Denise depicted were her descriptions of reliving the event and re-experiencing it, suggesting a degree of secondary traumatic stress. Denise said that when she passes the location where she found the injured resident, she remembers the experience vividly. "And so, I was just, you know, just the overall stress, like passing that spot. That's where the kid fell down in the snow, and this is where he cut his head." Denise recognized that the experience had an impact on her future as a resident assistant. "I was afraid to have to deal with anything like that again…It's scary." Denise reiterated this experience in more detail:

> Just being on duty was a little bit more dreadful than it usually was. Like, you know, I really don't want to find anything. I do not want to have to type up another incident report. I do not want to have to see someone as drunk as this person was and it was just more of hoping that I wasn't gonna run into anything. I don't think I was afraid to run into something, *I was afraid to run into him* [informant emphasis].

Denise experienced her fear through a physical reaction, a lived body existential. "When I see people that drunk now, I mean, it just, it physically makes me sick because it

just brings back memories of that night." When asked if she still experiences these reactions when she sees people who are intoxicated, Denise was emphatic:

> Oh yeah, it brings [the memory] back…I mean I was out this summer with some of my friends and we were eating dinner out and there was one guy kind of helping his friends walk and they were kind of wobbling around falling over and I'm like oh…It just freaks me out when I see people like, uh, just brings it back. And it's like, do you realize how drunk you are? And I'm like it's…it almost makes me angry.

Denise did identify a number of positive outcomes from her experience as a resident assistant, specifically related to the development of competence, establishment of identity, and possible symptoms of vicarious post-traumatic growth, as described through the following statement:

> When you have something that serious, it does…you do feel stronger, more confident in yourself, and that you know, I dealt with this. The small drinking incidents don't seem like anything anymore. Yeah, I don't mind going in and busting freshmen anymore for drinking, *I saved a kid's life* [informant's emphasis]… I mean I definitely have more confidence when it comes to confrontation now…I feel more confident both in scary situations and just business situations, and so I think that that's really helped me a lot. And even though it may not be running to someone's side who's about to fall down stairs because they're really drunk, I mean there are going to be situations that I can run and take a stand up to because of this experience that I have had.

However, Denise recognized the lasting impact of the experience on her, and does not expect her worldview to change anytime soon. Specifically, I asked Denise if she thought there would come a time when she could see an intoxicated person and not react negatively:

> Maybe years down the road, not anytime soon. Um, and even if I don't have that thought, I mean it just makes me cringe. And so, even if I don't just think of him, I know I'm cringing because of the situation that I had. I'm like oh…I'm sure one day I'll forget, but I don't think it's going to happen anytime soon...and so, I mean, I think I will think of him for a long time when I see situations like that.

Summarizing Denise's experience. Denise described a number of experiences counseling other students as a peer mediator and crisis interventionist. Denise focused on significant and severe cases, but those cases provided rich and detailed descriptions of her lived experience as a resident assistant. Denise described dangerous and risky situations, and experienced her counseling roles through lived body, lived time, lived space, and human relations. She described the struggle with bias and countertransference, as well as the need to be empathic and caring in the role of counselor.

Denise's experience was one of yin and yang; while she faced significant challenges, she appreciated the opportunity to help others and make a difference in the lives of her residents. She discussed the challenge and importance of managing emotions, and the process of developing competence in the position and establishing an identity as a resident assistant. She described the ubiquitous nature of the resident assistant position, and the importance of establishing boundaries. She also expressed a great deal of

frustration with her experience in supervision; she felt unsupported and felt little acknowledgement of her accomplishments or the challenges she faced.

Most significant were the cumulative effects of the position described by this informant. Denise described a fear of encountering the resident whose life she had saved, relived the memories of the event, and has physical reactions when she recalls the event. Denise also described significant forms of burnout, specifically in her own exhaustion and the depersonalization of her residents.

Table 3 provides a few examples of key phrases Denise used that identify the theoretical concepts driving this study.

Table 3

Analyzing Denise's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• It was one of the scariest, it felt like forever, it was so scary • I'm like it doesn't matter just get here. Well what's the kid's name? Just get here please, just get here. So I'm like we'll worry about that later. So just waiting for them to come…it was not a fun wait
Existential: Lived Body	• Like oh my gosh and I start shaking, I really can't handle it • It almost made me sick to see him because the state that he was in
Existential: Lived Space	• I try to always have that open door policy where even if my door's is not open you know feel free to come talk and sometimes I was just like alright. I don't care. Today it's closed and it means it's closed
Existential: Lived human relation	• It meant a lot to me and I could tell it did to them too and so I was…I was glad that the year ended but I do miss some of it • For me its I think the whole trying to be empathic to their situation, trying to understand

Bronfenbrenner's (1979) system theory	• This year being my senior year, I've got a lot more class work than I really thought I would be having. I have to work jobs just to keep decent money for college and paying stuff off and um…along with joining the sorority and the RA position I've had no free time the past couple of weeks and so it's a combination of things • I was actually babysitting the night the power went out and I baby-sit for the assistant dean and so they call me and they're like look we know that you're out but if you can we need you to come back
Use of protective factors	• Just really taking that time for yourself • And so just support from friends and support from other RA's and then just sometimes you got to be like you have no idea what I dealt with today. I'm calling mom
Countertransference	• I think has been the hardest thing is just remaining unbiased • There's definitely been some situations where you know I'm not very comfortable looking at you in face for the next couple weeks
Burnout	• It's just, you know, I'm tired, I don't always want to deal with the stupid issues anymore. The year's almost over • It got old and you know the same people the same problem and that was frustrating
Secondary traumatic stress	• I don't think I was afraid to run into something, I was afraid to run into him • It physically makes me sick because it just brings back memories from this night
Managing emotions	• Trying to hide that shock and just be like okay well this is normal • I'm like but you don't understand it was so scary
Developing Competence	• Because they tell us over and over again in training you're going to get training in a lot of the major issues that you are going to see but there's no way training can cover everything • So hopefully you'll remember and it will kick in and things will kick in. Um, but I tell you those

	first couple of times when people come up to you, you're just like I don't remember anything and you just have to go
Establishing Identity	• Yeah, I don't mind going in and busting freshmen anymore for drinking, I saved a kid's life • I mean there are going to be situations that I can run and take a stand up to because of this experience that I have had
Vicarious Post-traumatic growth	• When you have something that serious it does you do feel stronger more confident in yourself and that you know I dealt with this

April: I Just Needed to Let It Out

April is a 23-year-old Caucasian female, who was beginning her third year as a resident assistant when this interview occurred. She was beginning her senior year as a graphic design student and had worked in a residence hall that housed both freshmen and upperclass students all three years. The interview took place in April's office in the campus student center, and lasted approximately 75 minutes. The office was a converted residence hall room, equipped with a sink that was affixed to the wall behind April. After reviewing the research and the informed consent, April began her account of her experiences.

April discussed a number of different counseling and crisis interactions that she had experienced during her tenure as a resident assistant. April discussed one resident who would seek counseling because her brother would often call her and threaten suicide. She also discussed working with students who were struggling with relationship troubles, as well as mediation and issues related to drug and alcohol abuse. April chose to share a

story that occurred Valentine's Day weekend the previous year, when she was confronted with a variety of serious counseling and crisis situations over the course of several hours.

April began by stressing that she was not on duty at the time, that is, she was not technically responsible for attending to these issues. Her weekend began with a telephone call from a student frustrated by the noise coming from an unauthorized party that was occurring on their residence hall floor. During this encounter, several students ran from the resident assistants as they worked to end the party, and someone tried to distract April by "hitting on" her. This situation was, in and of itself, minor in April's opinion, but as she was completing the related paperwork, she received another telephone call from a friend asking for her assistance.

When she arrived at the student's room, two of her residents were moving one woman's belongings from her fiancée's residence hall room, where she had be living with him for some time. The female student was ending the relationship, which had caused a severe emotional response from her former fiancée, who was self-injuring and threatening to commit suicide. April attempted to provide counsel to the female residents, while working with campus security and her supervisors to ensure the safety of the male resident.

After resolving that situation to the best of her ability in what little time was available, she returned to her room to meet another resident who wanted to talk to April about a pregnancy she had recently terminated. April provided counsel to this resident as well, and following their interaction, April had her own emotional reaction. She contacted her supervisor and discussed her feelings and concerns, and described a catharsis that she had with her supervisor.

What is the perception of the counseling relationship from the perspective of resident assistants? As April discussed her experience as a peer counselor, her perspective of her role focused on the needs of the other, rather than her own emotions, experiences, or cognitions. As she talked about working with a resident whose brother was threatening suicide, she talked about the friendship she had formed with this woman, and how that made the relationship more comfortable for her resident. She also saw her role as an advice giver, or someone who could help "guide her in what to do." She said:

> I knew a resident used to come to me a lot crying because her brother would call her from home every time he thought he was going to kill himself. So she would come, you know, come to my room because we formed a friendship, um, on the floor, and just had that relationship. So she was able to come talk to me. And…um…you know I just heard her out and I um…tried to guide her in what to do. She was just…she was just worried about her family, um, how it was impacting her family. And then she was also upset because she couldn't be there, um, to help in anyway. So that was, that was really difficult for her.

As the interview shifted to her own friend and resident who was suicidal, she discussed the experience of allowing the woman to move her belongings into April's room until they could arrange for a more suitable option. "She lived on the other side of campus, and we didn't have a vehicle at that time to move her things. So I said let's just move your things into my room." As that was occurring, April went to check on the male resident who had been distraught over the relationship, and expressed the experience in terms of the lived body existential:

> I went to check on him, well it turns out that he was very, very, depressed and was saying things…was cutting himself. Um, he had been cutting himself. I found him face down on the ground crying cause they have been engaged and, um, she wanted to break it off at the time. This is day before Valentine's Day. Um…so he wa…he was just really upset. Um, I was just trying to figure out what was going on

April also discussed difficulties in not being able to obtain all the information she felt was necessary to assess the situation. "I was trying to get bits and pieces of information from everyone." April then experienced a conflict between systems as the young man's mother became involved in the situation, as evidenced by the following comments:

> His mother was talking to [the ex-fiancée] um, the you know, on the phone um…blaming her for the situation saying that if her son kills himself that it would be her fault and things like that. Um, so the girl was hysterical, um, just having a horrible time with the situation.

April explained that the male and female in this relationship began arguing, and the argument became heated. At this point, April was confronted with a new aspect of this incident, as an intoxicated resident attempted to intervene on the female resident's behalf. April was placed in a situation where lived human relations and emotional management became critical. She described the challenge of the circumstances:

> The kid from the party earlier was out in the hall with a baseball bat saying that he could hear the conversation between, um, the guy and the girl and that he was worried for the girl, and if the if the guy did anything to the girl, he would take

care of it. Um, so he was standing there with a baseball bat. I talked him out of it um, you know, saying that it's not his, his place to deal with the situation. We will get it taken care of, um, she's going to be alright.

After diffusing the potentially violent situation, April found herself spending several hours with the female resident, assuring the safety of her ex-fiancée. She described this in terms of both lived space and lived human relation:

The girl wouldn't leave the situation so I sat with her and her friend in the hallway um, all night until his family came from New York to come pick him up. Um, so there I was, um, with my ear against the door, you know, the whole night making sure that he wasn't going to, you know, kill him, kill himself.

April discussed the challenge of balancing her perceived need to help both residents, even while they were in conflict and the situation reached a critical point. She expressed frustration with how little she could do to help the male resident, especially because she considered him a friend. "He was my friend…and I didn't get to talk to him throughout this whole thing. So throughout all of these hours, I didn't really talk to him."

However, April did spend a great deal of time talking with the female student in this relationship. April expressed the living human relationship, as well as some potential countertransference, as she discussed using self-disclosure to help counsel this woman:

So I was just trying to, you know, talk her out of these things, talk her through her emotions. Um, I told her about a, um, a relationship that I had been in and kind of, kind of a controlling relationship, um, which I felt like that's she was in at the time. Um, she didn't get much time to spend with friends or anything like that. Um, and um I just kind of, uh, was able to relate to her in that way. And also I

have dealt with in the past, um, depression feelings of my own that I kind of, um shared with her to um, kind of compare, um, just feelings of either his feelings or hers and just, um help her in that way.

As April discussed her encounter with the young woman who had recently terminated her pregnancy, she discussed how technology played a role in the space and lived human relation existential:

> That night I came back to my room and there was another situation…there was a girl that I had been wanting to talk to all week because the week before this um, I had overheard her say, over, um, overheard her on the phone saying that she was pregnant and that, you know, kind of talking about some friends that didn't understand and things like that. Um, and I tried to talk to her all throughout that week. I wrote on her board, like, hey come talk to me, and she, you know, she never contacted me And this is a week later, and I had saw her and I had said hey um, let's try to talk later and she said okay. Um, I saw her on Facebook, and so I just, you know, messaged her like, um, how are you doing? Do you want to come and talk? And um, she came down to my room and she ended up starting to cry and telling me that she had an abortion the morning before.

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? As April and I discussed working with students in crisis, she discussed the physical, lived body, experience that occurred as she dealt with these situations:

> When I think of crisis I think of situations that you are not necessarily prepared for… when you actually come across a situation you don't always, your body

doesn't know what to do or your mind freezes up. Um, or you just don't know that it is going to happen because it's situations that are just so random.

April acknowledged a feeling of fear when confronted with a self-injuring, suicidal resident. "Oh yeah, I was definitely worried for him," She also described experiencing a struggle between different systems that were at work in the campus protocol and response to the situation. "I guess [campus security] didn't seem to take it as seriously as I…I did. That was just…that was just kind of hard. Um, but I, you know, did feel more comfortable knowing that his family was coming to take care of him. Um, but it was kind of just this waiting process."

This "waiting" that April described suggests an element of lived time, as did other experiences she shared during the interview. "It was just a good period of time when neither the campus police or the GRD on duty were there and it was just me, not in the room, just out in the hallway. Um, it was just kind of awkward feeling." April described the experience as feeling like it was much longer than it was, in reality. "[Time just seemed] long. Cause um, it may have been 7:30, 8:00 whenever I got the call to go down there in the first place. Um, and then it wasn't until uh, maybe one, two or three in the morning. Um, so there was just a lot of sitting." However, in the midst of the experience of time slowing down, she also described how her "mind was racing," suggesting both elements of time slowing down and speeding up.

The combination of the various systems at work, April's own ethic of care, and the lived time existential, created a situation where April felt uneasy and had to manage her fear and confusion, which she described with the following comments:

> I felt very out of the loop, sort of, because I didn't talk to him. I was, I don't know…I should have made a stronger point to talk to him but I was kind of guided by campus police and um, things like that. But I just, I was, you know outside of his room for hours and um, I just, it was just kind of random of me sitting in the hallway for hours not knowing what to do. Kind of rushing with feelings like is he okay? Is he going to be okay?

However, April suggested that experiencing emotion in the midst of crisis was unacceptable and that emotional management was central to successfully handling crisis situations. "I wasn't able to have those feelings in a situation. I had to, you know, keep it all together and um, just kind be the mature, rational person in the situation." April expressed frustration with how the male resident reacted to her intervention after the crisis had passed. April suggested that exercising an ethic of care created a sense of resentment or backlash from the resident:

> The guy in the situation was upset with me for telling anyone and for reporting it, when I was just showing my concern. And then afterwards with the situation he just, he was just kind of distant from me. Like he had to go some counseling and um, you know, everything. I had to report everything, and he was kind of upset with me, um, that he had to do those things, and it was just hard.

As April discussed the experience of working with the student who had aborted her pregnancy, she discussed a different array of experiences. One challenge for April was maintaining an emotional distance and avoiding countertransference as a result of her views on abortion. "I mean I have my own personal views on abortion which is one thing

to, you know, you deal with your own personal feelings when you go into situations but also…it was more so that I felt bad that no one was there to talk with her."

April's emotional reaction to this resident suggested a degree of guilt or responsibility for not having been available to her sooner, despite how quickly April was experiencing the events of the weekend. April described her emotions as difficult to manage, and questioned her competence as a resident assistant:

> I just, I felt like I made a mistake. I felt like I wasn't being the best RA um, and I just, I just felt like I did wrong, but I had…I didn't. But it just happened so fast and I was just kind of, I was just sad that I had missed my opportunity to talk with her before it had happened. Um, so that was, that was just hard for me.

April expounded on some of these experiences:

> And then, and then it was kind of when dealing with the abort…abortion situation, I was just struggling with personal conviction of one, my own feelings that I couldn't put out in the situation really, and then also the fact that I wasn't there to help. So those were a lot of the other emotions that were coming back into it. So that was, that was really hard for me to hear and I just um, wished that I could have been there for her, or that she had come and talked to me, but she didn't. She had sat there and told me she regretted doing it and she was just crying and her parents wouldn't have understood and um, I just wish I had was able to either talk with her, or refer her someone else she could have talked to.

This counseling interaction was made more difficult by an unexpected risk factor that presented itself to April, the inappropriate behavior of one of her fellow resident assistants. April provided details about the behavior of her peer:

> She also told me that one of her friends um, was kind of bashing her publicly on Facebook and um, just like, saying about how you know she got herself pregnant, can't take care of a kid, you, you know, you're on drugs and all this stuff. Well, I went online to find, find that, and it turned out it came from a RA, and so I had to report the situation and the RA um, I don't know if he got fired or resigned from the position, but he was no longer an RA.

This experience suggests a different element of the lived space existential, that is, the shared space that exists through technological forums such as social networking sites.

How do resident assistants experience training and supervision, specific to their roles as counselors? April found it challenging to navigate the various systems (i.e. campus security, her supervisor) that were active in the case of the suicidal resident. She expressed feeling unsure and questioning her own competence. She also described an experience where her ethic of care came in conflict with the reaction of the campus system:

> As a RA you rely on, kind of the guidance of the people above you to let you know what to do in those situations. Um, so it kind of was just following what they wanted me to do. I mean they didn't necessarily want me to say, hey sit in the hallway all night, but that's what I felt that I needed to do. Um, but they really didn't give me a strong role to play in there so I was just a little lost.

However, this experience was the exception; April found a great deal of support and protection from her supervisors, especially in how they supported her emotional needs after the crises and counseling interventions had passed. She expressed these emotions through crying, a lived body existential:

(Sighs) so after the girl leaves my room, I go down to my…I called the GRD (Graduate Resident Director) on duty and say, hey are you around? And he says yeah I'm in my office. So I go down to his office and I just cry um, because I just needed to let it out and just talk about my feelings and it was really cool that he was there for me.

April expressed the importance of self-care and expressing her emotions in order to be a successful resident assistant and provide effective interventions to her residents. "Sometimes I think that we just need to get it out so that it doesn't affect the rest of our job. If we, just, you know, let it out and someone helps talk us through it um, then we are able to do our job better and just go on with everything." She also experienced support from her supervisors related to the multiple microsystems in which she exists. "I think that the central staff understands that we are students too just like the people that we're counseling, and so as our residents need sometimes, that you know, one conversation just to let it out or vent."

April also expressed the belief that her supervisors understood that resident assistants will make mistakes, and are given latitude to make mistakes as part of learning to be a peer counselor. "I am just glad that we not expected to be perfect right from the beginning that, it's kind of a learning process." In short, April expressed a belief that her supervisors were there to support her, and were available when needed. "We do have a good support system and you know that…you know that there is somebody you can call."

Regarding training, April discussed brief training that occurred for about one hour, when the campus counselor discussed issues related to depression, self-harm, and

suicide. April said that listening to the counselor lecture on these topics made her feel much less competent than experiencing the situations through role playing:

> We are also given mock set up situations…you know of depression or home sickness or just a wide range of scenarios that we're able to kind of walk through it and you know, in a comfortable environment where we don't feel, feel like a mistake is going cost us anything.

April described feeling afraid as a result of her training, specifically a fear of the unknown. She also believed that when confronted with real-time situations, she was not able to recall her training, and that training situations cannot prepare resident assistants for every situation. She described these beliefs:

> I was scared, you know? You get scared if you don't know what's going to come up as an RA. Um…but as you get into the position you kind of forget a little bit about either training or about all the situations. Um, but they do come up and um, it's never exactly what it appears to be in training…Every situation is unique.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? One of the challenges April described in the resident assistant position is the ubiquitous nature of the job. Whether "on-duty" or not, resident assistants are called upon to provide counseling and crisis management whenever they can be found. "I wasn't even on duty and I ended up having to take care of…of a ton of things that weekend." This results, in part, from the friendships that form between resident assistants and their residents, which can be described using Bronfenbrenner's (1979) notions of microsystems and mesosystems. April was called to the scene of the suicidal student by her resident, but a resident she described as a "friend." Out of an ethic of care,

April described opening her own lived space, her residence hall room, to the two women who were involved in the situation:

> I was with the girl the whole time so since it was in the middle of the night um, and the girl's uh, all of her belongings were in my room by the time they came in and um, took care of it. I didn't even see him whenever his family went into the room, they just kind of took of care it. So I was just like okay we are gonna, we are gonna go now so, it was in the middle of night and I just say…I just said why don't you just stay in my room for the night. So her and her friend stayed in my room. Having the girl stay in my room, I was there for her just to kind of guide the situation. Maybe I didn't necessarily do a whole lot in the whole situation, but I guess it was important that I was there because if I wasn't it could have gone about differently.

April described how boundaries were further complicated by the various roles resident assistants play, not only to their residents, but to themselves, and to the campus community. Again, these roles, or microsystems, and the interactions between them, or mesosystems, can create confusion and frustration. April described these challenges:

> Um, so later that day around four o'clock we got her moved back into her room. I was able to go up, ah, go down to brunch at least. I mean I had planned all that day to go to church and all that stuff but I had just didn't do any of them…and you're kind of swamped sometimes. You don't, it's, time management is very important and I haven't always been the best at that. So there's, you know, you have a project that you need to do and you know, an emergency happens or a resident needs you, um, you need to go with the resident and, and help, you

know? You know, no matter what you are doing, and that can be hard on you, and also for me as a graphic design major, a lot of my assignments are in the computer lab which means that when I am duty I can't be in lab so um, there's time management there that I need to, need be able to ah, um, sort that out. It's proved especially hard for me this year because I have office hours. So I have my classes, my office hours, I have night class three days a week, um, and I have church on Wednesdays, so Monday through Thursday I run from 9 am until at least 10 pm with club meetings and things like that.

April said that while most of her residents understood the difficult nature of balancing the multiple roles of a resident assistant, some could be demanding of her time:

A couple of them are like why aren't you hanging out with us. Um, so it is, it is hard but you need to be able to manage your time and um, also the time that you spend with residents has to be quality time. Like I'm learning that more and more um, that my duty nights I need to make sure that my homework is, is planned for other nights so that when I'm on duty I can definitely devote that to my residents. Um, so that I get to spend that time with them. Um, I just have that open door cause in the past I didn't always manage it real well, so you're in between rounds trying to do homework, um, and you're not giving everything to the…to the residents.

April suggested that students do not always understand the limits of the counseling that resident assistants can provide:

They expect so much more because they don't always think in their head, this person is a student too, they have so many other things that they are dealing with.

> Um, you know, they are supposed to fulfill all of my needs why aren't you doing this? Um, we can't conquer the world and do everything and we're also around, you know, around the same age or are the same ages, um, so our life experiences aren't the same, you know? We're not a counselor 10 years older, we're just more experienced. Uh, so we can only be expected to do you know as much as we have time for and as much as our personal experiences let us do.

April began to experience the exhaustion related to burnout as her Valentine's Day weekend wore on, in part, because she was not able to find protection by taking time for herself. Instead, she described multiple systems pulling her in various directions:

> I didn't even have time to think about it myself. Um, I did feel, I did feel burned out from the situation, um, that whole weekend I was, I didn't have any time for myself. I had just wanted to kind of escape for a little while…after talking with my, you know, crying with my boss. I, you know, just said, you know, I just want to go to Walmart or something by myself just to get out for an hour. But then I found out I had a staff meeting at 9:00 p.m. So I had to go to that. It was just one more thing. I had to go the staff meeting and then after the staff meeting I went out to Walmart just to kind of escape for a little while.

April recognized that her boundaries were challenged by her ethic of care, that is her desire to help others, and how that desire to help was challenged by other expectations. She commented on this experience:

> You know, I didn't have to get…get caught up on my homework and things like that, that I have missed. But that wasn't, that wasn't the big deal to me. Um, when it comes to situations like that thing, yes they're hard but I feel like, I feel better

being there than not being there because knowing it is my job but it's also part of who I am that I wanted to make sure things are taken care of. I wanted to make sure people are ok.

Finally, April recognized a challenge in providing counseling to students who may see the resident assistant as a policy enforcer. Again, this is an example of the clash between the various systems in which resident assistants exist. April had recently confronted a resident for smoking marijuana; this was the same resident who later confided that she had an abortion. April described the difficulty inherent in this situation:

> But the thing with that was she was also the girl that was in a weed situation a week before. She was the one that was caught smoking weed and so it felt like maybe she didn't want to come talk to me because she thought it was about that. So I just, you know, felt bad about that.

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? April recognized the effect the position has had on her. "I guess I expected situations to happen, but I never thought about how much it would impact me." These effects were mostly positive, but April did describe some degree of burnout, expressed through exhaustion. However, April believed she recovered by managing and expressing her emotions to her supervisor, who provided a protective factor in the face of these challenges. She said:

> By the time of me having that conversation with the girl who had commit, ah, who had, had an abortion, um, it was just like, really want like, I was like wow, one more thing that I have to have to do. Um, not necessarily that it was, but it more like this is just piling all on at once and this whole thing is a um, couple ah,

within a week or two of a um, a weed situation and also um, that resident coming to me about her brother wanting to commit suicide. So these were all kind of serious situations all at once and I had just um, I had just gone to my GRD to like let it all out because it was just, it was just too much.

April also found a protective factor in her spirituality and faith. "Time to go to church is very important to me. I make sure that is on my schedule because if I don't have that, then I get stressed, so it kind of keeps things balanced."

The majority of April's experiences resulted in her having grown and developed through the resident assistant position. Specifically, April discussed her development of competence, establishment of identity, and her ability to develop better relationships with others. She better related to her residents, and recognized how different she is as a result of her experiences. She described this phenomenon:

I feel like I've grown a lot. I really do. Um, I wish I could see what it was like back then to be able to compare myself to now and even later. Um, I just know, I used to be the girl that was depressed over a relationship um, letting it affect my job, the people around me um, my residents, being broken hearted like those people. Being the one that went to the counselor for help all the time and now that I am helping people, I can see myself making wise decisions about the things that I do and I carry myself differently. Um, I'm more secure in where I'm at right now. You know these aren't exactly lessons that you take and you take on paper and say you got A, but over time you just know that you handled things differently and you can see that change and I don't do that I just rep…represent myself differently now. I've changed more that I know I think and then I'll see

that more later on in the future. Um, I value the position a lot even though it can be hard and frustrating and you have your long to do list, but I value it a lot because I know that it has helped me probably more than I know.

Summarizing April's experience. April described a number of significant experiences that she had as a peer counselor and crisis manager. April found them challenging, especially the cumulative effect of having so many things happen in such a short period of time. She expressed feelings of frustration and burnout, but turned to protective factors, specifically time alone, her faith, and her supervisors, as means of relieving the stress she was experiencing.

April discussed the challenge of playing multiple roles and being part of many systems. She is a counselor and crisis manager, but also a policy enforcer, friend, member of a larger residence life staff, a person of faith, student, and so forth. She is also a supervisee who is expected to follow directions, even when those directions seem counterintuitive. She found challenges in managing the interactions between these multiple systems, but expressed that it is possible with careful planning.

April was quite clear that she believes she has grown a great deal as a result of her experiences. She has a more positive self-image, greater self-efficacy, and a better ability to manage her emotions. She describes herself as more mature and more able to handle personal adversity, in part, because of her experiences as a peer counselor and crisis manager.

Table 4

Analyzing April's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• It was kind of just this waiting process • It was just a good period of time when neither the campus police or the GRD on duty were there and it was just me not in the room just out in the hallway um…it was just kind of awkward feeling
Existential: Lived Body	• So I go down to his office and I just cry • Your body doesn't know what to do or your mind freezes up
Existential: Lived Space	• It was just kind of random of me sitting in the hallway for hours • All of her belongings were in my room
Existential: Lived human relation	• Um, so he was standing there with a baseball bat. I talked him out of it • The guy in the situation was upset at me for telling anyone
Bronfenbrenner's (1979) system theory	• I wasn't even on duty and I ended up having to take care of, of a ton of things that weekend • She was the one that was caught smoking weed and so it felt like maybe she didn't want to come talk to me because she thought it was about that
Use of protective factors	• What keeps me sane…is my faith • Because sometimes I think that we just need to get it out [to a supervisor] so that its so that doesn't affect the rest of our job
Countertransference	• He was my friend • So I said let's just move your things into my room just for the time being
Burnout	• N/A
Secondary traumatic stress	• N/A
Managing emotions	• I felt bad that no one was there to talk with her • Oh yeah, I mean I was obviously worried for him

Developing Competence	• I just felt like I did wrong but I had…I didn't • I just learned a lot and those are the situations that really like teach you a lot
Establishing Identity	• I can see myself making wise decisions about the things that I do and I carry myself differently • I'm more secure in where I'm at right now
Vicarious Post-traumatic growth	• N/A

Chip: Doing Rules by the Book

Chip is a 21-year-old Caucasian male who is in his fourth year of college. He is studying theater and acting and was beginning his third year as a resident assistant when this interview was conducted. Chip worked exclusively with freshmen students during his first year as a resident assistant, and has since worked in a hall that houses both freshmen and upperclass students. Chip and I conducted the 50 minute interview in his residence hall room and after reviewing the informed consent document, began a discussion of his experiences as a resident assistant.

When asked to describe his experience as a peer counselor and crisis interventionist, Chip identified two specific incidents that met these criteria. In both situations, Chip confronted policy violations where residents in his building were smoking marijuana. Specifically, he described working with the students after the event, easing their fears about the consequences of their behavior, and discussing decision making and appropriate community behavior.

Chip also discussed issues related to mediating disputes, especially those that arose over the use of common area items such as television lounges and pool tables. He spoke of working with students regarding the stresses related to independence and

homesickness, as well as the challenges of identifying students who may be in need of peer counseling services.

What is the perception of the counseling relationship from the perspective of resident assistants? Chip's identification of conduct issues as peer counseling interventions was unique. Chip was the only participant who connected policy enforcement with peer counseling or crisis management. However, Chip easily identified how policy enforcement evolved into peer counseling. Specifically, Chip explained these interactions in terms of lived human relation and lived time:

> You know I've dealt with that. The police came, they didn't arrest anybody. Um, but afterwards one of the kids was really upset, he was really worried, he didn't know what was going to happen and so I told both of them you guys want to talk about this cause it was like three in the morning.

Chip's descriptions of how he addressed the residents' concerns suggested he was working from the law and order orientation described by Kohlberg (1981). "I explained to him what could happen, and I went through the judicial book and showed him you know the different consequences that were possible and explained like the concrete stuff." As Chip mentioned the "judicial book," he reached over his shoulder and quickly produced a copy of the institution's student judicial code. He said he kept it handy for quick reference and as a reference for students who had questions.

However, Chip's work with these students did not end with explanations of policies and consequences. He discovered that the discussion evolved into a more traditional form of peer counseling. "I talked to them about some of the stresses of being away from home and what school is like and told them, hey if you're afraid or anything,

I'm here for you if you ever need me." Chip described a degree of frustration in identifying students who may need his services as a peer counselor. "Often times it's hard to identify those kinds of people cause if they are that reclusive, you don't see them around that much and you don't want to be intrusive, like hey what are you doing? Why aren't you at class?"

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? Chip identified mediating disputes and enforcing noise policies as two significant frustrations in the resident assistant position. He defined these experiences in terms of "compliance," rather than from the empathic perspective identified by previous participants, suggesting Chip relates to a law and order perspective as opposed to an ethic of care. This was evidenced by the following statement:

> There are times when it's challenging though um, because we have the lounge downstairs and we have two pool tables, television and a ping pong table and dealing with those and I'm the one who likes to stay in the room and study a lot. And um, dealing with the noise issues is probably the most annoying part about it, but as long as you have people that are willing to comply, which fortunately I do, um, it's not that bad…I'm like a stickler, I guess you could say, sticking to the rules and doing rules by the book.

However, Chip described how his perception of doing things "by the book" changed as he gained experience in the position, suggesting the development of competence, as well as a shift out of the law and order orientation. "I kind of learned that you can't apply the book strictly to every scenario. You have to step back and look at the

other factors that are coming into play." He also recognized his struggle to manage his emotions when performing his duties. "It's a very stressful and trying experience for an RA to deal with any kind of incident…I mean, I get worked up over a noise violation [laughing]."

Chip identified the lived body existential when addressing stressful situations in his position. "But regardless of um, [how long you've been an RA] and how confident you are there still always that um, adrenaline rush that you get, and I think you can talk to any RA and they'll say there is an adrenaline rush in dealing with these kinds of things." He discussed the challenge of managing his own emotions and the physical reaction he experienced as he worked with a student who was upset about being caught smoking marijuana:

> My heart rate started increasing and I could, you know feel the butterflies in your stomach. And I remember telling myself, stay calm try to be systematic about it…. I remember my hands shaking as I was calling the police to come help me. So yes, there's definitely a physical change. Um, breathing rate, heart rate…"

This theme of managing emotions was also expressed through Chip's description of his experience of time:

> Everything just uh, for me personally I just speed up try to get things taken care of as quickly as possible when you have to kind of step back and think okay just stay with it, stay calm and the rest will take care of it….Time disappears, virtually disappears because you are just so caught up in the situation and trying to handle it and while you're moving really fast, it feels like everything else is kind of slow…slowed down. Um, an incident that takes maybe five minutes to deal with

could seem like an hour just because of the stress of it, and then you come back to your room and start writing the incident report and before you know it, you have been up for three hours working on um, dealing with the incident and then writing the report and just calming down from it. So…there's definitely um, they say time flies when you are having fun but it also flies when you're not having fun I guess.

Chip discussed the stresses of being a resident assistant and relying on his peers for help; his peers served as a protective factor. He said:

As resident assistants, we form like a community and a bond where we feel like we can share things with other like this and just becomes a conversation topic at dinner and you have to be very careful what you say and how you say it…But yeah, as far as managing and dealing with it, as far as managing it it's keeping communication open and I guess, and I guess dealing with it is a lot of communication aspect of sharing with stresses with other people just to get it off of my chest.

How do resident assistants experience training and supervision, specific to their roles as counselors? Chip described the process of supervision as helpful as he attempted to manage the challenges of the position. He believed his supervisor was available for help if he needed it, and had always met his needs. He described this through the following comment:

Definitely if I have a problem I can…I can call up [my supervisor] and say [name deleted], and say can I come talk to you about this? He says yeah, sure. So yeah, they're definitely open to whatever concerns that we have and they help us

through it. I haven't had any experiences where I have had a need and they haven't met it.

When asked about training, Chip did not believe the experience of training helped him in providing peer counseling services. He described the training program as reactive, and that it failed to educate him on how to identify students who may need assistance:

> Um, well, we don't really go through any training on how to identify somebody that's [depressed]. I mean we are taught more of the, the reactive side if somebody comes to you, how do you deal with it. We are not really taught how to identify someone who might be suicidal. I mean they, it's pretty much, if someone is suicidal, they're going to basically their suicidal. We're not told…we don't really get into it much.

As Chip reflected on his response, he acknowledged that such training might be helpful to him and help him be more confident and competent in his position. "I think it was something we should have probably got into because I don't know…other than the hysteria, typical signs of somebody maybe being depressed, there wasn't really any training on how to identify things like that." Chip did describe the role playing program, called Behind Closed Doors, as helpful in preparing him to address various situations he might encounter:

> One of the most interesting and fun and probably beneficial programs of training is what we call behind closed doors, and it is an acting exercise where the returners come back. Um, this year I played someone who was depressed, didn't want to stay here anymore, wanted to go home. Um, and it gives the people

coming in a really good sense of how to deal with those kinds of situations and I guess it would give them an idea what to look for.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? Chip described the experience of living with other students as positive, especially in terms of turning to others for help in times of personal challenge. This sense of community served as a protective factor in the face of the risks of being a resident assistant, which he described through the following comments:

> I'm an only child, so I have my own room and everything like at home but part of it is, um, being part of a community I guess you could say. And that is something that they always stress and it's true because um, especially in this building this year, um, if you're bored or stressed out about something there's always somebody down the hall that you can talk to or somebody on the other floor so there's it's being part of a social community, um, which makes it nice it like a real life Facebook, I guess you can say.

Chip explained that living with the students with whom he works can be challenging, suggesting the notion of lived space. He also discussed risks associated with balancing multiple roles, such as student, actor, resident assistant, and so on. He suggested that finding balance in the mesosystems that connect these many roles can result in exhaustion and burnout:

> When people talk about becoming an RA like, this might be something that I want to do, I always tell them don't do it for the money because we get room and board. I said don't do it for the money cause you will hate it especially when my theater friends say I might become an RA. Because, um, rehearsal schedules take

up a lot of time in the evening and if you don't know how to balance and work out schedules it can make your life hell…It is definitely a time consuming job and if you don't know how to balance it, um, you will find yourself struggling."

Chip described using time management techniques as protection against the risks of becoming burned out. One method of time management Chip described was using his time on duty, when he needs to be in his residence hall, as a time to accomplish academic work. "You are in your building, you are in your room and that's when I get most of my work done. If it weren't for that, I don't know where I would be," suggesting the notion of both protective factors and lived space. Organization and scheduling were also very important to Chip's self-care, as he discussed in relation to his personal calendar:

I always tell people in training, and they even quoted me for it, is that my life is in my phone. I put everything from when I get shower, to when I eat, to when I have class, to when I am on duty, Everything goes into this phone and that is how I stay organized. It's just I have to keep a schedule. So finding a balance between the different activities that I'm involved with which a lot of the RA's have to deal with also um, that's probably the biggest challenge and it has been the whole time that I have been an RA.

Chip also suggested that it is helpful to create some emotional distance between himself and the resident assistant position; he views the position as a job and not a lifestyle and that has helped him to maintain boundaries. "I've learned that you're here to do a job. That's it." He described the experience of a colleague who had difficulties maintaining boundaries, and was disciplined for violating confidentiality via the internet, suggesting conflicts with the lived space found online:

> We had some issues of people talking about specific incidents and um, things that have actually gotten RA's fired because of things that are posted on Facebook and gossip, that kind of thing. So that is where I think it can become a problem. Oh yeah, there was an who RA got fired over the summer because of things that he had posted on Facebook about his job.

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? Chip described an increased sense of confidence and competence as a result of his experiences as a resident assistant. "I have gotten much more confident in the way I handle situations." Chip also suggested that he developed an ethic of care through his work as a resident assistant. "It gives you an opportunity to…share your experience with people who don't really know the ropes. It just feeds that drive and need to be able to help people and share what you know."

Chip discussed his growth as a person through his resident assistant experiences. Specifically, he described the establishment of identity, development of competence, and an improved ability to manage his emotions. He also described seeing this maturation in terms of less experienced peers who are experiencing the same developmental processes:

> My first year um, I was kind of the RA that didn't want people to get mad at me, didn't want um, to cause any conflict within the hall, didn't want people to just have negative feelings towards me and its interesting because the two RA's that live here also with me are both going through the same thing…So it's been a real ah, it's help me boost my confidence in interacting with people that one I don't know and two I know don't necessarily like me but you know as long as you stand your ground, believe in yourself and just push through it's ah, it's really

taught me that if you could….That I can overcome a lot of things that I didn't think I couldn't before.

Summarizing Chip's experience. Chip approached the research question very differently than the other participants in this study. Rather than seeing policy violations as a barrier to being an effective peer counselor, Chip recognized that he was performing peer counseling in addressing student conduct issues. A self-professed "stickler" and person who goes "by the book," Chip still described many of the same experiences as his peers who participated in this study.

Chip struggled with the multiple roles and systems that resident assistants must balance. Finding a way to do everything became a challenge for Chip, one he attempted to mitigate through careful time management and support from his supervisors. Chip described a great deal of personal growth through his experience as a resident assistant, specifically the development of independence and autonomy, and a move away from a law and order orientation. Chip said that he now understands that every situation is different, and nuances exist in every circumstance.

Table 5

Analyzing Chip's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• I just speed up try to get things taken care of as quickly as possible • Time disappears, virtually disappears because you are just so caught up in the situation
Existential: Lived Body	• There is an adrenaline rush in dealing with these kinds of things • My heart rate started increasing and I could you know feel the butterflies in your stomach

Existential: Lived Space	• There's always somebody down the hall that you can talk to • You are in your room and that's when I get most of my work done
Existential: Lived human relation	• [I] told him, hey if you're afraid or if you I'm here for you if you ever need me • You don't want to be intrusive
Bronfenbrenner's (1979) system theory	• If you don't know how to balance and work out schedules it can make your life hell • If you don't know how to balance it um…you will find yourself struggling
Use of protective factors	• I've learned that you're here to do job. That's it. • I haven't had any experiences where I have had a need and [my supervisors] haven't met it
Countertransference	• N/A
Burnout	• N/A
Secondary traumatic stress	• N/A
Managing emotions	• Sometimes I internalize things and just put them away deal with them later • I mean I get worked up over a noise violation
Developing Competence	• I have gotten much more confident in the way I handle situations • It's really taught that if you could….that I can overcome a lot of things that I didn't think I couldn't before
Establishing Identity	• It's help me boost my confidence and interacting with people
Vicarious Post-traumatic growth	• N/A

Cindy: There Are Definitely Benefits to Every Negative Thing

Cindy is a 22-year-old Caucasian female who is in her last semester in college and is majoring in secondary education and mathematics. She is no longer a resident assistant because she recently began her student teaching experience, but she previously served three years in the position. Her first year, Cindy was assigned to an all first-year hall; the next two years she worked with upperclass students in a suite-style building. We conducted the interview in a private meeting room at a local library, an interview that lasted approximately one hour.

Cindy described her counseling and crisis intervention experiences in terms of the different student populations with which she worked. In her first year, she worked primarily with first-year students, and addressed issues related to homesickness, challenges adapting to college life, alcohol and drug abuse, and socialization issues. When she began working with upperclass students, Cindy said much of the peer counseling she performed involved socialization issues, as well as career counseling, specifically working with students who were questioning their choice of major and career.

Cindy also described the experience of working with another resident assistant who was impaired. Specifically, this peer was struggling with alcoholism and was her "duty partner," which meant they worked together closely and would walk through the residence hall together for the purpose of addressing student conduct and student safety concerns. Cindy described an incident in which this impaired peer put her in physical danger, after which she reported the situation to her supervisor. This other resident assistant eventually was dismissed from his position and left the institution. Cindy

discussed the challenges of this experience, both personally and as it affected her relationships with other resident assistants.

What is the perception of the counseling relationship from the perspective of resident assistants? At different points in her career as a resident assistant, Cindy had different perceptions of her role as a peer counselor. She identified with the challenges of her upperclass residents when faced with career development issues, which indicates some possibility of countertransference, as evidenced by the following statement:

> Um, my sophomore and junior year I dealt with a lot of upperclassmen who decided they didn't want to pursue the career they were in school to do. And to just watch their life plan crumble in their mind was always a challenging situation, so… The most critical to me would be the people that felt that they didn't know what to do with the rest of their lives anymore after, um, only because like for me, I could identify with them.

When discussing her role as a peer counselor, Cindy expressed the importance of being non-judgmental and open-minded:

> I would always make sure that I asked questions that weren't like pointing the finger at, like, why aren't you doing this? Cause you never want to like beat them down, but more questions like, along the lines of well what made you make this decision? How do you think, like, what do you think your interests are, how do you think you would find something you're interested in as a career for your future? Um, just different questions to help them like make their thoughts solid, to have more of a grasp on what's going on. Because without, without having some form of structure to what they're thinking, their mind's going a million

different ways. So just to help like hone it in on what we could do right now to help the current situation.

Cindy also discussed her role as a counselor for her impaired peer and the need for intervention. She described a situation where other resident assistants were working to try to keep this impaired person from making mistakes or doing anything that could put himself or others in jeopardy:

> Um, I also dealt with an issue of a fellow RA who had a drinking problem who became suicidal, so it wasn't only the residents that we as a staff were keeping an eye on, but also him. So that was a very interesting situation… and then it got to the point where he needed to be removed from school. Like he was gone for the rest of the academic year after he left.

These experiences are all examples of Van Manen's (1997) lived human relation existential; these will be explored in greater detail in the following sections.

Finally, Cindy described the lived space of a residence hall as an opportunity to check in with residents, talk to them, and occasionally help them work through challenges they were facing. While Cindy had her own bathroom, she described using the common bathroom on the floor as a means of connecting with her students:

> Well, I had my own bathroom, but a lot of times I would go to the floor bathroom to brush my teeth at night, just so I could see the girls on my floor. There's no better time to see people than at night while you're brushing your teeth, and that was a great time to connect with them, just talk, and see how they were, you know, doing. I really accomplished a lot by doing that.

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? Cindy described a situation where one member of her resident assistant staff was severely impaired due to his alcohol abuse. She saw his relationships with others begin to deteriorate, and observed poor decision making regarding academics and the resident assistant position. She said:

> He started having a rough time with, getting along with some of his friends, and he like, fell out of that peer group, if you will. Um, so he was really trying to identify with anybody who would accept him, and the people he ended up getting in with unfortunately were not good influences. He was drinking on his duty night or um, be hung over or like skipping class, different things like that. And it got to the point that it was really affecting his job so much, his behavior, that everyone including his residents knew. So it was very important for us as a staff to seek help for him right away

However Cindy described a situation where most of her fellow resident assistants did not believe the situation was as serious or as dangerous as Cindy did:

> The rest of my staff saw him as, like, a fun person to be around who was carefree. But to me it was tricky because he was under the influence of alcohol, all the time. But, like, they didn't realize the effect it was having. Like, we'd be walking down the steps and he would like trip down the stairs because he was inebriated while we were doing rounds and different things like that. So, um it was important to like, see everything, not just like the person he was to them all the time. Um, yeah, it was difficult for me. I felt like I was losing a lot of my friends, trying to make sure that someone else got help, so that was challenging to

> feel like I was losing friendships. Um, I had a few girls on my staff that wouldn't talk to me cause they didn't understand. They didn't understand what exactly was going on. They didn't understand that he would take shots before we would go on rounds. Like, just like things that would boggle my mind were happening, and they didn't know, so how would they be able to do anything about it?

This statement speaks to a number of the theoretical concepts driving this study. First, the challenge Cindy faced in managing relationships with both her impaired peer and her fellow resident assistants is an example of the lived human relation existential, as well as the managing interpersonal relationships vector described by Chickering and Reisser (1993). Also, having to make an unpopular decision in the face of peer pressure to hide the situation is an example of the developing integrity vector.

The situation reached a point where Cindy could no longer stay quiet; her fellow resident assistant put her in danger while confronting a group of residents who had been found with alcohol in violation of residence hall policy. "One of the residents in the room started screaming at me and threatening me, and [the other resident assistant] came in the room and escalated the situation. Like he came in the room, he started screaming back. I immediately went into my crisis mode, which is to take control." In this situation, Cindy was forced to manage heightened emotions, which she did by taking control of the situation. She did so by sending her fellow resident assistant away and addressed the incident alone.

After the situation ended, Cindy returned to her residence hall room and allowed herself to experience the emotion that she felt she had to control earlier, through a lived body experience. "I was very upset. I was crying, and I was frustrated at the fact that like

he was still allowed to be on duty with me, but like I hadn't said anything yet. In my mind it was sort of my fault. All these different things happening at once." Here, Cindy was challenged in managing her own feelings of guilt, while recognizing that she was also emotional as a result of the situation she had just experienced. In an effort to protect herself from the risks she felt, she turned to her family. She described calling her father after the situation de-escalated:

> I called my dad. I would never want to be the parent who gets the hysterical daughter crying on the phone, but um I was so upset, so I just called him. Like my parents have always been there, so why wouldn't I call them? He's like, that's not what you signed up for. He's like, you signed up to help people. You signed up to be a mentor to freshmen and to help people, things like that. It was my first year and he was like, well, it's not what you signed up for, you don't have to if you don't want to. And I was like, well, what am I doing if I'm not helping people now? So like even though it's not my residents, it was [my peer].

After Cindy discussed her concerns with her supervisor, the other resident assistant was dismissed from his position. Cindy believed she experienced a backlash from some of her peers as a result. "A lot of the staff thought that we should have handled it ourselves, that we shouldn't have gone to the RD about it. They thought it wasn't something that should have been handled by other people." This statement suggests both a challenge in managing human relations, as well as the possibility that one's peers could serve as a potential risk factor in the resident assistant position.

Cindy described the resident assistant position as one where she needed to be prepared for anything, at any time of day, which speaks to the notion of lived time.

Typically, she would be alerted to trouble by a knock on the door or a ringing telephone, suggesting an experience with the lived space existential. She said:

> Like, you never know when that knock's gonna be at your door, you never know when your phone's going to ring at three o'clock in the morning. Um, you never know when the elevator's going to break down and you have to sit there with the outside elevator man, like I sat there from eight until midnight.

Cindy also spoke of lived time and lived space when she described an experience of discovering a resident in crisis and calling a supervisor for assistance. The resident was emotionally distraught and there were a number of other students who had become involved in the situation. Cindy called her supervisor, and had to wait for help to arrive. "Those three minutes seemed like they took forever, and it seemed like the next two minutes took even longer." While she was waiting, Cindy found other students were expecting her to address the crisis, which created a sense of anxiety. "It really felt like things were closing in on me. It seemed like everyone was just there, in my face. I had to send people away to try to get control of the situation."

Cindy also described an experience where she was attempting to de-escalate a situation where a resident was upset over enforcement of a visitation policy. The resident compared himself to Martin Luther King, Jr. and claimed he was being oppressed by the policy and the resident assistants. Cindy described the experience as humorous; in this case, humor served as a protective factor:

> I mean, at that point I couldn't help but try not to laugh because it's 2:30 in the morning. I got woken up because the guest is still there. And you're like, really? This is happening right now? But I mean, you still handle your job. I would

always follow through. I wouldn't be like sure, you're comparing yourself to Martin Luther King, that's fine. Like I would never let it go. I was one of those people who would always follow whatever the book said.

Here, Cindy suggested she approached the position with the law and order orientation described by Kohlberg (1981) and also discussed the importance of managing her emotions in the face of a challenging resident.

How do resident assistants experience training and supervision, specific to their roles as counselors? Cindy described her training experience as one that was not taken very seriously by her or her peers. "Um…at the time it was sort of a joke, Um, and it became kind of a staff joke to a point but we all realized its benefit when it finally happened that we needed it." In her opinion, resident assistant training cannot prepare people for the multitude of possible scenarios that could potentially arise as one lives the position. She expressed this opinion thusly:

> There's, like, no way training can prepare you. There's no way it can train you for, like, every minute situation that's gonna happen. Like, a resident that's standing up to you because he didn't sign his guest in overnight and you have to escort the guest out, then he compares himself to Martin Luther King because I'm taking his rights away. And like, that's not a discussion that happened at training. They're like go to the room, knock on the door, get the resident and the guest, escort the guest out of the building, get the guest out. You go over procedure. Procedure takes turns. Different things happen.

Like other participants in this study, Cindy described the experience of Behind Closed Doors. She said that she did not believe the role playing scenarios were an adequate preparation for the experience of being a resident assistant:

> Well, during training they give you tools. Then there's behind closed doors where they see if you can use what's in your toolbox, but you never know if you really learned anything from training until you actually have to use it. But like the scenarios were like, they were good, and they were very surface level. Because how in depth can you get in a three hour long training? So, and um, there are just so many broad topics that needed to be covered, so I mean, I get it, I get why training is what it is, but…

Cindy did say that she felt she gained competence through learning skills like reframing, empathy, and problem solving "You can't go through every scenario that's going to happen in training, but you can talk about, problem solving skills, which we did, and how to turn negative things into positives. I remember my first year as an RA, an entire day was spent on turning negatives into positives."

Cindy described highly positive experiences with supervision, especially when she approached her direct supervisor with her concerns about another resident assistant. For Cindy, supervision served as a protective factor that helped to mitigate the risks she was experiencing in the position and from her fellow resident assistants. This was evidenced by the following statement:

> I was like, very emotionally distraught over everything that was happening, but at least I had people above me to talk to, to help me. And I was so thankful to have a positive relationship with my RD. She was so understanding, such a good

listener. And it was just like a very positive, positively reinforced and, like, she was like yes, this is the right thing. I'm glad you came to me. This is, we can figure this out. It was always a positive.

Cindy also described her supervisor as someone who helped her to manage her emotions and manage difficult situations. Cindy described her relationship with her first supervisor as one that developed into a friendship:

> [My supervisor] like helped calm me down. And it was really like a, she became such a good friend and mentor through that because she was like I can relate to this, in this way, even though it's not like identical. And it helped me realize, like, these things happen, and these are the steps I should be taking and I'm on the right path now. So, it was very helpful.

When she changed buildings after her first year as a resident assistant, Cindy was assigned a new supervisor. She found this transition difficult, because of the different approaches taken by each supervisor. Her first supervisor worked form an ethic of care, while her second functioned form a law and order orientation. She described this contrast:

> I had such a good experience with my first RD, she really helped me when I needed her. My second RD was good, but she was much more by the book and strict about rules and things. She was much more concerned about the building and the policies than she was about the staff. She was still good, but, uh, I guess it was just a different style or something.

However, Cindy described both supervisors as being very strong figures in her experience as a resident assistant, in part due to the attention she received from them.

This attention also served as a protective factor for Cindy, as she described in this statement:

> With both RDs, they always put me first during one on ones. I always felt like that was my time and if I needed something, or I wondered if I did something wrong, that was the time they would use to help me through it. They were always there to help, but especially during one-on-ones. They always put me first during those meetings, no matter what else was going on.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? Cindy described one of her most important boundaries as one she has established within herself. She described establishing emotional boundaries in times of crisis as a means of protecting herself from potential risks, but also stated that she did not think this was the best way of handling her emotions:

> I separate, which is bad. Like whenever I'm in like, a very crisis centered situation, or if I feel like threatened or everything's just spiraling, I take control over what I can and leave my feelings to the side of it. Um, I don't know where that came from, but it's always been like a, take care of what's going on, deal with it emotionally later. Cause I, um, I take a lot of blame for anything that goes wrong, and um that's just part of my character.

Cindy described the challenge of managing multiple systems, including family obligations, resident assistant responsibilities, her role as a student, and so forth. She spoke of the first time the resident assistant position took priority over academic work. Through this experience, Cindy recognized an important lesson in competence

development, time management. She was working with a resident until midnight one evening, while an academic assignment awaited her. She discussed this challenge:

> I had a twenty page paper that was due the next day that was only half way done. So like starting it at midnight, that wasn't a good thing. So I really learned, like, what exactly time management was, how to deal with it, and how to deal with my stress level due to outside factors.

Cindy described mixed messages that she received from her supervisors in residence life, specific to boundaries, as well as the mesosystems that managed the relationships between the various microsystems in which Cindy existed:

> Residence Life always said, like, you're a student first and Residence Life second. For me, my personal goals have always been, like, family first. So, like, that same year my grandma was sick, so like that took precedence over whatever Residence Life wanted me to do, whatever schoolwork I had to do. And yeah, sometimes the roles got confused, like you got it out of order, and you pick going out with your friends instead of working on this tonight, and the next night that project didn't happen because XYZ happened while you were on duty. Like, you learn what your priorities are, fast. And the people who don't accept those as the roles are the people that have problems being an RA.

However, when asked if she believed that her role as a student truly took priority over the expectations of the resident assistant position, she balked:

> Sometimes [I felt like I was a student first], but not all the time. Like when we would have mandatory meetings, all staff meetings, and they would go for two hours, like when it's only allotted for an hour. And I had a like abstract algebra

> test the next day, like my abstract algebra test was definitely more important to me than being at Residence Life. But to them, it was like, a mandatory staff meeting. So, not like that it's a problem, but when like, three-fourths of your staff has a big exam, that's a pretty big deal.

Cindy was succinct when asked if being a resident assistant was more than just a job. "It's a job…that has long hours." Her response suggested she had found a way of drawing boundaries between her personal life and her life as a resident assistant, boundaries that served to protect her when put at risk. She also discussed the importance of finding time for herself:

> I also started to take time for myself. Like that was such a pivotal thing for me. Like, my job was no longer me being concerned about everyone else. Like that one hour, once or twice a week, was mine. Nobody interrupted it; it was me doing what I wanted. It wasn't homework time, it wasn't anything like that. It was like me going to the gym and running, or like me going out with friends. It was just something that like I had to do for me to like keep everything together.

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? Cindy did not comment much on the cumulative effects of the resident assistant position. She did say that she experienced a great deal of stress, especially in her first months in the job. "My first year as an RA, I was stressed a lot." She also suggested that at times, she did feel exhausted and burned out, but found ways of learning from that experience and turning the negative experience of burnout into a positive one. She said:

> At the time, [I felt burned out]. But I think it was such a great experience for me to learn what my limits are. Like I took it as a like, this isn't always gonna be this way, but now I know how far I can push myself before I get burned out…There were so many days when it was so rewarding…There are definitely benefits to every negative thing.

Cindy's response to the challenge of confronting an impaired peer suggests she was able to develop competence and establish identity as a result of her experiences as a resident assistant.

Summarizing Cindy's experience. Cindy had a number of challenges during her experience as a resident assistant. While she discussed many common peer counseling experiences, her experience working with an impaired peer made her story unique. Cindy struggled with the circumstances, as her fellow resident assistants wanted to manage the situation themselves, without regard to the emotional and physical risks Cindy faced. When the risk became too great, she disclosed her concerns to her supervisor.

By doing so, Cindy found protection from the various risks of being a resident assistant, specifically in the form of supervision. Her decision to take the risk of approaching her supervisor not only alleviated her of the burden of working with someone who was impaired, but also opened her eyes to the opportunities quality supervision could provide. Unlike others who participated in this study, Cindy seemed unimpressed by the role playing that occurs in resident assistant training. She was most moved by learning how to turn negative circumstances into positive outcomes.

This was the theme that ran through Cindy's interview. She found a positive in the experience of having an impaired peer; she grew personally and was also able to

guide someone to the help they likely needed. She found the challenge of managing multiple systems and roles helped her develop better time management techniques. She learned to manage her emotions and work through problems. In short, while Cindy spoke the least about the cumulative effects of the position, by being a resident assistant, she learned to transform negative situations into positive results.

Table 6

Analyzing Cindy's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• At that point I couldn't help but try not to laugh because it's 2:30 in the morning • Those three minutes seemed like they took forever, and it seemed like the next two minutes took even longer
Existential: Lived Body	• I was very upset. Like I was crying
Existential: Lived Space	• There's no better time to see people than at night while you're brushing your teeth • It really felt like things were closing in on me. It seemed like everyone was just there, in my face
Existential: Lived human relation	• that was a great time to connect with them, just talk, and see how they were • And one of the residents in the room started screaming at me and threatening me, and um, he came in the room and escalated the situation
Bronfenbrenner's (1979) system theory	• So I really learned, like, what exactly time management was, how to deal with it • Like, you learn what your priorities are, fast. And the people who don't accept those as the rules are the people that have problems being an RA
Use of protective factors	• I just remember calling my dad and telling him I never wanted to be an RA again • [My supervisor] was so understanding, such a good listener. And it was just like a very positive

Countertransference	• Only because like for me, I could identify with them
Burnout	• At the time, [I felt burned out]
Secondary traumatic stress	• N/A
Managing emotions	• I take control over what I can and leave my feelings to the side of it • I take a lot of blame for anything that goes wrong, and um that's just part of my character
Developing Competence	• Now I know how far I can push myself before I get burned out • I remember my first year as an RA, an entire day was spent on turning negatives into positives
Establishing Identity	• So like even though it's not my residents, [I was helping people] • So there are definitely benefits to every negative thing
Vicarious Post-traumatic growth	• N/A

Emily: It Was Probably the Worst Experience of My Life

Emily is a 21-year-old Caucasian female. She is a senior who spent two years working as a resident assistant before leaving the position one semester prior to the interview. She worked in an all freshman hall for both years, and lived in the same residence hall her freshman year, as well. Emily is an English Literature major who plans to graduate at the end of the current academic year. Emily and I scheduled a day and time to meet for the interview, but she was called away unexpectedly due to a personal emergency. We re-scheduled the interview several weeks later, and met in a conference room in a classroom building on campus, where we spoke for approximately 75 minutes.

Emily discussed a variety of common peer counseling situations, but the interview focused mainly on three different crisis situations she encountered during her tenure as a resident assistant. The first occurred during her first year in the position, when one of her residents attempted to commit suicide by overdosing on prescription medication. Emily described the experience of working with the resident in crisis, as well as her roommate and friends on their floor. In the days and weeks that followed, Emily spent a great deal of time working with her residents to process the incident, as well as process it for herself. She also described the experience of reading a suicide note left behind by the resident.

Her second year as a resident assistant, Emily experienced another resident who attempted suicide after an extended struggle with self-injury. She escorted the student to the hospital and described the experience both in the moment and after the crisis had passed. Finally, Emily had the experience of a resident dying during her second year as a resident assistant. While the resident who died did not live on her floor, many of her students knew the person well and were shaken and scared. She described the process of working with her floor to try to process the death of a friend and peer.

What is the perception of the counseling relationship from the perspective of resident assistants? Emily discussed a variety of experiences as a peer counselor and crisis interventionist. The first story she described in detail involved an attempted suicide during her first year as a resident assistant, while Emily was a sophomore in college:

> Um, my sophomore year which would have been with me, Spring '09. Yes, it would have been Spring of '09. Um, I had a resident overdose on pills, I don't remember what they were. Um, and I'd been working with her periodically

throughout the entire year. Just, she had problems with her roommates, problems at home, um, and it, it never developed into formal counseling but it was certainly something that we were all aware of. Um, and she did overdose and I felt after that I had to work a lot with her roommate and with her friends on the floor who all knew about the incident. Um, just kind of make sure that they recovered the way they should and that they didn't feel too scarred by the experience.

When asked to elaborate on what she meant by making sure her residents "recovered the way they should," Emily described the experience of working with many residents, multiple times a day. She provided direct peer counseling services to the student's roommate, as well as friends who lived on the floor. She also served as a liaison with the campus counseling center, both in making referrals, as well as keeping counselors up to date on how residents on the floor were responding to the incident. She described this experience:

> In the following three or four days, I talked to them all every single day. Um, sometimes multiple times, individually and as a group. Um, I kind of liaised with the University counseling system and with my resident director, um, to provide them with the information that they needed to seek therapy, I guess. Um, so directly within those first few days it was something that was on our mind a lot and we talk about it frequently. Um, and then for the rest of the semester until summer it…I mean it did come up because the resident in question left and um, you know…whenever they thought about her whenever, anything kind of happened that reminded them of the incident and we talked about it.

Emily continued to work with the roommate and other students on the floor. While debriefing of the incident, Emily and her supervisor were made aware of suicide notes the resident had left in the room. She described her own lived body reaction when finding the notes and reading one:

> After that we kind of checked in almost everyday about it and me talking to the friends and the roommate. Um, and one of the days, we found that the girl had left some notes in the room. Um, and me and my RD went up and got the notes. Um, and I read one of them and she read one of them. Um, and that made me cry…

Emily discussed her reasons for becoming as involved as she did in the situation. In part, she described it in terms of her personality, and she also recognized that she was meeting her own needs by meeting the needs of her residents. Emily was driven by an ethic of care, as well as a need to "understand." She discussed this desire to understand:

> The follow up, I don't know if it was my own personality and tendency to mother people but I knew that the girls would be comfortable with me and I, it kind of, it helped me in a sense by talking to them to understand what had happened and kind of think our way through things. I would just, yeah, I mean I pushed myself into it as much as I could…only out of concern for the girls and for a need to understand what happened.

Emily's perceptions of her role as a crisis interventionist changed her junior year, when confronted with a similar situation of a resident attempting suicide. She described this change through the following comments:

> This one, this one was, okay, um, I had a resident my Junior year during Freshmen orientation, she was not responding to her roommate, not really happy

with the floor at all. I had met her and she, she almost acted like she was afraid of me. Um, and one night her mother had stopped, no it was her sister this time, her sister had come over and I guess they had gotten into a fight or something and my resident stop talking, stop moving, curled up on the floor and was shaking and so they, although her sister knew to do was call the police. Um, and they informed me and I went to the hospital with my resident…We came back um, and from there I kind of kept a close eye on her. Um, after that I organized a dinner with her and some of my former residents who were in the [deleted] Club, um, to see if maybe I could get her to be more social through that. She was doing fine for you know for a few more months um, and then she had this sort of episode again, cut herself, and yet again someone else found out about it, reported it and then I was asked to go to the hospital with her again. Um, that's it for the facts.

As Emily continued to discuss this situation, there were more "facts" about the situation that seemed to influence her perceptions. Specifically, she was thrown into the situation without warning or information. She said:

They…the second time they didn't tell me what had happened. They didn't tell me that she had cut herself. They didn't tell me that I was going to the hospital. Basically, the RD called me and asked me to come downstairs to the lobby and I went down there and she basically pushed me into the police car with my resident. I didn't have a coat on you know and it was, I didn't know when I would be getting back.

Finally, Emily described her role as a peer counselor as she worked with her residents following the death of a student on another floor in their residence hall. She

described feeling a lack of competence in addressing this issue, as well as a need for human relationship that followed his death:

> Um, [the resident dying] was really hard because everyone knew about obviously because it was a resident in the building. He was local. He went to [a local] high school. So a lot of my girls knew him from [this college] or from high school. Um, just the way that it happened it was in the building in the boys' bathroom so people knew about, people saw it. It was just, we didn't know how to handle it. I didn't know how to talk to my, my girls about it. I didn't know how to talk to my co-workers about it. I didn't know how to talk to my friends about it.

Throughout the interview, Emily described the lived human relation existential, talking to residents about what had happened, sitting with a suicidal resident at the hospital, attempting to find ways for her introverted students to become more actively involved, and so forth.

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? Emily discussed the experience of becoming aware of the first suicide attempt with a knock on her door at three o'clock in the morning. She described the experience through the following statement:

> Well she overdosed, she got sick in the room, her roommate came to me, and this was three in the morning, um…and said that the girl had gotten sick and was saying something about trying to kill herself and um, when I went in and talked to her, she confirmed that was what was going on. Um, but she didn't say anything else about it. Um, and that kind of confirmed it…I didn't know how much she had taken. She wouldn't tell me. I didn't know if she was going to die right in front of

me. I mean anything really could have happened. Um, and it was scary to know that I could be in a position like that with this job…and it's scary to know that other people could have gone through that as well.

Emily struggled with her own emotions after the suicide attempt, as well as the ambiguity about what was to come "I didn't understand how a person can do that and I also, it hurt that she would want to do that. Um, and obviously it was scary because I didn't quite know how we were going to move forward from there." She described the fear she experienced during the situation through the lived body existential. "Yeah, um, well I started shaking and I had a lot of trouble talking on the phone to the police and to the resident director."

Emily took the resident to her room while they waited for help to arrive. Emily described the waiting process in terms of lived time, and discussed the challenge of managing her own emotions, through the following statement:

I took her into my room so I could keep an eye on her but it was just you know we didn't, I didn't know how to talk to her anymore and I, I didn't know, it was almost a fear of the, the unknown about what was going to happen with her…It went by very slow. I mean thinking back it probably could have been that long, but you know time stops, as they would say.

Emily was clear about how she experienced the situation. "It was the, the worst experience in my RA career. Um, it was not a good experience for me at all. Probably even in my life." Her tone was palatable, and her words suggested she experienced a degree of secondary traumatic stress from her experience. This was confirmed by her

description of an inability to sleep in the days that followed. “I do remember because it was so disturbing and I didn’t sleep aft…I didn’t sleep at all.”

Emily found protective factors in her friends and peers. “It was bad enough that I remember having to tell some of my friends um, and I did tell a few of my co-workers, RA’s in the building, because I just needed some outside support.” When asked if she ever considered seeking counseling, she said she had, but could not explain why she had chosen not to do so:

> I thought about it but um, I don’t know what played into my decision not to. Definitely thought about it…I think it could have helped me talk my way through things, definitely. I definitely thought about it and I actually told the girls that if we wanted to go together, I would totally go with them. Um, I don’t know why I didn’t. I thought about it though.

Emily said that she escorted both suicidal residents to the hospital, but described very different emotional reactions between the experiences of her sophomore and junior years. Her first experience escorting a suicidal resident to the hospital was frightening and “bizarre,” which she described with the following statement:

> Um, the first time it was scary but I’ve been to the hospital with residents before. Um, for the first time was bizarre because she wouldn’t talk to me at all. Barely acknowledged that I was there. Um, would not talk to any of the nursing staff trying to process her information. Um, I…I didn’t know how to comfort her. I didn’t know what to say. I didn’t know when I would be back to campus. I had just showed up at the hospital and now I was waiting for this girl to go through a psych eval.

However, Emily described her trip to the hospital the next year very differently. While she was still emotional, her emotions had transformed from fear to anger. The way she described the experience suggested a degree of depersonalization that is indicative of burnout. Also, Emily's ethic of care seemed shift toward a law and order orientation, as evidenced by the following comments:

> Um, the second time, I, I was mad that it was happening again and that this girl had three roommates in the time that she was on my floor. And I was mad that they were putting her roommates, that Residence Life was putting other girls into this room with a resident that was clearly mentally unstable. And the fact that they had asked me to go to the hospital with her again it was just kind of like, how many times are we going to do this until you realize that she should not be living in this building. Maybe she should not be going to this school and I should not be going to the hospital with her. This should be something that needs to be dealt with directly.

Emily continued to discuss how the systems in the university influenced the decision-making process about this resident in crisis, as well as her frustrations with this process. Emily spoke directly to Bronfenbrenner's (1979) concept of the macrosystem when she said "The biggest system existed and I was a little fish in it." She continued, "it just felt like no matter what I do or say it's, this is just the system that we're just kind of, push people through, make sure that people get, they live one year and they move to another building. Just push them through."

Emily's experiences with crisis, coupled with her own emotional reactions and challenges working within the "biggest system," led to greater degrees of

depersonalization and burnout. While Emily never seemed to balk at the time and energy she committed to residents during her first year as an RA, her reaction the next year was much different. She described this through the following comment:

> And when that second [roommate] moved out, it was maybe a month and a half after the first suicide attempt or whatever breakdown it was, I said, I don't feel comfortable with her being on my floor. This could quickly turn into something that I have to put a lot of energy into and I just, I don't think, I think she is putting a lot of people down on the floor and I, I don't think that people feel comfortable with her there. And the response that I was given was that she had been cleared with the Counseling Center and that the director of Residence Life cleared her to continue living in the building regardless of what I, what my opinion was.

Finally, Emily talked about the systemic response to the death of a resident.

> I remember when [the student died] they told us if you feel like talking to people about it you can go around tell people, make sure that people are okay, get everyone out of the lobby but again it was just kind of like you handle it in the moment, you deal with it right now and no one ever addressed the long term effects and the long term game plan again.

However, she had difficulty managing her own emotional reaction to this student's death. "I didn't know him. I wasn't a part of the event at all. I wasn't around for that. So I almost guilty for being so shaken up by it and I wasn't sure…it's almost like I wanted my feeling to be validated in a sense."

Emily found a protective factor in her peers, especially a fellow resident assistant who identified some of the risks to which Emily had been exposed. This was gleaned through the following comments:

> [My peers] were worried about my role in the situation. Yeah, I guess they, I remember one, she was a junior and I was a sophomore so she was kind of my mentor a little bit. Um, she was just concerned that I would take on a therapist role with the friends and roommate and that I would you know let myself become their sounding board and get myself to involved with it. When in reality I should just kind of isolate the event and just make sure that it got dealt with and kind of take myself out of the situation.

Emily also saw her caring nature as a potential means of protecting herself and reframing the work she was being asked to do. She said:

> I would say treating the RA position more as something that I wanted to do as human being [helped]. Like taking care of people and helping people and working through things, but that's what kind of person I want to be anyways, so if I view this less as work more as just a treat for me to do as a good person, that helped.

Emily was clear that the experience of being a peer counselor wasn't what she expected. "I did not expect someone to hurt themselves on my floor. I didn't expect people to…to die, I didn't expect any, anything like that to happen."

How do resident assistants experience training and supervision, specific to their roles as counselors? Emily described the training she received around mental health as an hour long seminar that focused mainly on depression and suicide:

> We had, like, an hour seminar if I remember correctly. Um, and we got a card, and it was directly based off of suicide and it was run by the counseling center. Um, we acted out scenes of people that were potentially suicidal. Um, it was addressed but I feel like it was taking a little lightly. It…we were aware that it could happen but it seemed like the end result was just if they do something the police call the RD on duty. If they're just unhappy, talk to them make sure they're going be okay for a night and then talk to your RD at your one on one.

Emily was emphatic that the training was insufficient to help her feel competent her position, and offered suggestions for how it could have been improved. Her perceptions of the effectiveness of her training were clear through the following statement:

> No not by any means. *No.* [informant emphasis]. I mean I'm not sure what else they could have done, but it just, it felt like they were avoiding the idea of it happening. And they…I mean they acknowledged that it could happen but it was, if it happens just do these…do these two steps and you'll be fine. I guess kind of addressing what the effects of that were on the friends, on the roommate, um, how it could have affect you and what's going happen from there on out you know. I mean each case is individual, obviously but I had no idea when the girl left for the evening, if she's going to be back on my floor the next day.

Emily felt that Residence Life did not take the issue as seriously as necessary during training. This sentiment was captured in the following statement:

> [The culture was] completely avoidant. Um, it's, it's not supposed to happen [here]. It's not going to happen here. You know, okay maybe someone is

depressed but that's not, that's not because of anything that we're doing it's just something wrong with them and if it happens then just deal with it and then push it on to someone else.

However, Emily acknowledged that she and her peers did not take the training seriously, either, in part because they believed they would never need to call on what they learned. "I think that it was just something that we all trying to avoid and that we could never imagine someone coming to that point." She also suggested that it was difficult to focus on any one piece of training when there was a great deal of information over a short period of time. "It was just another piece of a long day."

Emily felt she was unprepared for what she experienced, and often felt as if she was not competent to do what needed to be done. She expressed a fear of traumatizing people through her peer counseling interventions. When asked about specific things training should cover, she said:

> Just addressing how we should talk to our residents that needed help. How we were going to address what had happened. Um, because obviously across campus a lot of rumors circulating, people weren't sure what had happened. We weren't sure what we could say to people. Um, again, I just, I kind of wished that someone was there to, to counsel people and maybe tell them where to go if they needed it and just kind of like take a little bit of pressure off of the RA's and let, and just deal with it as a whole…That was not something that I was willing to do by myself. To get forty girls together and then start talking about the kid that died in the building…Well, that is something very intimidating. I'm sure if I would've started and I'm not what I really would have said. Um, it would have been nice to

have someone come in and tell me how we should deal with it…you don't know if that's going to be detrimental to people.

Regarding supervision, Emily said that her supervisor did reach out to her on occasion to ask how she was handling the stress of working with these crises. While the supervisor did offer assistance, Emily chose not to accept it, but instead experienced her emotions alone, through the lived body existential, which she described during an interaction with her supervisor:

> The resident director asked if I was okay and I said yeah, I would probably just go back to sleep but um, she didn't pry too much and I, I probably was being dishonest because I couldn't sleep for the rest of the night. Um, I started crying and it, it really shook me up. But I, I feel like I was pretty visibly disturbed but I don't know, I guess that she asked me directly and I, I didn't say that I needed anything.

However, Emily was emphatic that she was disturbed and that she did need help. She took the initiative to approach her resident director the next day and seek assistance, but "we didn't really discuss it other than kind of the logistics in saying if they needed anything direct them to the counseling center." Later, when she and her resident director found the suicide notes, Emily believes her supervisor made a mistake in allowing her to read one of the notes, which resulted in her exposure to psychological risk. "I don't think I should have been involved with the note. I regret reading the one just because that, that added another dimension that should not have been. I should not have been allowed to do that." Even when she reacted to the note by crying in front of her resident director, she did not feel her supervisor provided the support she needed. She said:

> I think my resident director was only aware that it bothered me when I was crying about reading the note and she was standing right there and I…I think the discussion went along the lines of this wasn't anything that we caused, it's you know we tried to prevent it obviously by being around for residents but I mean it was never really addressed other than that.

This lack of support was expressed as Emily talked about her feelings of accomplishment as a resident assistant. Feeling unsupported also served as a risk factor for Emily, as she described in the following statement:

> I felt like I was doing a great job. Um, I don't know very many people that would really keep going through things like that and I never protested being pushed into a police car to go to the hospital with the girl the second time. Which some people might of, um, I was proud of myself for being in my room you know I could have been gallivanting around campus or anywhere and I thought that I was doing a good job. But I was also disconnected from the position because it didn't feel like anyone was on my side.

During her second year as a resident assistant, Emily became closer to her supervisor, but the boundaries of their relationship began to blur. She expressed this experience through the following comments:

> Um, the second year she was living in the building, worked with a lot of the same staff, um, the mentor of the relationship kind of turned into a friend relationship. Um, we talked about things that probably were out of bounds for what a boss and employee relationship should be. Um, and she just kind of lost her passion from the building and for the job.

Emily went into detail about the kinds of things she and her supervisor talked about. As her supervisor lost passion for her ownwork, Emily did too, and she began to experience a degree of isomorphism with her supervisor. This parallel process led to a sense of low personal accomplishment, another indicator of burnout. Emily described this experience:

> I think that helped us become, you know, more of like friends because, you know, we never addressed the fact that I was sliding and I was not maybe doing as much as I should be. But we both knew that there were things that should be happening that weren't and, you know, I didn't feel uncomfortable with her complaining about residence life and she didn't feel uncomfortable with me complaining about residence life. If you see your superiors, you know, bad mouthing the system and if you see them not really care, especially having, you know, the comparison of the first year to the second year I knew the potential that she had. I knew what she was capable of and it just and that made it even worse but the second year was so lackadaisical.

When asked to describe why both she and her supervisor became "lackadaisical," Emily described it in terms of systems and the law and order orientation she believed exists in the residence life culture:

> Well, I like the idea that it's almost like a trickle down system. Where people at the top don't…If people aren't passionate about the job all the way through it's going to affect the residents because the director affects, you know, the RD's, the director affects the assistant director who affects the RD's who affects the residents and if there's you know a chink in that somewhere then it falls apart…I

think that it's a tendency to play by the rules to much. Um, again, where we are at a university that really looks at numbers and looks at student rules more than developmental creativity, um, they're all for enthusiasm but in the end it's about how much you do not how well you do it. And I think that there a lot of people in the system that don't get listened to that should be listened to.

Emily discussed how policies and procedures helped to maintain the system with which she was frustrated, and the unrealistic expectations of the macrosystem of residence life:

I mean they need concrete rules obviously to keep the system running though it seems like exceptions were never taken into account, so if you couldn't live by the rules for one reason or another then you shouldn't be in the job. It was just you do these things, you live to the standard and that's how we're going to work. It was kind of like this needs to be done to this standard. I have this expectation of you, you know you're living up to your graduate assistant's expectations, your RD's expectations and then the expectations of you know the body of residence life.

Emily believed that the macrosystem prevented people from reaching their potential, caused by a lack of appreciation which led to low accomplishment and burnout. She explained:

I feel like everyone came into the system really excited about what they were doing and they took the job whether they were a professional or RA because they were excited about the student development, but it just seems like no one is

excited anymore. Or you don't get, you don't get rewarded for being excited and you may not be encouraged to be excited.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? When asked if she thought she was able to draw healthy boundaries between herself and her work, Emily was emphatic. "No, not at all. I was combining friends with clubs and clubs with work." She described a situation where her boundaries were blurred and she struggled with managing relationships:

> I started doubling things up so my friends were RA's. So when we were doing RA things, we could also being doing friend things. And same with my club activities, I got my friends to join my clubs so that I could see them and also be doing my club stuff. Got my residents to join my clubs so that I could help my club but also see my residents, get them involved, so tried to just combine things where I could. You know, doing homework while you eat your dinner. Stuff like that.

Emily discussed the challenges of managing the multiple roles and microsystems in which she was a part. She identified the challenges that were inherent in a system where resident assistants were expected to be available at all hours, and existed in a macrosystem that did not want her to draw boundaries:

> Number one priority should have school and should have been…yeah…definitely school first. A priority in theory is school always comes first that is what they tell you. But in reality, you can throw so much time into things. I mean you can do a crappy bulletin board that takes you ten minutes but they hire people that take pride in their work most of the time. So they know that's going, you going to put a lot of effort into things and there's no, there's no time limit on things. So if a

resident needs to talk to you for two hours, you can't just say, hey it's been an hour, I only appropriated in that hour to talk to you today so you need to leave and residence life knows that. I do think really they want to be number one… They, they want you to throw as much time as possible into the job, though they say that you need to do school first.

Emily also discussed the ubiquitous nature of the resident assistant position:

It's tough, definitely, because no matter what kind of boundaries you try to draw, you know, you can put office hours up as much as you want but if I was in my room and someone knocked on the door, even if it wasn't my office hours, I have to answer it. It kind of feels like the those two years of my life were always just like 24 hours a day whoever needed me got a chance to just to have any kind of time that they wanted from me, whether that was my residents, my co-workers, my RD, residence life in general.

One example of the "24-hour a day" nature of the position was exemplified by a situation where Emily was expected to escort a suicidal resident to the hospital. She was not on duty that evening, but happened to be in her room when her telephone rang, which she described as a "punishment:"

Yeah, I was just, punished for being around, I guess. Granted I was her RA. I had things to do that night and I felt like because I'd already been to the hospital with her, it seemed almost inappropriate just, you know, it was inappropriate just to send me without any facts or without any acknowledgment that I had things going on.

Emily described a situation where her ethic of care and lived space became risk factors, because her residents expected too much of her. She also suggested a reason that she did not seek counseling through her description of the counseling center as "scary." Specifically, she said:

> Some of [the residents] ended up trying to utilize my, my listening skills too often and for too long of time. Um, so I mean that's always the nature of the residents. The resident assistant role is that you don't want to become a therapist. Um, but I think some of them tried with me…because I was around and because I'm easy to talk to and because I'm available and I know that counseling center is scary and if you have counseling some people can think that you are crazy and so if I was there I was someone acceptable and down to earth that they could talk to

Emily found the best boundary she could establish was by leaving campus, suggesting the importance of lived space. "Weekends away were really good. And I disconnected myself as much as possible for you get two days, turn my phone off whenever I could, stay away from the computer. Um, going home for breaks was good as well." However, she described the challenges of boundaries and technology and the lived space that exists on the internet. "But someone did message me on Facebook on Christmas [asking her to mediate a roommate conflict.]"

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? Emily was clear that the resident assistant position put her at risk for becoming burned out. She described it in terms of the amount of "steam" she had. However, she also described depersonalization, as well as the

possibility of secondary traumatic stress in her discussing the effects of addressing a suicidal resident:

> I still had a little bit of steam in me…There was another event, like this was my junior year and it was quite similar, and that I no patience for. I had felt I had put myself so much in…into these residents and into this system and for this thing to happen multiple times, I just, I wasn't ready to deal with the, the effects again.

Emily struggled with her own emotions, especially feelings of guilt for "letting" someone to attempt suicide and being "shaken" by the experience. Specifically, she said:

> I felt guilty that it can happen on my floor and that not that I let it happen but you always think like if I maybe of talked to her that day, you know, for 20 more minutes or something, it could have been different and it almost like a joke that, that I was so shaken up by it again in the case of the girl that overdosed.

Emily also acknowledged that reading the suicide note had a lasting impact for her, and brought back the emotions she had experienced the night the student overdosed. "I think that it amplified it even more because of me, it was her own words and it was her own, I don't know, her own, her own understanding of what the event was." Emily knew she was struggling from the cumulative effects of the position by her second year, especially the depersonalization and low personal accomplishment associated with burnout. This was determined from the following comments:

> I mean, I think I was definitely burnt out by me second year. Um, the issues that I was dealing with were the same over and over again. Some of them got addressed by the right people and some of them were just kind of left attended. Um, by the end I really, I felt a little apathetic about some, if someone needed my help I was

going to be there, but I didn't feel like I should throw my time into the useless things.

Emily described a detachment, or depersonalization, that she was experiencing by the end of her second year as a resident assistant:

> The third event with the girl cutting herself, I don't want to say that I wasn't shocked or disturbed by that happening. But in a sense I was a little numbed to it. I knew the procedure and I just….it's almost like I was left opened to it in a way that I, you know, with everything that happened my sophomore year was all so new and fresh and I was very emotionally open, and junior year was events like that it was I felt more closed…I'll just say…I want to say numb but it was almost like I was dealing with it clinically. I was almost detached.

Emily recognized that the feeling of detachment has not left her since she left the resident assistant position. She explained that she still uses detachment and depersonalization as a means of protecting herself from experiencing emotional discomfort. She described a "very real effect" that managing crisis had on her:

> I would say again like I'm coming back to the word detached. I would, I keep myself a little bit more enclosed from things just because you know demonstrating by the first girl that when stuff like that happens it can have a very real effect on you. And so I don't let myself get too wrapped up in things and I wait a little bit before I put myself out there emotionally…I think I always had a tendency in a way to do that in some cases but also you know I tend to be someone that's always wearing my heart on my sleeve and just emotionally

available to anybody even though if I am having a good day or bad day but you can tell right away. I think I've drawn back a little bit.

Emily summed up her experience succinctly. "I think that if you're doing it for too long, it's going to take a toll on you."

Summarizing Emily's experience. In terms of the quantity and severity of crises experienced by the participants in this study, Emily's experiences certainly are among the most unique. Emily was addressing residents in crisis throughout her tenure as a resident assistant and not only worked with the resident in direct crisis, but also the many people who experienced the secondary effects of crisis. Emily did this from an ethic of care; however, she acknowledged that she did not care for herself as well as she cared for others.

Emily's experiences had a lasting effect on her; she described herself as more "detached" and emotionally distant from people as a result of her experiences. She experienced many of the symptoms of burnout, and this burnout seemed to move her away from an ethic of care toward a law and order orientation. Emily also struggled with the various systems in which she found herself, especially the macrosystems of residence life, and the institution at-large.

Emily's struggles were exacerbated by her experiences with supervision. She did not receive much emotional support from her supervisors, and as time went on, she found her supervisor became a risk factor rather than a protective one. The isomorphism between Emily and her supervisor led both individuals to experience less accomplishment in the position, and likely led to Emily's feelings of burnout.

Table 7

Analyzing Emily's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• It went by very slow. I mean thinking back it probably could have been that long, but you know time stops as they would say • You can throw so much time into things
Existential: Lived Body	• I started shaking and I had a lot of trouble talking on the phone to the police and to the resident director • I didn't sleep at all
Existential: Lived Space	• I was just, punished for being around, I guess • Because I'm available [on the floor]
Existential: Lived human relation	• I was someone acceptable and down to earth that they could talk to • I would say treating the RA position more as something that I wanted to do as human being like taking care of people
Bronfenbrenner's (1979) system theory	• the biggest system existed and I was a little fish in it • They need concrete rules obviously to keep the system running
Use of protective factors	• Weekends away were good • She was just concern that I would take on a therapist role
Countertransference	• So when we were doing RA things, we could also being doing friend things • I got my residents to join my clubs so that I could help my club but also see my residents
Burnout	• I was mad that it was happening again • At that time, I still had a little bit of steam in me
Secondary traumatic stress	• I was so shaken up by it • I didn't sleep at all
Managing emotions	• So I almost guilty for being so shaken up by it • I felt more closed… I'll just say…I want to say

	numb but it was almost like I was dealing with it clinically. I was almost detached
Developing Competence	• I guess I have keener sense about suicide. I have a good more of an awareness that it can happen • I felt like I was doing a great job
Establishing Identity	• N/A
Vicarious Post-traumatic growth	• N/A

Isabella: I Can Hear Them Screaming in the Hall

Isabella is a 23-year-old Caucasian female. She is a senior, majoring in music therapy with a psychology minor. Isabella is no longer a resident assistant, but spent two years in the position, working exclusively with first-year students in an all-freshman hall. Isabella and I met for approximately 60 minutes in a conference room in a classroom building on her campus. We discussed the informed consent process and following a brief discussion about the nature of the research, we began the interview.

Isabella addressed the death of a resident who lived in her hall; one of her residents found the dying student and administered CPR until paramedics arrived. She described a situation where many of her residents were good friends with the dead student, and held an informal vigil in a residence hall lounge in the days that followed his death. Isabella was part of that vigil, and the students went so far as to move their beds into the lounge and lived out of this common room for several days.

Isabella talked of the experience of working with the friends of the deceased student, as well as her own feelings about his passing. She also described a situation where a student began having a severe seizure in the middle of the night, and the experience of other residents on the floor coming to her for assistance. Isabella was

clearly moved by her experiences as a resident assistant, and she was still experiencing the impact of her experience, even in the moment of the interview.

What is the perception of the counseling relationship from the perspective of resident assistants? Isabella saw her resident assistant role as one of helper and mentor, going so far as to describe the experience as a family dynamic. She described her role in terms of the ethic of care described by Gilligan (1982):

> I felt like I had a responsibility to students because I was the person that they could come to. The person in charge of the floor, quote unquote. Um, but I just felt like very responsible. Like I always wanted to help, always. I still see my residents, and I call them my girls…I call them my girls because they were my, I felt like a mother to them or like an older sister. You know what I mean? I see them all of the time and they're always happy to see me and it really just makes me happy that I was able to touch so many lives, I guess.

Isabella described the experience of working with her residents in the wake of a student's death:

> So, a couple girls on my floor um, were really good friends with this student and, it was really hard for them and, well basically we had all of the kids who were involved with him um, after he passed they all just stayed together in the rec. room downstairs and pulled out beds, like brought down their beds, their sheets, everything and just camped out in the rec. room. I was kind of like was there because I knew the student as well so. I was just like there with them and um, just trying to be somebody that they could talk to that wasn't like on too high of a level that they didn't feel comfortable.

She described other situations when she provided peer counseling that were less emotionally charged:

> I like to make sure that um, people felt comfortable coming to talk to me because I didn't want them to feel that I'm a person in charge and I am you know big headed and whatever I just wanted them to feel like they were. I don't know, I wanted them to feel comfortable coming to me for things which death, family death, um, break-ups, changing majors, changing schools, um, not on my floor in particularly but throughout the building dealing with drugs, alcohol, those kinds of things, aggressive behaviors…

Specific to the death of a building resident, Isabella spoke of the experience of counseling the student who found him and attempted to save his life. Isabella recognized the importance of being present, even if the student did not want to talk, as well as the importance of offering a caring voice. She said:

> It was, well, I mean, I felt glad that I could be there for her. I also was like proud of her for stepping up and I wanted to know that like she did good and um, I really…I was just glad that I could be there. Even if they said nothing, even if they didn't want to talk, if they didn't want anything…just so they would know that I'm there.

She discussed the specific feelings that residents on her floor were experiencing in the wake of his passing. "It was, well, I mean, I felt glad that I could be there for her. I also was like proud of her for stepping up and I wanted to know that like she did good." Isabella also discussed the specific issues she addressed among the residents in the wake of their friend's passing. "Just a lot of stresses and at first, like guilt for not being able to

save him. Um, a lot of things like depression, with the whole group depression just um, over the shock."

She described the experience of being woken in the middle of the night by her residents as another resident was having a severe seizure:

> Last year after the boy died, a girl on my floor um, she didn't know that she had seizures, and it was finals time and ah, the first time she had a seizure, she didn't realize it but ah, one of my residents found her on the bathroom floor passed out and this was a girl that we know would never be drunk and drinking, always studying, a good girl. So we were just confused by it and for me to find her on the floor passed out. It was really scary experience and then um, the second time it happened, she was, it was like six o'clock in the morning and she was up early studying. She lived in a quad with three other girls and um, she was sitting at her desk and all of sudden she just started having a seizure and the girls just freaked out screaming, crying.

Isabella believed that it takes a certain personality to be a successful peer counselor in the resident assistant role. "RA's can't just be any random students. They have to want to help others. Want to listen, want to care about others, I mean. It's not just a job that you take, that you, so you can get a little money for your education." She also believed she should be able to address the issues her residents brought, regardless of their severity. She struggled with the idea of referring students to someone else, which she described clearly:

> But usually what we do is just call the RD on call or refer them to the counseling center but I feel like those are just um…gestures…they're not, I feel like if

someone comes to me with a problem and I say well here you go, here, you can go the counseling center, it just closes them to me. You know what I mean? I feel like you should be able to listen um, and if you don't have all of the answers just that you are there to listen and then afterwards if, if they haven't gotten any where then say hey why don't we go down to the counseling center or something like that.

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? Isabella spoke of the challenge of managing her emotions when she learned of the resident's death. She experienced these emotions through lived body, as well as lived human relation, as she described in the following comment:

> When I first found out that he had passed, I went into my room and I cried for about a minute and I stopped and put myself together and I went back out there because I knew that um, everyone else would be needing to talk and you need to know what's going on…So, I mean you don't get to experience within yourself things that are going on because you're worried about [others]. It just was very shocking and didn't know like that's why I went into my room. I cried and then I was like okay RA, you know. I got to go back out there.

Isabella also spoke of the experience of holding vigil with her residents in the floor lounge, suggesting an ethic of care, the lived space existential, as well as a potential degree of countertransference because the student who died was a "friend" of hers:

> I was also, like, a friend because I knew him…Well I, went in, that night when it happened. Um, I think everybody still stayed in their rooms but they were all I

think they stayed out in the lobby, in the main lobby all night talking to everyone. Um, and then the next day um, the next day we went down into the rec. room downstairs they all brought their beds and…They had breakfast, I think for them and they put a memorial video together of him, like a photo…Yeah, and they watched it put together and they all watched it, talked about him, his girlfriend from a different school came and stayed with them.

As we discussed Isabella's involvement with her residents, she said that she eventually discovered she could not provide the degree of help that some of her residents needed. It was especially difficult when she could not help the resident who had performed CPR on her dying friend, again suggesting that Isabella performed her role from an ethic of care. She described this difficulty through the following comment:

> It's hard. It's hard to be like, I can't help you. I mean even if you don't say that you say it to yourself. Like I can't help this person. And for me, I'm a person who always wants to be able to help other people so…it's really hard thing to realize that but you can't you can't help everyone. You don't have all the answers.

As we discussed the experience of being called upon unexpectedly to address such a variety of crisis situations, Isabella described her experience in terms of the lived body and lived time existential:

> [I felt] anxious because everything is happening. Your adrenalin is pumping. You don't want anything bad to happen and, you just have to wait. You just have to wait. [Time] slows down, for sure. It feels like it slows down because it seems like help is taking forever to get there.

As Isabella described the experience of being woken by her residents as their roommate was having a seizure, she discussed the lived body and lived space existentials, as well as the challenge of managing emotions:

> They came banging, banging, banging on my door and it scared, it scared the life out of me and I was like…I was sleeping. I jumped out of bed. I couldn't talk and I couldn't find my glasses, I didn't know what was happening. It was, it was so scary and ah, then when I went in there I was just like, like I don't know if it's because I have that training but it just kind of kicked in. Like, [name deleted] go tell the guy at the front desk to call 911. Okay. Get everything away from her. Like we had this training which I'm glad for because otherwise I probably would have freaked out but um, I was calm and I was there and I was…I did whatever I had to do. They called, they came, whatever. But after everything was over, it took awhile for my heart to calm down.

Isabella said that she typically did not think about herself during the course of managing a crisis, but would later assess the situation, often with the help of her peers, suggesting that other resident assistants provided a protective factor. She said:

> I really don't think about, I, I never thought about me. I just thought about the situation and getting the situation taken care and afterwards when it was over. I would think about what happen. Just reevaluate, reassess…What I would do is either go behind the front desk with other RA's and talk about what happened or I would just go back to my room think about what happen. Like um, just think about it and then and relax and go back to doing whatever I had to do.

How do resident assistants experience training and supervision, specific to their roles as counselors? Isabella found her training to be adequate, and said she enjoyed the experience, especially because it reinforced her ethic of care. "I thought it was cool. I liked to, I personally like learning about different ways to communicate with people, different ways to help people." She also commented on the experience of Behind Closed Doors as being a helpful learning experience. "I really liked training. I liked the mock, ah, the mock rounds. Where they would have things set and this is what you would see. This is what you could see."

Isabella provided further detail regarding her experience in training. She said training helped her develop confidence and a sense of competence, but also recognized that training could not prepare her for the variety of situations that were likely to happen. She also questioned whether training could teach people the skills necessary to be effective peer helpers, especially the skill of active listening:

> I think the training was good for um, it was really good for like emergency situations, accidents, um, dealing with alcohol, dealing with anything to that effect, anything that had to that you would have to call the police or ambulance for. I think was really good. Um, but it's hard to train people to listen. You know, I think that is something, that's a quality that you have to possess before you apply for the job. You know what I mean? But, it's also hard because you can get all of the training you want but when you're actually in a situation it's a lot different. You know, you there are, no text book answers. You can't just look it up in a book and say, oh okay this is this is what I have to do here. You have to take each situation for what it is and um, learn to adapt for those situations.

Isabella did believe that some pieces of her training were, in her words, "bogus," because the presenters did not understand the experience of being a resident assistant. "Um, some of it might have been a little bit I don't want to say bogus but it's hard to invent things when you haven't experienced them. You know what I mean, and sometimes people like whoever puts together a presentation, if they never experienced it, it's…"

Isabella did not speak much about her experience with supervision, even in response to direct questions. She described a strained relationship with her supervisor:

> It was, it was a weird kind of relationship between my RD and me. We didn't really talk a lot. So, I mean if talked, we talked about, how's your floor? If there were any issues. Nothing, not I mean every once in awhile we would talk about me, but not too often.

Isabella did discuss the different layers of supervision she received, and she did say that one of the assistant directors in their department took an active interest in her self-care, and expressed concern about her. "The assistant director of residence life said once that I don't have to do it all, you know?" However, the tone in Isabella's voice suggested she did not take this advice seriously.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? Isabella spoke a great deal about boundaries, but mostly in terms of not establishing them. She avoided boundaries out of a sense of obligation to her residents and to the resident assistant position. She described her experience in terms of lived time and lived human relation:

It took all of my energy, was pretty much involved with being an RA because um, I would sit out with the residents if they wanted to talk…not, not if they even came up to me to talk. Just, just sit there and listen. You know what I mean? And that would be sometimes one o'clock in the morning, three o'clock in morning.

Later in the interview, Isabella spoke to the idea of conflicting microsystems, this time in terms of being "split." She also suggested some degree of countertransference in her description of herself as a "mom" and "friend:"

It's like being split in to ten different directions, you know, because you want, you want to be like, you want be a mom, you want to be a friend, you want to be a listener, you want to be ah, a good worker for your RD, you want, you know, you want to be good student. There's a lot of things you have to do….I wasn't just an RA. I was also a friend. It wasn't just me being an RA. It was me being a friend, too.

Isabella recognized the cost of devoting so much time and energy to one aspect of her life, often at the expense of other microsystems. "I always wanted to help, always, and it took a lot of…I didn't realize how much time that took out of my school life, out of my personal life, out of…because I put so much into it."

Later in the interview, Isabella returned to this idea of conflicting microsystems, as well as the challenge of managing her own feelings about these conflicts:

It's hard, hectic. You feel like you don't want to let these people down but you don't want to let these people down, you know? You don't want to let these people down but you don't want to let these people down. You know what I

mean? It's a lot of trying to please everyone and you can't do that all of the time. And that's something you have to learn the hard way, I guess.

After Isabella spoke of everyone else's expectations, I asked her about the expectations she had for herself. She did describe a feeling of competence, but she struggled as she answered the question, her voice cracking as she began:

> That's where I sort of fell. At, I mean, I had expectations of myself for being an RA which I over-exceeded these expectations I think in my opinion. But with school, I feel like I did not meet these expectations. I could have done a lot better in school. If I was only focused on myself but um, I don't know and relationships like with my friends, I can't hang out tonight, I've got duty. I can't you know, I've got this. I've gotta go talk to residents sorry.

She did recognize the importance of setting aside time for herself, even if she was not always willing to do so. "But I also think it is important for um, RA's to be aware of their own time, their own selves, their own situations."

Isabella described taking time for herself in terms of lived space, specifically through the notion of sharing a "house" and the physical acts of opening and closing her door:

> In reality it was like sharing a house and usually I tried to keep my door open, so that so that I could um, make the residents aware of who I was, have them be able to see my face, know that my door is open. They could come to me. But it's also like I want to shut the door and be by myself for a minute. It's hard to take that time when you're like, oh, I want to shut the door.

Isabella's expectations of herself did not stop with the residents on her floor, however. She believed her fellow resident assistants were not always as willing or able to be available for their residents, and that residents from other floors of the building would come to her for peer counseling. She described this experience:

> If other residents of other floors had RA's who wouldn't listen, I felt like I should step up because someone else on my part is slacking. You know what I mean? Especially because people on different floors had friends on my floor and they knew that, like, if something needed to be said or taken care of that they could come to me, if they couldn't go to their RA.

As Isabella described the experience of living in the lounge with her residents after the student's death, she described the amount of energy it consumed and a sense of exhaustion that suggested burnout. She also discussed the challenge of balancing the expectations of various systems during such a crisis:

> Yeah, any chance when I wasn't in class, I was with them.… Yeah, it took a lot of energy, a lot of energy, yeah. Especially, like I still had to think about school…You know what I mean? They were, pardoned, I guess, for some classes or whatever, but I still had to go to school and do my stuff. I mean even though I explained what the situation, I still had to get all my stuff done. I still had to do duty. Yeah, so I was still having to deal with any other incidents that happened. Oh no, I didn't get a break (laughing). No, no. And I think, yeah, no. I think it was right after midterms when this happened.

However, when I suggested the notion of burnout to Isabella, she balked at the idea:

> I felt guilty if I would burn out because I would let um…I would let my residents down. Um, when I, I had mentioned before about um, I had a medical withdraw because I had a head injury and that was at the end of my first year as an RA, and I felt even with that, I felt bad that I had to leave my residents.

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? Isabella acknowledged that most of her attention was paid to her residents, and that came at the expense of herself. "In my experience, a lot of focus, care, attention, goes to the residents, so sometimes you forget about that for yourself." When asked if she thought she could have benefited from care and attention she replied:

> I do. I mean, I loved being an RA and I loved like being able to watch freshmen transition from like old high school students to new college students, but this year I wasn't an RA and I had so much more freedom to do the things that I needed to do to take a break and that just watch TV or listen to music for five minutes for myself. You know what I mean and it eases my mind a little bit more.

As we talked about her experience in managing a student having a seizure, Isabella discussed the lived body experience of adrenaline again. "So much adrenaline. And I think even, just the banging on the door scared the life out of me. I was really scared by that." As she spoke, her voice trailed off and Isabella seemed to lose focus. I asked her if she was re-experiencing the moment; she said she could hear the students' voices as the interview was taking place. In the moment of the interview, she was having a lived body experience, suggesting a degree of secondary traumatic stress, or vicarious traumatization. As this was occurring, she said:

> I'm listening…like as I'm saying it. I can see it happening in my mind. I can hear it happening. I can hear them screaming in the hall, you know? Just like banging on the door screaming my name, *Isabella* (yelling). Like, not, not like, Isabella (calmly) but like blood-curdling screams of these freshmen girls and their friend is like lying on the floor, foaming at the mouth, eyes rolling, like they don't know what's happening and it was just scary.

I asked Isabella if she ever thinks about all of the frightening things that happened during her tenure as a resident assistant. Isabella described a startle response that is symptomatic of secondary traumatic stress or vicarious traumatization. "Sometimes, I, yes, I do. Especially when I hear someone banging on the door, that's the first thing I think of and it just, it just sucks. Cause I don't, you know, I don't want to have to be so startled by something like that"

I asked Isabella if someone knocked on her door now with the same fervor that her residents did that night, if she would re-experience that moment. She was clear in her response:

> Oh, it would all come back. It would all go straight back to that. Definitely, I mean, it's something that I am never going to forget. But it's something, it's, and I don't know why. I mean once I, once I actually was in the room with, that was fine but the actual banging of the door and the screaming of my name like they needed me. They *really* [informant's emphasis] needed me and I was just like, yeah, it definitely shocked me. Um, I will never forget that for sure. Terrifying. Ter…it was terrifying.

As we talked about the difference in the kind of knocking, I tapped on the table to simulate a normal knock on a door. As I tapped on the table, Isabella was clearly startled and physically jumped in her chair. Her eyes widened and she said, "I can hear it right now. I can hear them screaming my name, just like they did that night."

I asked Isabella if she ever considered talking to a counselor about her experiences, she replied that she had not. She thought her experiences were common. "No. I didn't. I don't know why. I didn't, I didn't think that it was that overwhelming and if, and when I did, I thought that was how it was supposed to be." I asked her if she had ever talked about or processed the fear she experienced as a resident assistant. Her response suggested that she was able to manage her emotions in the moment of the crisis, but found it more difficult in the time that followed. She described the lived body experiences of being unable to move or talk:

> I don't know if I did or not. I mean you just have to take what happened and say, okay it happened. But it's not necessarily that you are going to forget it ever. You know what I mean? Especially with that banging on the door. I'll never forget that, ever, and I mean some things you don't, you just don't forget. You...it's hard but also thinking about it as soon as I opened the door, I took my scared face off. Like I wasn't scared in front of them because they were trying to tell me something and I was trying to hear what they were saying and figure out what the emergency was. But when I was in my room getting out of my bed, I was freaking out. I couldn't find my glasses, I, I, I could not talk. It was like my, like as soon as I woke up from their banging, all this like extreme overload of adrenalin just like killed, my like, killed my vocal cords or something and I don't know what

happened but then as soon as I opened the door I started to, okay calm down. I asked them what was going on and then, they told me. I had to calm them down because they were all screaming and crying and if I was freaking out too then they would have never have calmed down.

Despite the many challenges Isabella faced, she also believed she grew from her experience in the position. Her descriptions suggest the development of competence, establishment of a personal identity, and possibly the experience of vicarious post-traumatic growth. This was evidenced by the following comment:

Oh, it, it…I would absolutely, absolutely changed me. I mean I can handle situations better. I can take myself out of a situation, take my, my biases out, like especially within the field of psychology. I am able to step back and ah, deal with things. Deal with big events, deal with cra…like craziness, a lot of work, a lot of stress, being able to handle that and cope with that…I'm stronger. Definitely stronger in many ways. In emotional, in um, mentally, um…physically, like any I just feel stronger more able to deal with life, handle life, handle situations.

However, Isabella believes the energy and emotion she devoted to the resident assistant position came at a cost. She described this cost:

It's also taken a lot of my college life out of the picture, you know what I mean? I didn't have as many college experiences because not, not necessarily college experiences, but my own experiences because I was too busy with RA experiences. Yeah, a lot um, just hanging out with friends, um, getting my work done the best to the best of my ability. What, what I used to do as an RA was just put out the bare minimum [academically] and that was something that I feel um,

like I could do better not necessarily ashamed of but I know I that I could've done better. And if I didn't have all my time and my energy focused on something else, I could've focused it more towards my school and my education.

Summarizing Isabella's experience. Isabella devoted a great deal of herself to being a resident assistant and demonstrated an ethic of care in her approach to the position. This ethic of care allowed her to provide a great deal of service to many people during her two years in the position. It also likely served as a risk factor, as it prevented her from drawing effective boundaries between herself and being a resident assistant.

Isabella did not speak much of protective factors during the interview, despite being exposed to a variety of potential risks. She described a strained relationship with her supervisor, and when others suggested she needed to exercise better self-care, she dismissed the notion out of obligation and feeling guilty at the perception that she was letting anyone down. Isabella's lack of protective factors may have led to her experiencing long-term, negative effects resulting from her employment as a resident assistant.

Isabella's palatable and immediate physical reactions during the interview suggested she is still experiencing some degree of secondary traumatic stress or vicarious traumatization as a result of her experience. She physically reacted to the simulated sound of a knock on a door. She said she is still startled by the sound of knocking, and relives the experience of her residents screaming her name. After the interview concluded, I suggested to Isabella that she may want to seek counseling to help her process her emotions and experiences; she politely dismissed the referral.

Table 8

Analyzing Isabella's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• You just have to wait • It seems like like help is taking forever to get there
Existential: Lived Body	• I went into my room. I cried • This, like, extreme overload of adrenalin just like killed my, like, killed my vocal cords or something
Existential: Lived Space	• They all just stayed together and in the uh…rec. room downstairs, and pulled out beds like brought down their beds, their sheets, everything and just camped out in the rec. room…I was just like there with them • I want to shut the door
Existential: Lived human relation	• Like I always wanted to help, always • I felt glad that I could be there for her
Bronfenbrenner's (1979) system theory	• I didn't realize how much time that took out of my school life, out of my personal life • RA's to be aware of their own time, their own selves, their own situations
Use of protective factors	• N/A
Countertransference	• I wasn't just an RA. I was also like, a friend • Any chance that when I wasn't in class, I was with them
Burnout	• But my experience is a lot of focus care, attention goes to the residents. So sometimes you forget about that for yourself • Possibly [I was burned out], but I felt guilty if I would burnout because I would let, um…I would let my residents down
Secondary traumatic stress	• I don't want to have to be so startled by something like that • I can see it happening in my mind. I can hear it happening. I can hear them screaming in the hall

Managing emotions	• As I opened the door I started to, okay calm down • I cried and then I was like okay RA, you know. I got to go back out there
Developing Competence	• I mean I can handle situations better • I had expectations of myself for being an RA which I over-exceeded these expectations
Establishing Identity	• I am able to step back and ah…deal with things. Deal with big events, deal with cra…like craziness • I just feel stronger more able to deal with life, handle life, handle situations, you know
Vicarious Post-traumatic growth	• Definitely stronger in many ways. In emotional, in um, mentally, um, physically

Beth: Have I Sat Down Today?

I met Beth for our interview at her residence hall. We were originally going to conduct the interview in a conference room within the hall, but it was occupied so we instead conducted the interview in her residence. She lives in an apartment that she shares with three other students, none of whom were present during the interview. Beth is a 21-year-old Caucasian female; a senior majoring in environmental science and biology. At the time of the interview, she was beginning her second year as a resident assistant, having spent her first year in a traditional all-freshman building; her second year she found herself working with upperclassmen in an apartment building. The interview lasted approximately 50 minutes, and was cut slightly short because she had to leave for a class.

Beth described a number of different experiences in which she counseled other students. She identified two specific incidents in which residents came to her and disclosed that they were pregnant. While one situation was addressed with relative ease, the second situation escalated into a domestic disturbance where the woman's boyfriend became physically abusive. Beth spoke about the experience of addressing angry

residents, as well as working with a young woman who found herself emotionally distraught when she discovered she was pregnant.

What is the perception of the counseling relationship from the perspective of resident assistants? One of Beth's experiences as a peer counselor was that the same presenting issue may be perceived differently by different people. As she described the experience of working with two residents who discovered they were pregnant, she described two different roles that she took as the peer counselor:

> I have two incidents that were the same thing basically but um, got handled two different ways because they were two different people having the same problem. Um, I had two girls come to me that were pregnant either a freshman or sophomore and uh, it was very interesting to see how like the two different perspectives looked at it.

As she elaborated on the different experiences, she described one resident who was excited at the discovery that she was pregnant. Beth's role with this resident was one of a resource and support system. She said:

> Well one was sort of, one was very excited about it and just needed encouragement and information and ah, I provided resources to her and um…said if you have any questions, you're welcome to talk to me. Um, I can always talk to the nurse if like to get you more information or I, I was basically a resources for her and a support cause she was having um, she was excited about the pregnancy. But was it was stressing her out through class work and she didn't know how to handle class work with being having morning sickness and, ah, she wasn't sure how to, if she should just drop of classes or if she should talk to her teachers first

you know. Um, so I briefly helped her in that role um, trying to get her um, connected with the crisis counselor, her academic advisor, to see if the academic advisor could help her out.

The other situation Beth described was quite different; the second time she counseled a resident who disclosed that she was pregnant, this resident was having a markedly contradictory emotional reaction. She described this second experience:

> On the flip side of that, I had someone that was basically in shock. Um, she found out she was pregnant um, and the night she told the father um, there was a huge argument and I walked into it basically and saw this argument happening and didn't know what was going on. And um, I got the um, her boyfriend to leave cause he didn't live in the building and got him to leave. Um, she was basically just crying. I had no idea why, I was like it's okay, I, he's not here right now. You're ok. You're safe. Um, and once she'd calmed down and she told what, what had happened and what was going on and she didn't know what to do and she was just in shock basically and I gave her um, the crisis counselor information and I said if she wants to talk to me you can come back and visit me anytime if you are feeling lonely. Or cause she had yet to tell anyone except the father and she saw this reaction from him and didn't…freak out and didn't know like if she should tell anyone else, if she should tell her parents and um, so she basically went through shock and what she'd told him. I did this with both of them when they both told me. Like the first question that I'd asked was is this a congratulations or a how can I help you kind of thing and um, they usually gauged

it which direction they wanted me to respond with. And um, so it was it was very huge difference in the situations between the two of them.

I asked Beth about her experience in addressing the immediate crisis of walking in on the argument. She said she had experienced similar situations before and described her perceptions of the resident assistant role. She described using her voice, a lived body existential, to help de-escalate tense situations:

> You walk into a room and there is an argument you immediately um, usually try to calm the situation down a little bit and try to draw the attention of them arguing with each other or depending on the level of the argument but anyways if they're just arguing not physically fighting. Um, you go in and just you got this has got to stop and immediately like you do um, you can say, hey! You can use a loud voice, draw the attention to you, not against each other that way they realize, like okay.

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? I asked Beth if she could describe what it was like for her when her residents disclosed their pregnancies. She described the process of becoming an active listener and responding in kind, and not being surprised by these types of situations:

> Um, it wasn't, I don't know, I was like it I don't know I just kind of took it in. I wasn't surprised and I wasn't really like, I just sat there and listened while she told me and just kind waiting to see how she reacted to her telling me. And based on that if, if she seemed upset because she, while she was telling me this, I responded as if she was, like it wasn't um, like nothing really surprises me

anymore. I don't know, people do silly things and you walk into any situation you never know what you're going expect.

Beth described her reaction to addressing serious crises and peer counseling situations through the existentials of lived time and lived body:

> Oh [time] definitely speeds up… It's definitely um, almost like you're instantly awake. Like an instant, like an adrenalin rush…Yeah, yeah it's just energy that comes and um, it's like you are instantly aware of everything that's going on. Like not necessarily you understand what's going on but you're more attentive…you immediately, like go into like action mode.

As Beth was describing the experience of attempting to de-escalate angry residents, she expressed anxiety through the lived time existential:

> Well first its fear, you're scared like you don't know like are they going to kill each other. A lot of times you're worried that [public safety] is not going to get there in time and something is going to happen and like you can't, well you can't step into a fight. It is very anxious, like it's very um, worrisome cause you don't know alright our they going to do.

She continued to explain the physical reactions she has experienced during stressful situations. "(Laughing) When I get nervous my hands do shake but I don't really notice that until I'm trying to write something. I probably turn pink. That's just a natural reaction; I blush a lot. I felt my stomach drop down"

Beth described her own self-awareness during these times of crisis and her efforts to remain calm and manage her emotions through the lived body existential. "I tend to get, like I breathe [taking a deep breath and exhaling]." She also described the time

following an incident and how the lived body existential exists after the crisis has been averted:

> It just takes a long time to come down from an incident. Like um, you might be sleeping, you're on duty like still, and you get a call and you have to go and address something. So you get up and you are instantly awake when you hit the like adrenalin situation and then you have to come back and then you have to write the report while it's semi-fresh in your mind or and um, by the time you go and lay down to sleep you're so pumped up. But like you can't…it's hard to relax like it….it usually takes me an hour at least to just sleep. Get it out of my system and fall asleep again.

How do resident assistants experience training and supervision, specific to their roles as counselors? Beth described the experience of training in terms of passive and active training. She said there was little training provided on mental health issues, and what was provided was difficult to appreciate because it was abstract. She provided specific detail:

> Training prepared me, but not necessarily the sit down sessions. They give you a long to do list that you are supposed to go through kind of thing. Cause until you actually use it you're not going realize that you need it. So, putting it in context really helps but just learning it through book wise doesn't really help… I know we had um, one company come in and talk about ah, grief counseling and it…they called it grief counseling and like crisis management kind of thing, but I swear the presentation was the, the driest thing that I have ever heard. But like it was

important information but unless you actually like, I don't know, unless you actually did experience it, it's hard to apply that.

Beth described the active training that occurred during Behind Closed Doors as much more beneficial to her development of competence. She experienced training through the lived body existential, as well, as she described through the following comments:

We do these things called Behind Closed Doors and, and it's basically simulations on um, different scenarios you could possibly come into. And a lot of them are exaggerated so that they're over the top things that might happen um, but it's to get you used to that adrenalin rush that hits you and not to get confused by it or like stunned by it kind of thing. An, um, trying to compare like what you did in training and what we did in real life.

As she described her experience in the Behind Closed Doors exercises, Beth described it in terms of developing a "toolbox" and learning to experience the lived body and lived time existentials in the safety of a training program:

(Making facial expressions and laughing) You just like ah, shocked you don't know what to do you just sort of freeze for the time being at least that's what I did when…the first time I encountered, went through this the training and um, but through, like when you learn the actual steps of the training, like okay, you can't freeze when you're in this situation of your life. You need to do certain things. Um, you need to ah, sort of have a toolbox of things to go into and that's sort of what I, I don't know, I sort of fell back on is things that I have been taught. Like when you are in a dangerous situation you, use the effects, like what's going on?

> Immediately like, what is the immediate threat what's the immediate umm, need as well. Like if it is a health situation what is immediately happening are they not breathing or are they this…So like you, you get over that initial freeze and you go into, like okay. You start asking yourself questions and scanning the room, like what do I need to attend to first kind of thing.

Beth did not comment much on her experience with supervision, other than to say that her supervisors were supportive of her as a resident assistant, but could forget that she had other obligations and existed within a variety of microsystems. There was a contradiction in the way Beth described her experience:

> I think they, in our actual job, they are very supportive of us and um, and my [supervisor] this year um, I just had a one-on-one with her. She is very interested in knowing, like who you are and, like how you're, how you're doing in school and like um, how, how, she asked all the time, like is there any way I can help you or like, so that you're not as um, overworked kind of thing… But um, I think they do forget that we are students, full-time students.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? Beth described the greatest challenge in establishing boundaries as the pressure that results from balancing the different microsystems in which she exists, and the mesosystems that work between them. She described the resulting experience:

> It's just the stress. Like the amount of um, things that that like residence life might expect from you. The amount of needs that your residents have from you. Like there are some days where I feel like I haven't been in my room all day because someone has called me and I have to go to do something or like they need

to do or I'm doing an event or they're doing this or something happens and there is a fire drill. Or like, there's some days where I'm like, have I sat down today?

Beth continued to describe the experience of balancing multiple systems in terms of being pulled apart. Her description includes references to the lived time and lived body existentials, as well as the lived space of the internet:

> Some days like you just feel like you are being pulled in like eight different directions cause you're, you're working on programs and you're getting emails from um, people you are working with on programs. Or you're getting emails from people that you have, um, done a report on and they are asking you all of these questions about the judicial thing. How their process will go through. And you just have to keep referring people or then you have your organizations that you work with, and they're like, well I'm president and secretary of two different organizations and um, they're, they're expecting you to be able to do these things all the time and…Yeah, they um, everyone wants that immediate um, feedback or immediate response, and sometimes you can't do it. But like I've, I've literally sat down at my computer one day and spent two hours just responding to emails because they all, like. It's like I got responses, like every one responding to my emails within a day to two, and I just haven't had time to get back to everyone. So I just, I literally blocked out a good two hours and responded to everyone's emails.

Beth explained that one way of protecting herself from the potential risks of the position is to keep the needs of the position in perspective. "It's like any job. You have good days and bad days with it." She also explained that taking time for herself was a

critical protective factor for managing the demands under which she is placed, and she described this through the lived body existential:

> I just try to, like, leave little bits of time for myself at least, or like right before bed I refuse to study up until bed. Like I give myself at least like a half hour just to decompress before bed or I won't sleep. I try to go to the gym, that helps cause of some, like, especially if I have like if um, on duty for a weekend and it's been a bad weekend, I usually go to the gym on Monday or Tuesday and it's just like a relief and I feel better afterwards. Like the endorphins help plus like any like frustrations or anger or stress you can sort of like get it out of your system um, that sort of like get it out of your system. Um, that or like I'll take an hour and watch a movie just by myself and I won't do homework, won't do anything. Just relax and watch a movie.

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? Beth described the physical toll the resident assistant position can take if she does not exercise proper self-care. She described burnout symptoms through the lived body existential. "I usually get sick… Like the more tired I am or the more stressed out I am. It's like colds tend to happen like when that happens. Like, I'm so tired that my immune system is tired so I get the flu, great and I'm forced to rest." She described a culture that expects resident assistants to be superhuman. "I think it's just expected that you can handle it all." However, Beth believes her experience as a resident assistant has had a positive effect on her, and will pay dividends in the long run, through an increased sense competence, the establishment of personal identity, and an

increased ability to manage emotions. She discussed this growth through the following comments:

> I think it will make me open more open to new things. Um…like um…when I was a sophomore here I was not an RA, and ah, I was sort of less apt to do things. Like I didn't really um, if I read a description of something or read a flyer it didn't seem interesting to me I just wouldn't go. Um, but now I try new things and I think it makes me more open to different things. It made me more personable. I'm more um, I'm more comfortable about going up and approaching someone and talking to them and initiating conversation that I ever was in high school. I think it makes me a little less, I don't want to say sensitive, but like less, how do I explain it? I'm not overwhelmed as easily. I think dealing with the big issues and the, and the, maybe the difficult or uncomfortable issues have sort of taught me to take a minute, breathe, and think through what I am going to and just work it out. And if it doesn't, if I do something wrong, and it doesn't work, it's not the end of the world. Just try something else and um, I don't know it makes me less scared of the awkward moments or the uncomfortable moments or the stressful ones.

Summarizing Beth's experience. Beth described a number of different experiences working as a peer counselor and crisis manager, but our interview focused on her experience managing highly emotional moments, both positive and negative. Beth described a number of lived body experiences throughout the interview, and explained her protective factors through the lived body existential, as well. She experienced training through physical experience, and many of her accounts involved descriptions of adrenaline, shaking hands, dropping stomachs, and feeling "pumped up."

Beth's greatest struggle was balancing the multiple roles and systems in which she is a part. Finding the balance between student, resident assistant, and campus leader was a challenge, and she does not feel much support from her supervisors when it comes to striking this balance. Balancing multiple roles has caused her a great deal of stress, but Beth believes the resident assistant position will have positive cumulative effects. She describes herself as someone more willing to take risks and challenge herself, and attributes her increased risk taking to her experience in the resident assistant position.

Table 9

Analyzing Beth's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• You're worried [public safety] is not going to get there in time • It seems like, like help is taking forever to get there
Existential: Lived Body	• By the time you go and lay down to sleep you're so pumped up but like you can't…it's hard to relax • It's to get you used to that adrenalin rush that hits you
Existential: Lived Space	• There are some days where I feel like I haven't been in my room all day • I literally blocked out a good two hours and responded to everyone's emails
Existential: Lived human relation	• I said if she wants to talk to me you can come back and visit me anytime • It was very interesting to see how like the two different perspectives looked at it
Bronfenbrenner's (1979) system theory	• Like the amount of um, things that that like the residence life might expect from you. The amount of needs that your residents have from you • I think [our supervisors] do forget that we are students, full-time students

Use of protective factors	• It's like any job you have good days and bad days with it • I try to go to the gym
Countertransference	• N/A
Burnout	• There are days where you're like why did I take this job? • Like the more tired I am, or the more stressed out I am. It's like colds tend to happen like when that happens. Like, I'm so tired that my immune system is tired so I get the flu. Great, and I'm forced to rest
Secondary traumatic stress	• N/A
Managing emotions	• Like the endorphins help plus like any like frustrations or anger or stress • I don't know it's, makes me less scared of the awkward moments, or the uncomfortable moments, or the stressful ones
Developing Competence	• [Dealing with crisis has] sort of taught me to ah…I don't know…to take a minute, breathe, and think through what I am going to do • I'm not as overwhelmed as easily
Establishing Identity	• I think it will make me open more open to new things • I more comfortable about going up and approaching someone and talking to them and initiating conversation that I ever was in high school
Vicarious Post-traumatic growth	• N/A

Monica: The Duty Hangover

Monica is a 24-year-old Caucasian female college senior majoring in acting, with a minor in business management. Monica was a resident assistant for two years, working in a residence hall housing both first-year and upperclass students. Monica had recently been promoted to a supervisory position within Residence Life, but still had many duties

similar to her resident assistant peers. Monica and I met for approximately 60 minutes in a conference room in the college student center. After reviewing the purpose of the study and the informed consent document, we began discussing her experiences as a resident assistant.

Monica had a variety of experiences as a peer counselor, describing her work helping students through relationship concerns, academic issues, and interpersonal relationships. However, she had one crisis situation she wished to discuss. It was during her first days as a resident assistant, when she received a knock on her door from campus security telling her that one of her residents was naked, outside the elevator on her floor. While the security officer assumed the student was simply intoxicated, Monica immediately began considering other possibilities, such as sexual assault, illicit drug use, and so forth. Monica believed the student may have been in physical or emotional danger, and reacted in kind.

What is the perception of the counseling relationship from the perspective of resident assistants? Monica described her reasons for becoming a resident assistant as they compared to the rationale of her peers. Specifically, she described an ethic of care, while others became resident assistants to meet their need to fulfill a law and order orientation:

> Yeah, I think one of the things that drove me to it was I am the youngest in my family and I always wanted to be a big sister and my first year as an RA, I felt like these students needed me and like looked up to me. Um, and some of them told me they did, and their actions kind of proved it. There are some, you know, some

people who want to be an RA so they can enforce rules. There are some who want to be an RA because they have their self indulgent need to be a big sister."

Monica related a number of circumstances when students came to her for peer counseling and guidance. She also described the importance of active listening. "There were residents that did share their personal stories…because they had, had a problem that they would want guidance on or just needed an ear or someone to listen." Monica also described her role as one who provided suggestions when needed. "They came to me for advice."

Monica found herself helping students manage their friendships and relationships. "There was, yes there was, um, one of the girls, you know half way through the second semester felt that the girl that she had been hanging out with the whole time no longer liked her, you know those kinds of things." She also described working with residents who were questioning interpersonal relationships and others who wondered whether or not the college was the right fit for them. "I don't really think I fit in here anymore. Our friendship isn't as strong as I thought it was. Um, I remember, I remember that conversation."

One of the common issues Monica addressed was the question of whether residents felt "good enough" to be at the college or if they were following the right career path. "She was like seeking advice. It was like how…like how do I handle this. How do I, how do I proceed if I want this, if I want this to be my future?"

Monica described a crisis situation she faced during her first days as a resident assistant. A campus security officer knocked on her door late at night to inform her that he had found one of her residents, passed out and naked in front of an elevator. She said:

So he knocks on my door and says, I don't want to alarm you, I just found one of your students stark naked in the, in the elevator area. And I said, give me a second (laughs). Like, shut the door…Cause it was in the middle of the night, he had woken me up and I had to just you know try to figure out like what was going on here?

What is the lived experience of the resident assistant as the paraprofessional is engaged in a counseling relationship? As Monica discussed the experience of being woken in the middle of the night, she described a sense of fear she felt when she first heard the knocking at the door. She described this fear through a lived body sensation and the lived time existential. "I was like you, it genuinely made me physically nervous because I thought it was something else. A lot of things come into your head when you, when you, when someone knocks on your door at that late of an hour." She described another experience when a resident knocked on her door with a crisis. Monica experienced the knock as a distinct knocking sound, different from the average knock on the door. She described it as the "panic knock:"

It was that panic knock, that like that makes your heart jump, like (makes sounds) like dropped and um, But the panic knock is just like. Well I guess, I don't know what it is, but a second before she even knocked, like my stomach dropped a bit. You know like…kind of, and then…and then like (makes knocking noises) like pound…like shaking the door kind of knocking where like you know there's not a lot of time. You know, I don't know ah, I think um, yeah, it just like my stomach just like it dropped and then your heart goes down as soon as the, you know, and

you like flinch and um, and then you're like what the f...(laughs). And those are the first words that come out and, and you know, W.T.F?

As she talked about the experience of the panic knock, I asked Monica if she noticed any differences in how she experienced the existential of time during a crisis. She described her experience with lived time:

> Yeah, my mind was going pretty fast, but at the same time, everything went moving on pretty slowly. Some thoughts were nice and controlled, but they were still the rapid fire. Like every now and then like, uh, like a little thought would like flash in. Do you know what I mean? Like a mental picture of like, what just happened and like, you know like um, was she, you know from it, from just from what he said a big picture was in my mind that this poor girl. How long had she been out there? Um, was she put there? Did someone deliver her there? Did someone see her come up? Did um, did the camera see her? Did um, maybe there is evidence, maybe she maybe she was hurt um, then it was, you know other ones where it was like, how do you not put on clothes? Do you know what I mean…I'm like little, little flashes.

As her mind was going through these various scenarios, Monica felt a sense of helplessness and a lack of competence that she described in the following statement:

> I was, like, do I even know what to do with this right now? If there's you know a welfare issue, here are the phone numbers you can send them to, here are the services that we have to offer. And that's amazing to have that, like that, you know, that you have access to that. But at the time, I was like where's that card?

> Where's the card that has the phone numbers on it? Do you know what I mean, and what do I say to her in the meantime. Just like slide a card over to her?

Monica described feeling incompetent in terms of her training, and what she believed her training had prepared her to do:

> Right. Right. Right. Right. I would…I was…at the end of my first week, I was begging for someone to like a roommate conflict because that was the only thing I thought I could handle. Coming out of training, it was the only thing I thought I could handle is like telling like, showing two students how to work out their differences.

Through some investigative work, Monica and the public safety officer determined the student's identity. Part of that investigation involved the use of the internet, the lived online space that many students share. Specifically, the naked student had joined the floor Facebook group, which allowed them to quickly identify her. They determined that the student was, in fact, intoxicated and had wandered out of her room; no harm had come to her. However, in the days that followed, Monica found herself providing support to the student. She said:

> So luckily it was something that she could laugh about later. She was mortified about it at the time and I told her, yeah you're gonna, you gonna be kind of embarrassed. I'm embarrassed for you that that security guard comes down and sees you as the naked girl. I was like but, you know this is the first week of school.

How do resident assistants experience training and supervision, specific to their roles as counselors? Monica did not discuss supervision during the interview, in part because she was now a supervisor, herself. She did, however, have clear recollections of her experiences in training. She approached training from a law and order orientation, with a mentality that there are correct "answers" for every situation. She described her changing perspective on the issue:

> Looking back on it now, because that was that was, I was 20, I think, when I first started. I didn't really get it (laughs). You know what I mean? I'll admit that. Like I wanted those answers to be provided for me. Now I know that every situation is different and it's impossible to design some kind of training program for you to know how to handle every situation. Not a fix all, cause I would like a mathematical…I wanted a mathematical solution. Like I wanted every situation, if a situation was happening and I took the action you get to see a result. That's what I wanted them to tell me in training, and that didn't happen because it's impossible.

Monica expressed a belief that training could not fully prepare resident assistants for the variety of situations they might encounter, and that the experience of training should create more anxiety than it resolves. Monica described a sense of anxiety that results from the ambiguity inherent in the position:

> And I think um, I think now if you come out of a training like, an RA training feeling confident about how to handle every situation, it wasn't a valid training (laughs). Because you should know that you have no idea what you're doing. If you're confident with your job, you're not doing it correctly, I think. If you're

confident with, with the training you received, you probably weren't paying attention because I think the training is there for you as a jumping off point.

How do boundaries, both physical and emotional, affect the lived experiences of resident assistants? Monica spoke at length about the issue of boundaries and the need for self-care. One of the challenges Monica identified is the 24-hour-a-day nature of the resident assistant position. "I wasn't on duty. My door was closed, um, but a student came pounding on my door." The lived time existential described by the all day, every day, nature of the job, coupled with the lived space existential of the closed door, helped to frame the challenge of establishing boundaries. The lived space represented by the residence hall room door was raised again as Monica described closing the door on the public safety officer in an effort to manage her emotions, collect her thoughts, and assess her competence:

> My first reaction like when, when I opened the door and he said I just found you, know your resident, you know, I couldn't figure out who it was. Then and all this stuff, and I just said give me a second, I shut the door, left him on the other side of the door because I was like, where am I (laughs)? I had to have a where am I moment. And like, my first thought was just, like am I decent? (laughs) You know what I mean, like should I put, should I put on a bra? That was my thing, was like do I? Can I handle this right now? Okay yeah, I was like sorry about that just had to wake myself up.

Monica described the struggle with managing the multiple roles and systems in which she existed. For example, when a resident came to her door with the "panic knock," she was in the middle of her academic work. She recalled the experience:

I was reading *The Odyssey*, like I so remember this. I was reading, obviously doing my homework assignment, and I…I was just like…I was like, not getting that done tonight. And I went to the door like, like before I even went to the door, I knew I wasn't going to do my homework, like I didn't have time for homework.

Monica compared her own challenge in balancing multiple systems to her peers who seemed content to exist only in the residence life system. Again, the lived space existential of the residence hall room door was explored:

Some people were perfectly happy to have, to be an RA for their life. Like that was their life. I'm an RA, and that's what they did. And that's like, you know, they were kind of all the time like not only were they on their floors um, when they were required to, their door was opened all of the time. They never shut their door. I was kind of a half and half, like if I had, like if I really wasn't doing anything too important, yeah my door was opened. Um, and yes, I was you know more than willing to hang out with my floor and I think it had a lot to do with how you, who's on your floor and how they respond to you. Um, determining how much time you have to commit to it. I enjoyed my floor. My first, like my first year, my floor enjoyed me. And um, so my door was open all…all all the time and I was happy for it to be because usually they hung outside, you know in the hallway in front of my door just sitting out there, that is where they talked. Sometimes when I'd have to study, I would have to open the door and say, ladies can we please move this into a bedroom. As much as I love you guys and appreciate your company through the door, the reason why the door is closed cause I need to do something.

Monica attempted to protect herself from the risk factor of stress by keeping her multiple systems in perspective, and devoting ample time to each. However, she discovered that it is not always possible to do that as a resident assistant. She described this discovery through the following comment:

> But it is also, like, during the time where you're supposed to relax from life, like during your day you are committed to your academics, and you're committed to your social life. When you go home and go to bed you're supposed to commit to yourself and give yourself the rest that you need to function for those other hours. But you've committed those hours to someone else.

Monica described the challenge of having a social life while working in residence life, and the difficulty that is inherent in the mesosystem between residence life and one's personal life. She also described lived time and lived space existentials:

> Last night I went on a date. If this phone rings during our date, guess what? I'll see you later. It's the number one priority and you have to, like even though you are making plans with people, you have to let them know. You know, you're planning it as if something comes up. So it's always in the back of your mind. In the front of your mind. After dinner we went for a walk. He was leading the walk and we were maybe four blocks, five blocks up, away, and I thought, and in my head while we were walking, I said, if I get a call now it will take me seven minutes to get back to campus.

Monica described the importance of lived space as a protective factor, specifically the need to leave campus to find personal space, away from the expectations of the resident assistant position:

> This is on my walk to [deleted], cause I was just like, I just got to get out. I think next week, I will have to physically remove myself from this, from that, make sure that I am physically away. The skyline even. The city itself reminds me of this school. Particularly with our campus, you just have to leave. Like sometimes you need to know when you need to leave. [Previously] I didn't know when I needed to leave, like I would just stay anyway. I would be like, well if they need me and I don't have the phone but if [someone] needs me I'll still be in you know, once you've handed the phone off you were still kind of like, well I guess I'll just stick around here anyway.

While the physical space of the campus made it difficult for Monica to establish boundaries, she also found she could struggle with emotional boundaries, as well. Her description of residents as "friends" suggested some degree of countertransference that existed in her role as a peer counselor. This was gleaned from the following discussion:

> There were also older students on my floor who became my friends, and the line started to blur between you're my residents, you're my friend." How did the line blur? Well, I think um, comfort level. Like, what you share with people. There were [students] that like I really, really enjoyed their company and really appreciated like, their friendship. And I, like you know they would um, they would share their personal life with me and I would share mine with them

What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? I asked Monica if she ever felt burned out from the job to which she replied emphatically, "oh yeah, oh yeah." She described the experience following an on duty period as being emotionally and physically exhausting, a sign of

potential burnout "Your shoulders are sore from all the stress. You have a headache. You're tired. You just feel like you have a hangover, without all the fun." Monica described having trouble sleeping when she's on duty, out of fear of missing an important telephone call or otherwise failing to fulfill her obligations. She used the word "exhaustion" to describe the feeling:

> I found myself not sleeping well because I was, I was worried that I would miss a phone call and what would happen if I missed a phone call. (laughs). Do you know what I mean? Like, could, you know, like the only reason why they should call me is if a student is in danger. If I miss this call, you know, those kinds of things. At the end of [your time on duty] you can throw that phone so far into the into the river. Um, no it's just you feel, you just feel like once you hand the phone to someone else you just feel physically like, alright I'm back to life now. Like I'm okay. Yeah, it's exhaustion. It's the unknown.

Monica said that one outcome of her time as a resident assistant was learning to draw boundaries between the various systems in which she is a part. She also suggested that she established a better identity as a result "It just made me more possessive of myself. Um, to acknowledge kind of my role, and like who I am and how like who I am needs to be different for different people."

Finally, Monica believes her experience as a resident assistant has helped her to be more fully aware of herself, and more empathetic and understanding of other people. She said:

> It taught me more about like, who I am. Like the way I think about students I mean I have to turn the tables and it's why did I do that? Why did I feel like that

was what was expected? Um, in serious circumstances, um, because I used to try to figure my students. Why would he think, or why would she think it was okay for there to be beer cans in the garbage can and then loan me a movie, you know what I mean like and invite me into her room?

Summarizing Monica's experience. Monica described her resident assistant experience as one where she could fill her "self-indulgent need to be a big sister." However, in doing so, she displayed an ethic of care in which she genuinely wanted to help her residents in her roles a peer counselor and crisis manager. From academic concerns to social pressures, Monica provided guidance and counsel to a number of students during her tenure as a resident assistant. She identified the importance of following-up with students after potentially embarrassing events.

One of Monica's greatest challenges as a resident assistant was finding balance between the multiple roles she played and the systems in which she existed. This challenge may have been exacerbated by her self-indulgence, as well as her own difficulty in maintaining the boundary between resident and friend. Another significant challenge was maintaining a sense of balance and self-care, as she described the physical and mental exhaustion that she felt every time she was on duty, as well as the causes of that exhaustion.

Monica described the experience as positive, and believes she has grown as a person after serving as a resident assistant. She believes she is more empathetic and understanding of the perspectives of others, as well as the importance of balancing the many roles she plays. Monica still struggles with the "panic knock," only now it is a

telephone she carries with her on dates, as she counts the number of minutes it will take her to respond should the panic phone call come.

Table 10

Analyzing Monica's Experience

Analytical Category	**Significant Quotations**
Existential: Lived Time	• Some thoughts were nice and controlled, but there were still the rapid fire • It seems like like help is taking forever to get there
Existential: Lived Body	• I found myself not sleeping well Your shoulders are sore from all the stress. You have a headache. You're tired
Existential: Lived Space	• She had joined the floor Facebook group • I shut the door, left him on the other side of the door
Existential: Lived human relation	• I always wanted to be a big sister • She was like seeking advice
Bronfenbrenner's (1979) system theory	• Even went to the door, I knew I wasn't going to do my homework • But you've committed those hours to someone else
Use of protective factors	• Like sometimes you need to know when you need to leave • I will have to physically remove myself from this
Countertransference	• The line started to blur between you're my residents, you're my friend • They would share their personal life with me and I would share mine with them
Burnout	• When you go home and go to bed you supposed to commit to yourself and give yourself the rest that you need to function for those other hours. But you've committed those hours to someone else • You're tired. You just feel like you have a hangover, without all the fun
Secondary traumatic stress	• N/A

Managing emotions	• It genuinely made me physically nervous • It was that panic knock
Developing Competence	• So you should be confident with the fact that you know that you have no idea what you are in for • Do I even know what to do with this right now?
Establishing Identity	• it taught me more about like who I am like the way I think about students • Who I am and how like who I am needs to be different for different people
Vicarious Post-traumatic growth	• N/A

Cross-Case Analysis

The process of analyzing common themes followed that used in the individual analyses: data reduction, display, and conclusion drawing and verification. After reducing the data, a display was developed that aided in drawing conclusions from the cross-case analysis. This display is provided in Table 11, and is a matrix that includes the various theoretical underpinnings of the study on one axis, and the participants on the other. The individual boxes in the matrix are checked if the informant spoke to the theoretical concept in the individual interview.

Table 11

Cross-Case Analysis Matrix

	Amanda	Denise	April	Chip	Cindy	Emily	Isabella	Beth	Monica
Lived Body	X	X	X	X	X	X	X	X	X
Lived Time	X	X	X	X	X	X	X	X	X
Lived Space	X	X	X	X	X	X	X	X	X
Lived Human Relation	X	X	X	X	X	X	X	X	X
Systems Theory	X	X	X	X	X	X	X	X	X
Protective Factors	X	X	X	X	X	X		X	X
Countertransference	X	X	X		X	X	X		X
Burnout	X	X			X	X	X	X	X
Secondary Traumatic Stress	X	X				X	X		
Managing Emotions	X	X	X	X	X	X	X	X	X
Developing Competence	X	X	X	X	X	X	X	X	X
Establishing Identity	X	X	X	X	X	X	X	X	X
Vicarious Post-traumatic growth	X	X					X		

Table 11 provides a basis for the development of the themes that emerged through the cross-case analysis. It became apparent that a degree of saturation had occurred among the data, that is, while some new concepts were emerging with each interview, the research questions were thoroughly addressed in the data. These emergent themes are delineated by two categories; the first are primary themes, or those that emerged in the majority of the interviews. The other group of themes is secondary, or those that spoke to

the questions under investigation, but may not have been apparent across all of the interviews. The themes, discussed here, are expounded upon in the following chapter.

The following primary themes emerged among the majority of the data in this cross-case analysis.

1. **"It was that panic knock." The experience of emotion.** This theme speaks to the emotions resident assistants experience in the course of their work as peer counselors and crisis managers. Each informant spoke of the experience of fear, and all could clearly articulate what it was they were afraid of.
2. **"School always comes first; that is what they tell you." The struggle between systems.** This theme speaks to the challenge every informant described in balancing the role of student with those of resident assistant, friend, student leader, family member, and so forth.
3. **"Say that again. This is a big deal. Don't act like it's not one." The importance of protective factors.** This theme describes the influence of protective factors in mitigating the emotional risks inherent in the resident assistant position. Specific focus is paid to how different resident assistants experienced supervision, and the direct relationship that emerged between the quality of supervision and the emotional well-being of the resident assistant.
4. **"The line started to blur." Countertransference as a byproduct of the position.** This theme describes the degree to which resident assistants become friends with their clients and have difficulty maintaining professional relationships. It also speaks to the importance of maintaining healthy boundaries and keeping their responsibilities in perspective.

5. **"I'm done with this. These residents are getting old. Let's get some new ones now." The issue of burnout.** Seven of the nine informants experienced burnout; some more than others. Many of the participants described varying degrees of Maslach's (1982) symptoms of burnout, that is, exhaustion, depersonalization, and low personal accomplishment.
6. **"I always wanted to help. Always." The ethic of care.** Every participant in this study discussed a desire to help others and care for people as the motivation for being a resident assistant. The roles of paraprofessional counselor and crisis manager require a degree of caring that these informants brought to the position.
7. **"Behind Closed Doors." The influence of training.** Many of the informants spoke of the difference between active and passive training, that is, the different way they experienced lecture-style training sessions versus, hands-on, experiential training. With one exception, those who spoke of the difference found the experiential training to be more effective at preparing them for the demands of the position.
8. **"It…absolutely changed me." The resident assistant position and personal development.** Every informant in this study spoke of the long-term change they have experienced, and expect to experience, as a result of being a resident assistant. While some changes may be described as positive and others as negative, it is clear from these data that change is an inevitable byproduct of being a resident assistant.

While these themes were ubiquitous among the nine informants, a number of secondary themes emerged. These secondary themes were important for the quality of the

data, rather than the number of informants who shared the experience. The following secondary themes emerged from the cross-case analysis.

1. **"I was just punished for being around, I guess." The ubiquitous resident assistant.** Several of the informants discussed feeling compelled to engage in peer counseling interventions or crisis management despite not being "on duty," and therefore, not technically required to do so. Several informants described feeling responsible for fulfilling their resident assistant duties at any time.
2. **"Someone did message me on Facebook, on Christmas." The internet as lived space.** Van Manen (1997) describes lived space as "the existential theme that refers us to the world or landscape in which human beings move and find themselves at home" (p. 102). While the internet may not provide a traditional landscape of lived space, several of the informants in this interview described it as such.
3. **"I had kind of failed her." Guilt as a consequence of caring.** One of the primary themes that emerged from the data was the notion of an ethic of care that drives resident assistants in their work as peer counselors. Several of the informants discussed the experience of feeling guilty for having not done something that was most likely not possible, or certainly not to be expected.
4. **"It just sucks…because I don't want to have to be startled by something like that." The potential for secondary traumatic stress, and the possibility of vicarious post-traumatic growth.** A number of the resident assistants interviewed in this study described symptoms of secondary traumatic stress (i.e. an increased startle response, difficulty sleeping, recurring memories, etc.).

However, most of the informants who described these reactions also described personal growth as a result of their experiences. It should be noted that in order to experience vicarious post-traumatic growth, one must first experience vicarious trauma or secondary traumatic stress; the former cannot exist without the latter.

Similarities

The similarities in the experience of these participants were striking. To a person, each participant spoke of fear, and described their experiences in a manner that mirrored Van Manen's (1997) notion of lived time and lived body existentials. Examples of the lived body existential included shaking hands, an inability to speak, sweating, and other physiological responses to fear. Regarding time, some experienced time slowing down, others experienced it speeding up, and some experienced both. Regardless of how it was experienced, each participant described the experience of being afraid, of dangers real or perceived.

Every participant also spoke of lived space and lived human relation; this was to be expected as the participants live in close quarters with the students with whom they are expected to develop close relationships. Every participant also spoke of the challenge of the multiple roles they play, the multiple systems in which they exist, and the relationships between those systems. The challenges of "being split in ten different directions," as Isabella put it, were apparent in each interview, and each participant described some degree of stress created by this balancing act.

Many of the participants spoke of the experience of countertransference, although none described it as such. Participants spoke of their clientele as "friends" and how the "line blurred" between resident and friend, which could be related to the fact that each of

the resident assistants interviewed also described performing their peer counseling roles from the ethic of care described by Gilligan (1982). Some spoke of meeting their own needs by sharing experiences with their residents, needs such as understanding crisis and trauma. Several resident assistants also spoke of the experience of burnout, feeling like they were not living up to the expectations of the position, becoming exhausted or experiencing depersonalization of their residents.

However, every participant in this study also described the experience of personal growth, especially through Chickering and Reisser's (1993) developmental vectors of emotional management, developing competence, and establishing identity. Regardless of the many challenges facing these young adults, they all reported growth and maturation related directly to being a resident assistant, and expected those effects to last well in to the future. Even the most disenchanted of these informants still reported personal growth.

Differences

The participants in this study had their share of differences, as well. Despite the similarities among all nine interviews, three interviews stood out as unusual. First, Beth's interview was dissimilar from other participants' in her relatively relaxed approach to the position. Beth's descriptions of the position focused mainly on her own challenges of balancing multiple roles and systems, and the constraints of time and related stresses. However, the roles as crisis interventionist and peer counselor did not have the impact on Beth that they did on other participants. Beth described a great deal of experience working with interpersonal challenges prior to becoming a resident assistant, which may account for this difference.

Second, Chip's description of having experienced crisis and counseling through the lens of the law and order orientation was unique. When asked to describe his experiences as a peer counselor and crisis interventionist, he described situations in which he enforced policies and explained potential consequences of inappropriate behaviors. While Chip described working from an ethic of care, he also defined himself as a "by the book" kind of resident assistant, and immediately produced the book as he spoke about it.

Finally, April's interview emerged as unique for very different reasons. April described the least degree of burnout and secondary traumatic stress, but also described the greatest degree of supervision as a protective factor. April was the only participant who described her relationship in supervision as one that supported her needs and ensured her emotional safety. While some participants stated that their supervisors were available if needed, April was the one participant who described the experience of calling on her supervisor for emotional support, and receiving it immediately and to the degree she needed.

It should be noted that Chip and April were the only two participants who did not describe elements of burnout during their interviews. These similarities and differences will be discussed at greater length in the subsequent chapter.

Chapter Summary

The interviews that provided the means of data collection for this study took place over two months during the Autumn, 2010 academic term. Nine experienced resident assistants provided the sample for this study, and each resident assistant was interviewed individually. The interviews took place in a variety of locations, lasted between 50 and 90

minutes, and all but one occurred on the student's respective campus. The interviews were tape recorded and transcribed, and field notes were kept in order to collect as much data as possible for the purpose of triangulation.

Following the transcription of the data, the original recordings were reviewed with the assistance of the transcriptions and field notes, and the process of data reduction began. As the data were reduced, codes were assigned, and displays were created to help process the information. Once the data were displayed, initial conclusions were drawn and noted, and the process was repeated, using different means of reduction and display. Finally, the data were reduced to the key elements, codes were assigned, memos were written, field notes were reviewed, data were displayed, and conclusions were drawn. These conclusions were verified through the use of triangulation, and when it became apparent that the analysis had reached a point of saturation, the process was completed; the data were displayed a final time in this chapter.

This chapter provided a case by case analysis of the data provided by the participants sampled in this study. These individual case analyses were then used to conduct a cross-case analysis for the purpose of determining themes that emerged across the interviews. These themes were identified in relation to their quantity, which was the number of times they appeared, and their quality, or their relationship to the research questions under review in this study. The subsequent chapter provides a comprehensive discussion of the findings in this study, as well as the implications of these findings.

Chapter V: Discussion

Introduction

The previous chapters described the background, development, implementation, and data analysis of a study designed to explore the lived experiences of resident assistants as paraprofessional counselors and crisis interventionists. A rationale was presented, research questions were provided, and a review of the related literature was described. The methodology was outlined and descriptions of the data collection and analysis were provided. This chapter seeks to explore, more fully, the themes that emerged from the analysis of the multitude of data that were collected in this study.

To be sure, the experience of being a resident is a challenging one. Resident assistants are expected to address a variety of student issues, and fulfill multiple roles for their residents, for their institutions, and for themselves. They are young adults, role models, peer counselors, administrators, teachers, and, most of all, students (Blimling, 2003). However, these descriptions fail to fully describe the various expectations that are placed on resident assistants, and that resident assistants place on themselves.

The participants in this study described a host of roles they played, as well as the many expectations placed on them by supervisors, peers, students, and themselves. They also described the challenges of balancing these multiple systems, and the struggles that can ensue when the systems are imbalanced; as Chip told me, "It can make your life hell." As peer counselors, these young adults addressed a variety of issues: drug and alcohol abuse, unexpected pregnancies, suicide attempts, medical emergencies, roommate conflicts, student mediations, and even death. Each of the informants described a substantial and significant change in themselves as a result of their participation as a

resident assistant. This chapter seeks to provide a thorough discussion of the emerging themes and the analysis of the data.

The chapter begins with an in-depth discussion of each of the primary and secondary themes described in the previous chapter. However, it should be noted that the identified themes do not exist independently of each other; many of the themes are interrelated, and these relationships will be examined. The emergent themes will be discussed in relation to the research questions described in the first chapter, and hypotheses will be derived from the data analysis. Implications will be discussed, both for counseling professionals as well as well as for the scholarly literature. Finally, the limitations of the study will be described and the study summarized.

Discussion of the Themes

The themes that emerged from the data analysis were briefly described in Chapter IV; however, these themes deserve a more thorough explanation as they provide insight into the lived experience of these participants. Each theme will be discussed individually, and the relationships between themes will be described in the subsequent section.

The Experience of Emotion

"It was that panic knock," Monica said as she described the experience of her door shaking and her stomach falling to the floor. Every participant in this study described experiencing strong, personal emotional reactions to their lived experiences. Some described anger, others sadness, but every participant described fear. For some it was fear of the situation literally staring them in the face. Emily described one resident's attempt at suicide as "the worst experience in my RA career…probably even in my life." For others, it was the fear of feeling incompetent or lost. Some were scared of the

unknown, the fear of the unexpected or what might come next. Even the fear of training was discussed. It became obvious as the data were analyzed; fear can be an integral part being a resident assistant.

The participants described the experience of fear in different ways. For some, time raced past; for others, it virtually stopped. Some experienced both happening at the same time. Some found their hands shaking, their faces flushing, or sweat forming on their foreheads. One participant described the feeling of her stomach dropping, like she was on a roller coaster.

For many of these participants, this feeling of fear was not unfounded. Denise found a student bleeding in the snow, 10 minutes from potentially dying of hypothermia. Isabella found a resident foaming at the mouth in the middle of the night, as her roommates screamed hysterically in the background. Amanda lost a resident to a suspected drug overdose, and Emily had two residents attempt suicide and dealt with the death of another student in her building. These are real crises, with real consequences. People die, and the decisions resident assistants make may mean the difference between life and death. Emily put it succinctly, "I did not expect someone to hurt themselves on my floor. I didn't expect people to, to die. I didn't expect any anything like that to happen."

For others, the fear may have been more imagined than real. Beth scans a room for weapons during any argument, and while she has never encountered an armed student, her peers have. Chip may have never faced a life or death situation, but still finds himself afraid in certain circumstances, and with good reason. Being a resident assistant can be a risky proposition, and the emotional challenges that come with that risk are not

to be ignored. Other occupations face risks every day; firefighters, police officers, and emergency medical staff are often considered high risk occupations (Paton & Violanti, 1996). However, these are people with significant training in handling emergencies, and are protected physically, and often emotionally, from the many risks they face. In the case of resident assistants, these are young adults, most often no older than those students for whom they are responsible, and resident assistants are not given helmets, guns, or often even flashlights. The risks are real, and resident assistants are well aware of those risks.

Also of interest is the relationship between fear and vigilance. To what degree does the vigilance of a resident assistant influence the fear they experience, be it real or imagined? Several participants discussed their commitment to helping others and being available to their residents. It is possible that the vigilance of these paraprofessionals may even develop into hyper-vigilance, which may increase the degree of fear they experience in the position?

The Struggle between Systems

Participants described another risk factor associated with their work, the challenge of balancing multiple roles and systems. As discussed throughout this dissertation, resident assistants play many roles on a college campus, as well as on their residence hall floors. However, each of these roles has its own associated microsystem, and the balancing act between these microsystems occurs in the mesosystems. The most commonly discussed struggle was between the residence life system and the academic system.

It was Emily who said, “School always comes first; that is what they tell you.” She was referring to her residence life department, who told the resident assistants that their academic lives should always take priority; however Emily did not believe it, nor did many of her peers. Each of the informants in this study described the experience of trying to find a balance between the expectations of their faculty, their residents, and their residence life departments. Further complicating the situation, many of these resident assistants are also active members of their campus communities, and are involved in multiple student organizations and co-curricular activities. They are leaders on campus, and are expected to live up to the expectations of these groups, as well. Beth described the experience as being “pulled in eight different directions.”

The struggle between systems was not limited to the microsystems and the mesosystems that attempt to regulate them. Amanda spoke of an exosystem, a system that was exerting influence on her without her knowledge. She spoke of “councils” that made determinations about students. “There were a lot of behind the scenes things that happened. Like there were councils of people who like talked about students that had problems...But I didn't know any of this at the time.” The macrosystem also influenced the lived experiences of many participants. Emily, for example, said, “The biggest system existed, and I was a little fish in it.” Others expressed similar sentiments, with the “big system” either being the residence life department, or the university on the whole.

Finding a way to manage time and balance the expectations of multiple systems clearly became a risk factor in the emotional health and development of the participants in this study. Each described the difficulties associated with finding enough time to be

everything they needed to be, and for everyone who expected it. Isabella summed it up very well with the following comment:

> You feel like you don't want to let these people down, but you don't want to let these people down, you know? You don't want to let these people down, but you don't want to let these people down. It's a lot of trying to please everyone and you can't do that all of the time. And that's something you have to learn the hard way, I guess.

The Importance of Protective Factors

After Denise saved the life of the intoxicated student she found passed out and bleeding in a blizzard, she waited for someone to acknowledge what she had accomplished. It was not until weeks later, as she was casually walking home, that one of her supervisors acknowledged what she had done. He said to her, "you know you probably saved that kid's life." Denise was taken aback by the recognition, so much so that she demanded that he repeat it. "Say that again. This is a big deal. Don't act like it's not one."

For many of the resident assistants interviewed in this study, supervisors were the most obvious, yet least likely people to provide protection from the risks associated with being a resident assistant. The greatest of these risks were fear and the other strong emotions associated with the position, as well as the challenges of balancing a multitude of roles, systems, responsibilities, and expectations. Amanda described a strong desire for someone to acknowledge the risks she was experiencing, yet her supervisor could only respond with a degree of disbelief at her account of a self-injurious resident. Rather than

respond with empathy or concern, his response was, “he basically was like, well, she couldn’t have cut herself with this; it’s not sharp enough.”

However, Amanda did find support from a graduate assistant who also served as her supervisor, which illuminates another important finding in this theme; protective factors can be found where they may not be expected. Many resident assistants described working in hierarchical systems with multiple layers of supervision. Perhaps their direct supervisor did not provide the protective factor, but a graduate assistant or an assistant director of the department might. The participants in this study also found protective factors in others: peers, friends, and family. Several even discussed the use of their residence hall room door as a protective factor, that is, they would close their door for privacy and as a method of self-care and protection. However, several also discussed strong “friendships” with their residents as protective factors against the stresses and risks associated with the position. Developing friendships with clients suggests a degree of countertransference, or meeting one’s own needs through the counseling relationship.

Countertransference as a Byproduct of the Position

It was Monica who said, “The line started to blur,” between the role of resident and friend with many of the students on her floor. However, Monica was not alone in this experience. Isabella held vigil with her residents after the death of a student because he was her “friend” too. Amanda became “friends” with the student who eventually had to leave school as a result of her drug dependency and suicidal ideation. Most of the participants in this study described becoming friends with their residents, who in the field of counseling, would be considered their clients.

However, it is hard to fault resident assistants for developing these close relationships. Resident assistants live with their clients, they share a "house" with them, and they are expected to develop strong communities and close relationships. Unlike paraprofessional counselors in other settings, such as hospitals, community agencies, or telephone hotlines, there is nowhere for resident assistants to go when they are done "at work." They live where they work, and they live with the people with whom they work. In Beth's case, for example, she lives in an apartment with three of her clients. How can a resident assistant maintain a professional relationship given these circumstances? How can they be expected to maintain emotional distance and objectivity when they live with their very people they are to be counseling?

The Issue of Burnout

As the interviews proceeded, it became clear that burnout is a very real part of the resident assistant experience. Only two participants did not describe a feeling of being burned out. One was Chip, who did not describe the degree of risk that had been expressed by other participants; the second was April, who experienced a variety of protective factors in her environment, including strong supervision and self-care. Maslach (1982) describes three symptoms of burnout: low personal accomplishment, exhaustion, and depersonalization.

All three of these symptoms were apparent across the interviews. Emily spoke of becoming disinterested in the resident assistant position at the end of her tenure, and how her work had become "lackadaisical." Many of the participants spoke of being tired, worn out, or "still having a little bit of steam" left. Denise was speaking somewhat factiously, but with a degree of honesty when she described the depersonalization she

experienced at the end of her first year as a resident assistant. “I’m done with this. These residents are getting old. Let’s get some new ones now.” Denise also said that she didn’t want to “deal with the stupid issues anymore,” as the year came to an end.

Many of the resident assistants in this study experienced the feeling that it was the same people coming to them with the same concerns, day after day. They felt exhausted from poor sleep, high levels of stress, and a position that never ends; resident assistants are performing their duties any time they are on campus, 24 hours a day, seven days a week. Some began to feel like their performance was declining because of the exhaustion and depersonalization they were experiencing. It became clear that burnout is a very real experience of resident assistants.

The Ethic of Care

It was Isabella who said, “I always wanted to help. Always.” This sentiment was obvious across all nine interviews. Resident assistants take the position because they care about others and want to help them. Interpersonal relationships most often took priority over other responsibilities of the position, and resident assistants either acted, or wanted to act, out of a desire to help and show care and concern for others. The participants in this study expressed, quite clearly, their desire to help others and the importance of interpersonal relationships, both with their residents and among them.

This ethic of care sometimes came in direct contrast with the law and order orientation that some institutions expect from their residential life departments; the experience described by these participants emerged as the personification of the conflict between Gilligan’s (1982) ethic of care and Kohlberg’s (1981) law and order orientation. One of the many responsibilities of Residence Life, and resident assistants by proxy, is

the enforcement of policies and procedures (Blimling, 2003). Resident assistants are expected to enforce rules, while at the same time provide peer counseling. April described her fear that a resident who needed help and counsel may not have come to her because she had "written her up" for using marijuana a few weeks prior. April was not alone in her concerns; other participants expressed these fears, as well.

The Influence of Training on Resident Assistants

One of the themes that emerged involved the training programs in which resident assistants participate; these programs are meant to prepare resident assistants for the challenges inherent in their positions. Without exception, the participants in this study described training programs that devoted very little attention to peer counseling and crisis management; often these topics were covered in one hour or less. This one hour of brief discussion hardly meets the criteria for training paraprofessional counselors described in Chapter II; those programs consisted of multiple hour training programs that occurred over the course of many days. Certainly, none of the informants in this study described a 40-100 hour training program on crisis intervention, as Everly (2002) suggested is necessary to prepare paraprofessionals for crisis intervention roles. The effective training of paraprofessionals described in the literature includes effective clinical supervision, discussion of ethics and personal boundaries (Christensen et al., 1978), and other elements never discussed by the participants in this study.

What participants did describe were brief experiences where outside presenters were invited to speak with the resident assistants. Others experienced the campus counseling center staff presenting mental health and crisis intervention topics to resident assistants. There was a sense among many informants that these topics were taken

"lightly" to quote Emily. If the topic was not taken lightly, it was seen as a "joke," in part, because resident assistants did not see the practical implications; they did not think a crisis or serious mental health situation could ever happen to them. Some resident assistants said the presenters lacked legitimacy because they did not understand the nature of the resident assistant position.

Many of the participants described the significant difference between passive and active training sessions. Passive training is that in which the participants sit quietly and listen to others discuss the topic of interest. It is presented in plenary session and there is little interaction or relation to real events. Active training, on the other hand, is training that is participatory. Active training involves role playing real situations and debriefing those experiences. Many of the resident assistants described an element of their training programs that they called "Behind Closed Doors," which consists of several hours of these role playing scenarios. Experienced resident assistants act out real-world situations and new staff assumes the role of the resident assistant. Following the scenario, experienced staff members debrief the situation and provide education and feedback on how the mock situation was addressed. Every resident assistant who spoke of active training said it was the most effective in preparing them for what they would encounter in the position.

It should be noted, however, that most resident assistant training programs simply could not provide the degree of training that the literature suggests is adequate. Resident assistants typically arrive on campus in the fall semester one to two weeks prior to their residents. During this short period of time, these training programs must cover a great deal of information, including, but not limited to: administrative tasks, institutional policy

enforcement, conflict mediation, crisis intervention, peer counseling, psychoeducational group interventions, institutional and departmental mission and goals, and so forth. There is rarely sufficient time to cover all the topics necessary, let alone cover them to the degree suggested in the literature.

The Resident Assistant and Personal Development

It took four words for Isabella to summarize what every participant in this study described. When asked about the cumulative effects of the position, she said, "It…absolutely changed me." It changed every person interviewed in this study; many of those changes were seen as positive by the participants, some were not. Every participant described some degree of personal growth and development that was attributed directly to the experience of being a resident assistant. For example, each participant described growth among three of Chickering and Reisser's (1993) development vectors: developing competence, establishing identity, and managing emotions.

Not every developmental experience was positive, however. Emily described feeling more emotionally distant and "detached" as a result of her experience. She also described feeling angry and disenchanted with the resident assistant position. Isabella displayed an obvious startle response and flashbacks as she described her experiences. Amanda expressed strong negative reactions to the system that she believed worked in direct opposition to her goals and the best interests of her students. Still each of these informants described their own experience of personal growth, even in the face of adversity.

The following sections provide greater descriptions of the secondary themes that emerged through the data analysis.

The Ubiquitous Resident Assistant

"I was just punished for being around, I guess." Emily felt she had been punished for being in her room when one of her residents was in crisis. The resident director called her and asked her to accompany the student to the hospital for a psychological evaluation. Emily was not on-duty, and she could have been anywhere at the time; she happened to be in her room, so she happened to get a call from a supervisor, and she happened to experience being pushed into a waiting police car where she found a suicidal resident and a multi-hour trip to the local psychiatric hospital.

Many of the participants in this study had similar experiences of being called upon to provide counseling or crisis intervention services when they were not technically "at work." The use of quotations around those words is intentionally, because most of these participants experienced no difference between being "at work" or "not at work." April was asked to address a serious conduct issue, assist a suicidal resident, counsel the ex-girlfriend of the suicidal student, and counsel a student who had recently aborted a pregnancy, all while she was "off-duty." Denise rescued a dying resident as she walked with a friend to go sledding. Isabella spent countless nights with her residents as they mourned the death of their friend. "Any chance that I wasn't in class, I was with them."

Denise described it well. "We're RAs all the time, even if we're not on duty." The position exists in the lived existential of a 24 hour day, seven day week, as long as students are living in the residence halls.

The Internet as Lived Space

When Van Manen (1997) wrote of the notion of lived space, the possibilities of communicating via the internet were just being discovered. Electronic mail was still new

to many people, and the concept of instant messaging was still in its infancy; no one had even imagined MySpace or Facebook. Resident assistants still existed in communities on actual residence hall floors, with people they could see, smell, touch, and hear.

Fast forward 13 years and lived space takes on an entirely new meaning. Outside of face-to-face interviews, my communications with the participants in this study were conducted almost exclusively through electronic mail. Many of the participants in this study described the extensive use of electronic communication in their roles as resident assistants. Monica described finding the identity of her naked resident because the young woman had joined the floor Facebook group. Beth spoke of the challenges of devoting two hours to returning email messages from residents, supervisors, and others. Chip described a fellow resident assistant who was terminated after breaching confidentiality through a post on his Facebook account. Emily said "someone did message me on Facebook, on Christmas," regarding a roommate mediation.

Many of the resident assistants who participated in this study spoke of open doors and closed doors and the lived space existential. Some spoke of having an "open door policy" or keeping their door open when they were on duty. Others spoke of closing their door for privacy and to maintain boundaries; sometimes it was the only way they could establish any boundary between themselves and the position. A few participants spoke of leaving campus as a means of protection, of rejuvenation, and of self-care. However, when the resident assistant's social network goes online, it becomes much more difficult to establish a separate lived space, at least for many of the participants in this study.

Guilt as a Consequence of Caring

Amanda discussed her experience with a resident who had serious chemical dependency and depression issues, and eventually left school and later died. “I had already felt like I had kind of failed her” she said. Amanda was not alone in her experience of feeling guilty. Emily felt guilty for being “shaken up” by the death of a resident of another floor that she did not know well, but who was a good friend to many of her own residents. She also experienced feelings of guilt because she believed she should have done more to prevent the attempted suicide of one of her residents; she assumed it was somehow her fault.

Cindy felt guilty for not having intervened sooner in the case of her impaired colleague. “I take a lot of blame for anything that goes wrong,” she said. Isabella said she would feel guilty if she burned out because she needed to be there for her residents; she even expressed guilt for taking a medical leave after experiencing a traumatic brain injury. Monica felt guilty at the idea of leaving campus when not on duty, and April repeatedly expressed a feeling of guilt for not being available immediately to a resident who aborted a pregnancy.

Guilt is a part of the experience of being a resident assistant, at least for many of the participants in this study. These expressions of guilt were directly associated with the ethic of care that drives their work, and it can be a difficult cycle. A caring and compassionate personality leads them to strive to be the best peer counselor they can be, but when they feel they have not lived up to someone’s expectations, often their own, they feel guilty for not having been able to do more. Some of these participants even recognized that their feelings of guilt were irrational, that they could not have realistically

done more than they already had; however, recognizing the irrationality did not ease the guilt.

The Potential for Secondary Traumatic Stress, and the Possibility of Vicarious Post-Traumatic Growth

Isabella was discussing her own experience with the "panic knock" that Monica described. As a resident was convulsing on the floor, foaming at the mouth, and having a seizure, her residents were pounding on Isabella's door. It was six o'clock in the morning and Isabella had been sound asleep. No longer a resident assistant, Isabella still has physical and emotional reactions to the sound of a knock on a door. She is still startled by the sound and said, "It just sucks…because I don't want to have to be startled by something like that." She said she can still hear the panicked screams of her residents, yelling her name. She became visibly shaken and emotional as she experienced this during our interview.

The goal of this study was not to diagnose or treat secondary traumatic stress or vicarious traumatization, so it is difficult to assess the nature or degree that participants may have been experiencing these phenomena. It did become clear, however, that Isabella was not alone in this experience. Emily talked of sleep disturbances after a resident attempted suicide, and especially after Emily read her suicide note. Amanda talked of how she needed emotional help to cope with the attempted suicide and eventual death of one of her residents. When Denise sees someone stumbling around drunk, she still relives the experience of finding a resident almost dead in a blizzard, and does not expect those memories will fade "anytime soon."

Figley (1995) described secondary traumatic stress as the vicarious experience of PTSD-like symptoms. As described in Chapter II, the most recent edition of the *Diagnostic and Statistical Manual* defines PTSD as:

> The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (APA, 2000, p. 463)

Attempted suicide, drug overdoses, completed suicides, heart attacks, and hypothermia all meet the criteria established by the APA as events that involve "death, injury, or a threat to the physical integrity of another person."

As mentioned in the previous chapter, in order to experience vicarious post-traumatic growth, one must first experience vicarious trauma, also defined as secondary traumatic stress. Three of the four participants who described secondary traumatic stress symptoms also described the experience of personal growth that resulted directly from those traumatic experiences. Amanda said that if she could counsel a suicidal resident through a moment of crisis, she felt like she could do anything. Isabella said she felt "stronger," emotionally, physically, and mentally, and Denise described similar experiences. In short, the resident assistants who described experiences that might meet the criteria for secondary traumatic stress or vicarious traumatization also described

experiencing personal growth as a direct result of these experiences, suggesting the potential for the vicarious post-traumatic growth described by Arnold, et al. (2005).

Table 12 shows each participant's indication of the identified themes.

Table 12

Matrix of Participant Indications of Identified Themes

	Amanda	Denise	April	Chip	Cindy	Emily	Isabella	Beth	Monica
Experience of Emotion	X	X	X	X	X	X	X	X	X
Struggle Between Systems	X	X	X	X	X	X	X	X	X
Importance of Protective Factors	X	X	X	X	X	X	X	X	X
Countertransference as a Byproduct of the Position	X	X	X		X	X	X		X
Issue of Burnout	X	X			X	X	X	X	X
Ethic of Care	X	X	X	X	X	X	X	X	X
Influence of Training	X	X	X	X	X	X	X	X	X
Resident Assistant and Personal Development	X	X	X	X	X	X	X	X	X
Ubiquitous Resident Assistant	X	X				X	X		
Internet as Lived Space			X	X				X	X
Guilt as a Consequence of Caring	X		X		X	X	X		X
Secondary Traumatic Stress	X	X				X	X		

The Connected Nature of the Emergent Themes

An important aspect to the data analysis in this study was the exploration of the themes that emerged from the cross-case analysis. However, not only did themes emerge, but many of these themes appeared interrelated. It might be possible to examine these

relationships ad nauseam; space precludes the examination of each of the 12 themes with every other. However, a number of relationships became apparent through the iterative process of data analysis. Specifically, as themes emerged, these themes were compared to the data again, and connections became apparent.

A number of these emergent themes developed as potential risk factors for resident assistants, specifically the experience of emotion, the struggle between systems, and the ubiquitous resident assistant. As resident assistants discussed these experiences through the course of their work, it became clear that the presence of protective factors was important in mitigating these risks. Bronfenbrenner (1979, 2005) discussed the importance of protective factors at length, as did many of the participants in this study.

However, when protective factors were either not immediately present, or were not sufficient to mitigate the need, negative results could be expected. For example, resident assistants experienced countertransference when they would use relationships with their residents to meet their own need for protection. Resident assistants might also experience burnout or secondary traumatic stress if they did not received adequate support and protection from their supervisors. Through these observations, a relationship became apparent between the three themes related to risk factors, the importance of protective factors theme, and the countertransference, burnout, and secondary traumatic stress themes.

Another relationship that emerged was one between the ethic of care and countertransference as a byproduct of the position. Many of the resident assistants in this study spoke of their desire to “mother” their residents or be a “big sister” to them. These descriptions indicated a desire on the part of the peer counselor to meet their own needs

through relationships with one's residents. Monica, for example, discussed her "self-indulgent need to be a big sister." While this statement suggested a great deal of self-awareness, it also indicated the very strong likelihood that Monica was meeting her own needs through the resident assistant position, a possible predictor of countertransference.

As these themes were compared to the data, another association that emerged was between the ethic of care, the struggle between systems, and guilt as a consequence of caring. The ethic of care suggests that relationships are valued above the need for policies and systems, that people are placed above processes. However, many of the resident assistants described the hierarchy they experienced between the residence life macrosystem and the other systems in their lives. Cindy said, "Residence Life always said that you're a student first and residence life second." However, she described a residence life system that prioritized itself over everything else; Emily, Beth, and Denise described similar experiences. The desire to help, coupled with the prioritization of the residence life system, is likely to lead to feelings of guilt when multiple expectations cannot be met.

Another example of the interconnectedness of these systems can be found in the relationships between the ubiquitous nature of the position, the internet as lived space, and the issue of burnout. Many of the participants in this study described the experience of being a resident assistant as one that requires being ready and available on a moment's notice, at any time, day or night. This alone could easily lead to burnout; couple the experience with losing the protective nature of one's own lived space through the intrusiveness of social networking sites such as Facebook, and burnout becomes more likely. When one is put in a position of helping others, of doing the "people work"

described by Maslach (1982, p. 3), and protective factors related to privacy are eliminated as a result of the internet, burnout can easily result.

Finally, one of the participants suggested that a relationship may exist between the active training described in the Behind Closed Doors exercise and the experience of fear in the resident assistant position. Beth described the Behind Closed Doors experience as role playing that was "over the top" to prepare new staff for the "adrenaline rush" that occurs during a crisis situation. While only one person mentioned this relationship, it is noteworthy. It raises the question of the effectiveness of active training if that training serves to scare, and possibly traumatize, the trainee.

Research Questions and Emergent Themes

Chapter IV provided in-depth analysis of the nine individual interviews and the relationship of participants' responses to the research questions under investigation in this study. However, the relationship between the emergent themes and these research questions deserves further discussion. Specifically, this sections seeks to answer the question, How well did the emerging themes answer the research questions?

The first research question in this study was: What is the lived experience of a resident assistant as the paraprofessional is engaged in a counseling relationship? Two themes speak directly to this question, the experience of emotion, and guilt as a consequence of caring. Each of these themes describes the experience of being a peer counselor and a crisis interventionist, specifically, the influence these roles have on the individual, and the affective experience of the resident assistant in the moment of performing these duties. The feelings of fear and guilt that were described countless times

throughout the interviews are rich descriptions of the lived experiences of resident assistants.

The second question that was central to this research project was: What is the perception of the counseling relationship from the perspective of resident assistants? The two themes that help to answer this question are countertransference as a byproduct of the position, and the ethic of care. Each of the participants in this study described their perceptions of their position from Gilligan's (1982) ethic of care. The resident assistants in this study described their perceptions of the peer counseling relationship as a caring one, where interpersonal relationships took priority over other needs. Additionally, the participants in this study often described the students whom they counseled as "friends," suggesting some degree of countertransference was likely taking place.

The third question that drove this study was: How do resident assistants experience training and supervision specific to their roles as counselors? Regarding supervision, the central theme that spoke to this question was the importance of protective factors. Denise's challenge of her supervisor, "Say that again!" says it all; the resident assistants in this study described how support from their supervisors could help mitigate the risks of the position. Some received the support they hoped for, others did not. Regardless, most of the participants spoke of their desire and need for effective supervision that focused on the resident assistant's need for self-care and acknowledgement.

The question of training is answered directly by the influence of training theme. The resident assistants in this study described their experiences of training in terms of the active training they experienced in mock situations and role playing in exercises like

Behind Closed Doors. These experiential trainings were perceived as effective and helpful, unlike the perceptions most participants had of passive training that was delivered in a didactic, lecture format. Passive training was considered ineffective and was described with words like "long," "boring," and "a joke." Two reasons were given for these perceptions; first, many resident assistants did not believe they would ever need to call on their training in mental health or crisis intervention, and second, the trainers lacked legitimacy because many resident assistants did not believe they understood the nature of the position.

The fourth research question in this study was: How do boundaries (both physical and emotional) affect the lived experience of resident assistants? Three themes serve to answer this question: the struggle between systems, the ubiquitous resident assistant, and the internet as lived space. The issue of systems speaks directly to boundaries and how resident assistants can establish boundaries between their personal lives, their paraprofessional lives, their roles as students, as campus leaders, and so forth. The 24 hour a day, seven day a week nature of the position serves as a risk factor that prevents resident assistants from establishing effective boundaries, as do the social networking opportunities of the internet.

The final research question in this study was: What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor? The three themes that address this question are: the issue of burnout; the resident assistant and personal development; and the potential for secondary traumatic stress, and the possibility of vicarious post-traumatic growth. The symptoms of burnout appeared regularly throughout the data collected during the informant interviews, suggesting the

cumulative effects of the position lead to feelings of low personal accomplishment, exhaustion, and depersonalization. Also, the presence of secondary traumatic stress symptoms in some participants suggests other acute cumulative effects are possible when resident assistants are exposed to risk factors without effective protective factors to mitigate the dangers.

However, indications of vicarious post-traumatic growth, as well as the experience of growing across multiple vectors of student and human development, suggests that the cumulative effects of the position are largely positive. Participants described feeling stronger and more capable. Many described an increased sense of self-esteem, as well as increased competence. While there are risks inherent in any helping profession, the outcomes among this group of participants suggests that growth is to be expected, regardless of the experience of burnout or even secondary traumatic stress. In short, the potential for growth is significant for those who chose to become resident assistants.

Table 13 provides a representation of the relationship of the emergent themes to the research questions in this study.

Table 13

Relationship between Themes and Research Questions

Research Question	Theme
What is the lived experience of a resident assistant as the paraprofessional is engaged in a counseling relationship?	• The Experience of Emotion • Guilt as a Consequence of Caring
What is the perception of the counseling relationship from the perspective of resident assistants?	• Countertransference as a Byproduct of the Position • The Ethic of Care
How do resident assistants experience training and supervision specific to their roles as counselors?	• The Importance of Protective Factors • The Influence of Training
How do boundaries (both physical and emotional) affect the lived experience of resident assistants?	• The Struggle Between Systems • The Ubiquitous Resident Assistant • The Internet as Lived Space
What are the cumulative effects of serving as a resident assistant, specifically related to being a peer counselor?	• The Resident Assistant and Personal Development • The Issue of Burnout • Secondary Traumatic Stress/Vicarious Post-Traumatic Growth

Potential Hypotheses Derived from this Study

While the research questions were answered with the data obtained in this study, these data raised as many questions as they answered. The following are potential hypotheses that arose from the data analysis and discussion. These hypotheses are directional, that is, they suggest not only a relationship between variables, but a direction

for that relationship. Several of the hypotheses also imply causality, although testing the cause and effect of the variables through quantitative methods may prove difficult.

1. The experience of being a resident assistant has a negative effect on the emotional and developmental trajectories of the students who serve in these roles.
2. The experience of navigating the many systems associated with the resident assistant position has a negative effect on the emotional and developmental trajectories of these students.
3. Effective clinical supervision, from a qualified supervisor, serves to mitigate the developmental risks previously mentioned in the first two hypotheses.
4. Countertransference occurs among resident assistants as they provide peer counseling services to their residents.
5. Countertransference has a negative impact on the peer counseling performed by resident assistants.
6. Training programs are not adequate in preparing resident assistants for their roles as peer counselors and crisis interventionists.
7. There is a direct, negative relationship between effective, clinical supervision and burnout among resident assistants.
8. The internet has negatively influenced the experience of resident assistants as peer counselors.
9. Resident assistants experience developmental growth as a direct result of their experience in the position.
10. If the previous hypothesis (9) is true, then resident assistants who experience vicarious trauma will also experience vicarious post-traumatic growth.

Limitations of the Study

While every effort was made to develop a thorough, trustworthy study that was grounded in theory, this study did include some limitations worthy of note. First, while the sample selected for this study met the criteria of providing extreme cases, the sample was also homogenous in many respects. Every participant in this study was Caucasian, which limited the effect of cultural diversity on the data. It is quite possible that if informants from different cultural groups had been available for this study, the findings may have reflected the influence of such diversity.

Additionally, of the nine informants who participated in this study, only one was male; the other eight were female. As a central theme of this study reflected Gilligan's (1982) ethic of care, the gender imbalance is significant. Gilligan suggested that the ethic of care is a feminine phenomena; this is not to say that men do not act from an ethic of care, but Gilligan suggested that the ethic of care is more prominent among women than it is men. If the sample had represented greater gender diversity, the ethic of care may not have been as obvious, and if it had been, that result might suggest other important themes or outcomes.

Third, participants were drawn from only four higher education institutions. While the original research design attempted to use a greater number of colleges and universities, administrative challenges prevented this from coming to fruition. For example, one large research university was originally slated for participation in this study; however, institutional policies and regulations made it nearly impossible to sample students from that university. As such, the largest institution sampled for this study houses approximately 3,500 students. The original goal was to include a university that

houses twice that many students and therefore, likely experiences a greater number and severity of mental health issues and crisis situations.

Finally, the research design used in this study does pose some limitations. First, qualitative studies are limited in their generalizability; the purpose of this study was to explore the lived experiences of nine resident assistants, not to speak to the experiences of all resident assistants. Several methods were used to increase the trustworthiness and validity of this study; these were described in Chapter III. However, as Patton (2002) points out, the "researcher is the instrument" in qualitative research (p. 14). In this case, the study is only as trustworthy and valid as I am, as the researcher.

Implications for Research and Practice

As suggested in Chapter I, one purpose of this study was to provide recommendations for those who seek to add to the scholarly literature related to the resident assistant position, especially the roles of paraprofessional counselor and crisis interventionist. As previously described, this study raised a number of questions that may be investigated in future research. For example, is there a measurable emotional or developmental influence of the resident assistant position on the students who serve in this role? How do resident assistants either grow or regress developmentally as a result of being exposed to such strong emotions as fear and guilt?

Another issue that may be explored is the role of multiple systems on the emotional well-being and personal development of resident assistants. Clearly, the data indicate that the informants in this study struggled with the multiple roles, obligations and expectations they faced, as well as the conflicts that developed between these systems. Are these effects measurable, and if so, are the final results positive or negative?

A third issue for further investigation relates to the need for effective, clinical supervision of paraprofessional counselors. The participants in this study described very little in the way of valuable clinical supervision. Future research might investigate the issue of clinical supervision, and how the experience of effective clinical supervision might change outcomes for resident assistants. Specifically, would resident assistants experience the position more positively if they were supervised by trained clinicians?

Another issue that might be investigated is that of countertransference. As mentioned previously, many of the participants in this study described situations where countertransference likely took place. When those who are responsible for counseling others live in the same home as their clientele, it is hard to imagine that some degree of countertransference would not take place; the likelihood increases when these communities are exposed to risks such as suicide and the death of community members. Further research may investigate whether or not this countertransference exists to the degree that these participants suggested. Also, it is assumed that countertransference is a negative factor in a traditional counseling relationship; however, is this true of the counseling relationship in which resident assistants engage? Is there a discernable difference between boundary violations and the existence of countertransference for resident assistants?

The presence of secondary traumatic stress and vicarious trauma symptoms in several participants suggests that resident assistants may experience the same negative reactions to crisis and trauma as do professional counselors and crisis workers. However, this phenomenon has not fully been explored in the scholarly literature, especially as it relates to resident assistants as peer counselors. What is the prevalence of these vicarious

reactions among resident assistants? Additionally, what is the prevalence of vicarious post-traumatic growth among this same population?

Finally, the greater research question that may be derived from these results is: What now? If the experience of these nine residents is any indication of the experience of resident assistants on the whole, then what comes next? Of course, as mentioned previously these results cannot be generalized and therefore we cannot assume these nine participants represent the resident assistant population on the whole. But what if subsequent research suggests that these results are indicative of most resident assistants? What do professional counselors and counselor educators do next?

This question raises the second purpose of this study, that is, to examine the implications for professional counselors and others in the helping professions. One practical implication of this study is the question it raises about the effectiveness of training programs for resident assistants. Given time constraints and the relative developmental immaturity of these young adults, expecting training programs to devote hundreds of hours to peer counseling and crisis intervention is unrealistic. However, it would be beneficial to commit more than one hour to such training. Additionally, the suggestions made by Christensen et al. (1978) would help to better prepare resident assistants for the challenges of the position. Specifically, resident assistant training should address issues of ethics and professionalism, communication and counseling skills, instruction in ethics and personal responsibility, counseling interventions, and the use of supervision.

Additionally, these training programs should be designed with the needs of resident assistants in mind. Many of the participants spoke of presenters' perceived

illegitimacy because they did not understand the role of resident assistants and did not present the information in a way to which resident assistants could relate. This was true of both trainers from campus counseling centers, as well as those from outside agencies. According to several participants, in order to create relevant training programs the audience must believe the presenter understands the role of the resident assistant and how counseling and crisis situations present themselves in college residence halls.

A second implication for practitioners involves how boundaries are perceived and established by those in Residence Life. It is unrealistic to believe that resident assistants can perform their duties without living in the residence hall in which they work. Given this circumstance, it seems unlikely that resident assistants could ever establish the boundaries expected of professional counselors. However, resident assistants should be made aware of the importance of both physical and emotional boundaries, and be taught methods of establishing and maintaining limits. None of the participants in this study described any training around the issue of establishing boundaries, although some did describe instances when supervisors or peers encouraged them to establish boundaries with their residents. However, these interventions were reactive, after effective limits had already failed and there was a perceived need to intervene to attempt to create more effective boundaries.

Another implication for practitioners is the acknowledgement that systems are critical in the lives of resident assistants, and the recognition that resident assistants are often "split in ten different directions," as Isabella described. While participants heard that academic responsibilities should take first priority, including the resident assistant position, few believed it. Several participants even spoke of the fear of being terminated

if their supervisors believed they were not up to the challenges of the position or could not handle the stresses of the job. Effective supervision requires more than acknowledgement and recognition; those who hire, train, and supervise resident assistants must be congruent in words and deeds, and allow resident assistants the opportunity to better manage and prioritize roles, responsibilities, and systems.

Finally, it is vital that resident assistants receive effective supervision from experienced clinicians who can assess both the clinical nature of the issues being presented, as well as the emotional and developmental wellness of the resident assistant. For example, Bernard and Goodyear (2004) describe various theoretical approaches to clinical supervision, all of which are designed to ensure that clients are receiving high quality care. However, another element of clinical supervision is the well-being of the helper; supervisors are trained to identify issues such as countertransference, burnout, impairment, secondary traumatic stress, and vicarious trauma (Bernard & Goodyear). While this type of clinical supervision may not be necessary for every resident assistant, it appears critical for extreme cases when resident assistants are faced with the life and death decisions described by participants in this study.

One method of addressing these practical implications has been the development of counselor-in-residence programs (Davis, Kocet, & Zozone, 2001; Halstead & Derbort, 1988; Harris, 1994). Established at a few of colleges and universities, these programs assign a representative from the campus counseling center to each residence hall, and this clinician is responsible for living in the hall and providing a variety of counseling, consulting, and supervisory services. Rawls, Johnson, and Bartels (2004) describe the establishment of such a program at Central Michigan University. This program re-

conceptualized the concept of college counseling, where the counselor-in-residence approached the residence life system as the client, providing staff consultation and support, crisis intervention, and proactive prevention programs for mental health issues. In short, the counselor-in-residence served the residence life staff as much, if not more, than individual students.

Programs using this model could address the implications described in this section with relative ease. Counselors-in-residence would likely develop legitimacy among the residence life staff because they would be living in the hall and would be integrated into the residence life culture. With this perceived legitimacy, the counselor-in-residence could develop and implement effective mental health training that would not only occur prior to the academic year, but could also be reinforced through inservice trainings and staff development throughout the year. These trainings could be proactive or reactive if an extreme circumstance arose.

The counselor-in-residence could provide the clinical supervision and consultation that is often necessary as resident assistants respond to serious mental health issues and crisis situations. This form of supervision could augment the administrative supervision provided by resident directors and others in residence life. The counselor-in-residence could also provide consultation to resident directors and other administrators regarding student mental health issues, and most importantly could provide consultation to residence life supervisors in helping resident assistants maintain equilibrium among their many integrated systems.

The counselor-in-residence could also assist the traditional counseling center in providing crisis intervention and counseling services to resident students, without the

countertransference concerns that occur with resident assistants. Counselors-in-residence could provide counseling services to residents of halls in which they do not live, or could be housed in apartments or other housing units that are separate from the traditional residence hall floors. Providing these services, specifically consultation, supervision, counseling, and crisis management, would not only benefit the residence life staff, but could also ease the strain on counseling center resources that were described in Chapter II.

On campuses that train counselors and counselor educators, the development of a counselor-in-residence program would be relatively easy. Students at the doctoral level could provide the counseling and consulting services that would be necessary in such a program. On campuses where only master's-level students are trained, these students could serve as counselors-in-residence and be supervised by staff from the campus counseling center or faculty from the counseling program. Such a program would provide educational opportunities for students in the counselor training and education programs, valuable services for residence life departments, and would help ease the burden placed on campus counseling centers.

Conclusion

The purpose of this study was to examine the lived experiences of resident assistants as they acted in the roles of paraprofessional counselors and crisis interventionists. The findings of this study speak directly to the questions under consideration. The participants discussed their perceptions of being a peer counselor; they spoke of relationships built on the importance of interpersonal dynamics and an ethic of care. They also described their experiences as they addressed residents in crisis or in need

of peer counseling. Specifically, the nine participants in this study experienced heightened emotions while engaged in these activities, most specifically fear during the interaction, and guilt following it.

The participants in this study also described the need to have effective, caring supervisors who supported them in times when they felt challenged, overwhelmed, or unprepared. However, many of the participants described experiences where supportive supervision was simply not present. Instead, they felt that their supervisors were driven more to meet the needs of the residence life system than the needs of residents or resident assistants. They also discussed the importance of training, and the significant differences in experiencing active and passive training.

The participants in this study expressed a struggle with physical and emotional boundaries. They described a resident assistant position that consumed much of their lives; one that was nearly impossible to escape, made even more difficult by social networking websites and electronic mail. They explained the push and pull between the various systems in which they exist, and the struggle to find a way to balance the many expectations of others, as well as the many expectations of themselves.

Finally, these young adults described the long term consequences of being a resident assistant. Some described negative experiences and are troubled by what they have seen and experienced. The perception of danger and risk was present among all of the participants. For some, life and death decisions were a very real part of what they had been asked to do; others feared the unknown and the risks that were yet to be experienced, but were all too possible. Many experienced the frustrations and exhaustion associated with the phenomena of burnout, yet every informant who participated in this

study spoke of the growth they experienced after having been a resident assistant. They spoke of strength, self-confidence, self-efficacy, and an increased sense of self.

The description of the problem in Chapter I emphasized whether the resident assistant position had become too big for undergraduate students to handle. These findings suggest that colleges may ask too much of very young adults who are faced with very real challenges, challenges that often involve issues of life and death. For some resident assistants, the job may be too big, but likely no bigger than it was 20 years ago or it will be 20 years from now. Some resident assistants encounter fewer counseling and crisis situations than do others. Some may be less developmentally prepared to handle the challenges inherent in the position. While the position has certainly evolved over time and is often significantly challenging, the descriptions of personal development suggest that young adults gain a great deal from their experiences as resident assistants.

What these findings also suggest, however, is that regardless of whether or not the job is too big, the physical and emotional risks associated with the position can be mitigated, in part through a proactive approach to training and supervision. Perhaps more important is the acknowledgement that there should be, and must be, limits to what is asked of resident assistants. Has the position become too big? For some it probably has. However, the challenges and emotional risks can be mitigated with better training and supervision.

April said, “We can’t conquer the world.” Perhaps when resident assistants stop feeling as if they have to, the job will become a little less big.

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Appendix A: Interview Schedule

Guiding Question: What is the lived experience of the resident assistant as a counselor and crisis interventionist?

Research Question #1: What is the lived experience of a resident assistant as the paraprofessional is engaged in a counseling relationship?
Research Question #2: What is the perception of the counseling relationship from the perspective of resident assistants?
Research Question #3: How do resident assistants experience training and supervision specific to their roles as counselors?
Research Question #4: How do boundaries (both physical and emotional) affect the lived experience of resident assistants?
Research Question #5: What are the cumulative effects of serving as a resident assistant, specifically related to the role of counselor?

Essential Questions:

1. Could you describe any experiences you had where you feel you acted as a peer counselor or intervened in a crisis? (#1, #2)
2. Can you talk about the training you received, specifically the training around crisis intervention and mental health issues? (#3)
3. How did you feel about the training? (#3)
4. What is it like for you to live in the same space as the people who you are helping? (#4)
5. What was this training like for you at the time? (#3)
6. What different roles do you play as a resident assistant? (#1, #2, #3)
7. Can you tell me about your experience with supervision? (#3)
8. Is there anyone you've been able to talk to about your experiences? (#2, #3)
9. How do you think being a paraprofessional counselor, as an RA, has impacted you in the long-term (#5)
10. Is there anything we haven't talked about that you think would be important for me to know in completing this research study?

Appendix B: Informed Consent Document

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE:	The Resident Assistant as Paraprofessional Counselor: A Qualitative Analysis of the Price of Helping
INVESTIGATOR:	Eric W. Owens, MA, NCC
ADVISOR:	Dr. Lisa Lopez Levers Professor, School of Education 412.396.1871
SOURCE OF SUPPORT:	This study is being performed as partial fulfillment of the requirements for the doctoral degree in Counselor Education and Supervision (ExCES) at Duquesne University
PURPOSE:	You are being asked to participate in a research project that seeks to investigate the lived experiences of resident assistants who serve in roles as paraprofessional counselors and crisis interventionists. This research seeks to answer questions related to how resident assistants perceive their roles as counselors, the training and supervision residents receive, and the impact the position has on you, as a person. In addition, you will be asked to allow me to interview you. The interviews will be taped and transcribed and I may ask you to review the analysis of your interview for accuracy and clarity. These are the only requests that will be made of you.
RISKS AND BENEFITS:	During the interview, you may discover that you are discussing situations and experiences that may have been traumatic for you. Reliving these experiences may cause psychological distress. Attached to this document are phone numbers for counseling services available on your campus, as well as community resources if you are feeling uncomfortable following the interview. The benefits of participation include furthering the understanding of the experiences of resident assistants which may lead to improved training, supervision, and

reevaluation of position responsibilities. You also will have the opportunity to discuss a topic of significance to your current life situation.

COMPENSATION: Participants will not be compensated for their participation in the study.

CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in data summaries and you will be assigned a pseudonym that will identify you. All materials will be destroyed at the completion of the research.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Eric Owens, Doctoral Candidate, at 412-364-1616 ext 127, Dr. Lisa Lopez Levers, Advisor, at 412-396-1871, or Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board, at 412-396-6326.

_____ _____

Participant's Signature Date

_____ _____

Researcher's Signature Date

Appendix C: Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

This form is intended to further ensure confidentiality of data obtained during the course of the study entitled "THE RESIDENT ASSISTANT AS PARAPROFESSIONAL COUNSELOR: A QUALITATIVE ANALYSIS OF THE PRICE OF HELPING." All parties employed in this research will be asked to read the following statement and sign their named indicating they agree to comply:

I hereby affirm that I will not reveal or in any manner disclose information obtained during the course of this study. I agree to discuss material directly related to this study only with other members of the research team. In any reports, papers, or published materials I write, I agree to remove obvious identifiers.

Research Assistant:

Printed Name:_____

Signature:_____ Date:_____

Project Director:

Signature:_____ Date:_____

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Adapted from Berg (2007) *Qualitative Research Methods for the Social Sciences*

Appendix D: Letter Requesting Permission to Recruit Participants

Date

Name
Address 1
Address2
City, State, Zip

Dear Name:

My name is Eric Owens and I am a doctoral candidate at Duquesne University in the Executive Counselor Education and Supervision program. In partial fulfillment of my requirements for this program, I am conducting a research study on the lived experiences of resident assistants (RAs). Specifically, I'm seeking to examine the lived experience of RAs in their roles as peer counselors and crisis managers.

I am writing to ask your permission to recruit participants for this study from your resident assistant staff. Specifically, I'm seeking to recruit resident assistants who have had a great deal of experience in the roles of either peer counselor or crisis manager. Therefore, I'm only seeking to recruit from staff members who have previous experience in the position, and specific experience in providing peer helping services.

This study is qualitative in nature and will consist of semi-standardized interviews. Each participant in the study will participate in an interview with me that should last approximately one hour. The goal of these interviews is to better understand the lived experience of RAs, as well as how resident assistants make and interpret the meaning of these experiences. Each participant will be assigned a code that will be known only to me, and pseudonyms will be used in any identification of participants. Additionally, no information will be provided that would directly identify any other student, including students with whom your resident assistants work. Finally, the name of your institution will be disguised, as will any information that might identify your university.

Each interview will be audiotaped for means of transcription. However, once transcribed, audiotapes will be destroyed and pseudonyms assigned to participants. Volunteers are free to withdraw from the study at any time, and should a participant withdraw, any data collected on that individual will be immediately destroyed.

I have received permission to engage in this research study from the Duquesne University Institutional Review Board for the Protection of Human Subjects.

Thank you for your time and attention, as well as your consideration to allow your staff to participate in this study. I would greatly appreciate the opportunity to further discuss this research with you. You can reach me at 412.953.8565 or via email at owense@duq.edu. You may also contact my dissertation committee chair, Dr. Lisa Lopez Levers, at 412-396-1871., or by email at: levers@duq.edu. Thank you again for your consideration.

Most Sincerely,

Eric W. Owens, M.A., N.C.C.
Doctoral Candidate, Department of Counseling, Psychology, and Special Education
Duquesne University

Appendix E: Letter Requesting Permission to Recruit Participants from the Pittsburgh Council on Higher Education

Date

Name
Address 1
Address2
City, State, Zip

Dear Name:

My name is Eric Owens and I am a doctoral candidate at Duquesne University in the Executive Counselor Education and Supervision program. In partial fulfillment of my requirements for this program, I am conducting a research study on the lived experiences of resident assistants (RAs). Specifically, I'm seeking to examine the lived experience of RAs in their roles as peer counselors and crisis managers.

I am writing to ask permission to speak to your organization about the possibility of recruiting participants at your organization's annual conference in October. Specifically, I'm seeking to recruit resident assistants who have had a great deal of experience in the roles of either peer counselor or crisis manager. Therefore, I'm only seeking to recruit from staff members who have previous experience in the position, and specific experience in providing peer helping services.

This study is qualitative in nature and will consist of semi-standardized interviews. Each participant in the study will participate in an interview with me that should last approximately one hour. The goal of these interviews is to better understand the lived experience of RAs, as well as how resident assistants make and interpret the meaning of these experiences. Each participant will be assigned a code that will be known only to me, and pseudonyms will be used in any identification of participants. Additionally, no information will be provided that would directly identify any other student, including students with whom your resident assistants work. Finally, the name of all colleges and universities will be disguised, as will any information that might identify your institution.

Each interview will be audiotaped for means of transcription. However, once transcribed, audiotapes will be destroyed and pseudonyms assigned to participants. Volunteers are free to withdraw from the study at any time, and should a participant withdraw, any data collected on that individual will be immediately destroyed.

I have received permission to engage in this research study from the Duquesne University Institutional Review Board for the Protection of Human Subjects.

Thank you for your time and attention, as well as your consideration to allow your staff to participate in this study. I would greatly appreciate the opportunity to further discuss this research with you. You can reach me at 412.953.8565 or via email at owense@duq.edu. You may also contact my dissertation committee chair, Dr. Lisa Lopez Levers, at 412-396-1871., or by email at: levers@duq.edu. Thank you again for your consideration.

Most Sincerely,

Eric W. Owens, M.A., N.C.C.
Doctoral Candidate, Department of Counseling, Psychology, and Special Education, Duquesne University

Appendix F: Description of the Study for Participants

Date

Name
Address 1
Address2
City, State, Zip

Dear Name:

My name is Eric Owens and I am a doctoral candidate at Duquesne University in the Executive Counselor Education and Supervision program. In partial fulfillment of my requirements for this program, I am conducting a research study on the lived experiences of resident assistants (RAs). Specifically, I'm seeking to examine the lived experience of RAs in their roles as peer counselors and crisis managers.

I am writing to thank you for agreeing to participate in my research study. Your participation in this study will consist of an interview with me that should last approximately one hour; the goal of this interviews is to better understand your experience as an RA. You will be assigned a code that will be known only to me, and pseudonyms will be used in any identification of you (i.e. your name will be changed when the interview is transcribed and reported). Also, any information you provide that identifies your residents or your college/university will be disguised or eliminated.

Each interview will be audiotaped for means of transcription, however, once transcribed, audiotapes will be destroyed. You are free to withdraw from the study at any time, and should you choose to withdraw, any information you have provided will be immediately destroyed. After the interview is transcribed and analyzed, I will contact you to request that you review the analysis for accuracy. I will explain this process in greater detail before we begin the interview.

I have received permission to engage in this research study from the Duquesne University Institutional Review Board for the Protection of Human Subjects. A copy of the Informed Consent document related to this study is included in this correspondence.

Thank you again for agreeing to participate in this study. The next step is to schedule a time to conduct the interview. You can reach me at 412.953.8565 or via email at owense@duq.edu. If you have any questions or concerns, you may also contact my dissertation committee chair, Dr. Lisa Lopez Levers, at 412-396-1871., or by email at: levers@duq.edu. Thank you again for your help with this research study.

Most Sincerely,

Eric W. Owens, M.A., N.C.C.
Doctoral Candidate, Department of Counseling, Psychology, and Special Education
Duquesne University